

OB Community Verification Sheet

Instructional Module: IM 6

Student Name: Amber Freeman

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: CING OBGYN (Westfall) Date: 9/16/25

Student's Arrival Time: 0750 Departure Time: 1158

Printed Name of Staff: Kelsey Hennessey 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: \_\_\_\_\_