

# Covenant School of Nursing

## CSON Student Specialty Clinical Site Verification Form

Instructional Module: IM7

Student Name: Macei Sienna

Specialty Clinical Site: Wound Care Center Date: 12/1/25

Student's Arrival Time: 3:50 Departure Time: 6:23

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: Mia Gonzales

Cell of Staff or Supervisor: (800) 725-7070

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>

Ms. Ponder cell: 806-928-0826

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**