Covenant School of Nursing
Community Site Verification Form & Reflection
Instructional Module 5

This is to verify that _____ has completed clinical hours as part of the IM5 course requirement.

Date:_____

Community Site:_____

Student's Arrival Time:_____ Departure Time:_____

Printed Name of Staff:_____

Signature of Staff:_____

Please call the CSON Instructor, Mrs. D'Anne White at 806.543.4962 should you have any additional comments regarding the student's performance and/or participation today.

Comments:_____
_____
_____
_____

Student's reflection of the day and your take aways:

_____
_____
_____

_____
_____
_____
_____
_____

*Please email the completed form to Mrs. White at the end of the clinical day.