Covenant School of Nursing

OB Community Verification Sheet

Instructional Module: IM 6

Student Name: Gillian Cardenas

Please call the CSON Instructor(s) should you have any additional comments regarding the student's performance and/or participation today.

Instructor Contact Information:
Gracie Nuttall – Cell (806) 724-5445 or Office (806) 725-8934
Rachel Soliz – Cell (806) 781-0689 or Office (806) 725-8951

Community Site: Lubbock health department STD **Date:** 2/26/2025

Student's Arrival Time: 0830 **Departure Time:** 1630

Printed Name of Staff: Bella Maldonado **Signature:**

Community Site: _____ **Date:** _____

Student's Arrival Time: _____ **Departure Time:** _____

Printed Name of Staff: _____ **Signature:** _____

Community Site: _____ **Date:** _____

Student's Arrival Time: _____ **Departure Time:** _____

Printed Name of Staff: _____ **Signature:** _____

Community Site: _____ **Date:** _____

Student's Arrival Time: _____ **Departure Time:** _____

Printed Name of Staff: _____ **Signature:** _____

Community Site: _____ **Date:** _____

Student's Arrival Time: _____ **Departure Time:** _____

Printed Name of Staff: _____ **Signature:** _____

Adopted: August 2016, Updated July 2024