

# Covenant School of Nursing

## CSON Student Specialty Clinical Site Verification Form

Instructional Module: IM7

Student Name: Reagan Swinburn

Specialty Clinical Site: Wound Care Center Date: 12/1/2025

Student's Arrival Time: 1600 Departure Time: \_\_\_\_\_

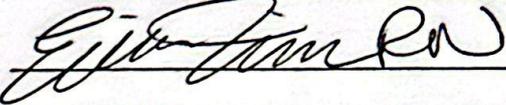
Student expectations: The student is expected to arrive on time, professionally dressed in uniform, and remain highly engaged in specialty site activities.

Student Expectations: Met  Not Met

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

Printed Name of Staff or Supervisor: Erika Traer RN.

Cell of Staff or Supervisor: (806) 787 7088.

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 18<sup>th</sup>

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August 18<sup>th</sup>

Dr. Kineman-Wiginton cell: 806-632-2300 September 4<sup>th</sup> & September 22<sup>nd</sup>

Dr. Spradling cell: 806-252-0992 August 25<sup>th</sup> & September 15<sup>th</sup>

Dr. Smith cell: 806-789-9408 August 14<sup>th</sup> & September 8<sup>th</sup>

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

Adopted: August 2016, Revised: 6/2025