

Covenant School of Nursing

CSON Student Specialty Clinical Site Verification Form

Instructional Module: IM7

Student Name: JoBeth Nicolas

Specialty Clinical Site: Wound Care Center Date: 11-10-25

Student's Arrival Time: 1600 Departure Time: 1800

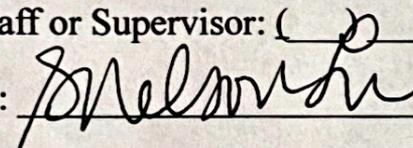
Student expectations: The student is expected to arrive on time, professionally dressed in uniform, and remain highly engaged in specialty site activities.

Student Expectations: Met Not Met

If not met, please elaborate or notify the covering faculty member on call.

Printed Name of Staff or Supervisor: Staci Nelson LVN

Cell of Staff or Supervisor: ()

Signature: 

Please call the CSON Instructor covering the assigned specialty clinical date should you have any additional comments regarding the student's performance and/or participation today.

Thank you for supporting our students. We appreciate you.

Students need to upload the signed copy to Dropbox within 48 hours of observation.

Ms. Ponder cell: 806-928-0826

August 18th

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August 18th

Dr. Kineman-Wiginton cell: 806-632-2300

September 4th & September 22nd

Dr. Spradling cell: 806-252-0992

August 25th & September 15th

Dr. Smith cell: 806-789-9408

August 14th & September 8th

****Specialty Clinical Time: 1400-1700**