# Covenant School of Nursing
# Community Service Verification Form
# Instructional Module 5

This is to verify that _____Jessica H Longoria_____ has completed community service hours as part of the IM5 course requirement.

Date:_____9/3/2025_____

Facility/Organization:__Frenship – Bennett Elementary_____

Time In:__0800 am_____ Time Out:___1200_____

Supervisor:____Hannah Deal_____ BSN RN

Contact Information (phone or e-mail):____866-4443_____

Comments:_____Great Job. Sorry it was slow!!_____

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**For questions or comments, please contact Jodi Tidwell (806) 543-4372 or tidwellj1@covhs.org**