

Student Name: Amanda Miller

Date: _____

**Instructional Module 6
Magnolia Doula Community Clinical Experience**

**OB Community Verification Sheet
Instructional Module: IM 6**

Student Name:

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: 9/16/25

Student's Arrival Time: 9:00am Departure Time: 3:45pm

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: _____