

OB Community Verification Sheet

Instructional Module: IM 6

Student Name: malome garcia

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: Dr. blann Date: 11/11/25
Student's Arrival Time: 0830 Departure Time: ~~1030~~ 1630
Printed Name of Staff: Mandi Saunier RN Signature: Mandi Saunier RN

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: _____
