

CSON Student Specialty Clinical Site Verification Form

Instructional Module: IM7

Student Name: Grace Harrison

Specialty Clinical Site: Wound Care Center

Date: 2/5/2020

Student's Arrival Time: 1:45

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: Mireya Ocegueda

Cell of Staff or Supervisor: (906) 642-3154

Signature: Mireya Ocegueda

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**