

OB Community Verification Sheet

Instructional Module: IM 6

Student Name: Breanne Torres

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: CME MOB 101 Date: 4/8/25

Student's Arrival Time: 0820 Departure Time: 1200

Printed Name of Staff: Kelsey Hennessey Signature: [Signature]

*low pt volume scheduled for afternoon - Breanne was great!

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: _____

