

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Instructional Module 6  
Magnolia Doula Community Clinical Experience

OB Community Verification Sheet  
Instructional Module: IM 6

Student Name: Victoria Gutierrez

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 – (806) 724-5445 or Office (806) 725-8934

Rachel Soliz – Cell (806) 781-0689 or Office (806) 725-8910

Community Site: Magnolia Births Date: 9/2/25

Student's Arrival Time: 9:00am Departure Time: 4:30pm

Printed Name of Staff: Emily Betancur Signature: Emily Betancur

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: \_\_\_\_\_