

Lakeview College of Nursing
N 442 Community Health in Nursing

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Legacy Service Project Organization Contact Form

Make a copy for yourself and one for your instructor & upload as an attachment to your journal for your legacy project

Each group member will need their OWN form.

Organization name: HABITAT FOR HUMANITY

Organization contact made on: 02-24-21

POC for the Organization (name, phone, e-mail): 217-348-7066

Clinical Date: 02-25-21

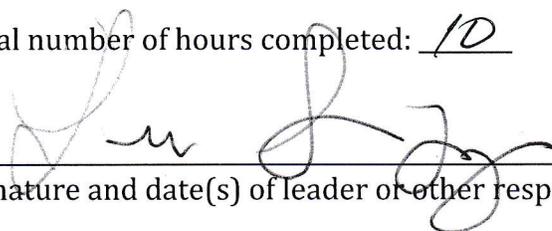
This form is to verify that the student has contacted a community organization regarding their service legacy project as required for the course. If you have any questions, please feel free to call the above number.

Date(s) of service: 02-25-21 & 02-26-21

Student Name: HAROLD S. HENSON

Person Verifying Hours (Name & number): Mrs. King 217-348-7066

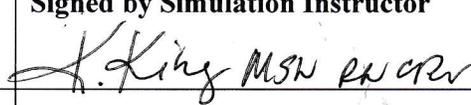
Total number of hours completed: 10

 217-348-7066
Signature and date(s) of leader or other responsible person /Phone Number

N442: Clinical Hours' Time-Log/Verification Form-Charleston

- Please complete this log each week.
- If you should happen to lose this paper or forget it for a clinical, you must obtain the signature by returning to see the clinical personnel. You can print a new form and have them fill it out that day and keep the forms together.
- **At the end of the semester, you must have verification of the 45 hours required to achieve a PASSING clinical grade in this course.**
- **If you MISS a clinical, you will need to determine if you can make up the clinical at the missed site with the course coordinator. ALL MISSED CLINICALS WILL BE MADE UP!**

Student Name: HAROLD S. HENSON Semester: 4th Clinical Instructor: Professor King

Date	Time	Hours	Clinical Location	Verifier of Clinical Hours
Example: 08/20/2020	Example: 8a – 4:30 p	Example: 8 hours	Location of Clinical Experience	Whoever is verifying your hours needs to print their name and sign and include a phone & email.
<i>02-25-21</i>	<i>0800-1600</i> <i>0900-1600</i>	8 hours	Legacy Project (self-schedule)	Verified by Point of Contact Form
<i>02-26-21</i>	<i>10:55-13:55</i>	5 hours	<i>HABITAT FOR HUMANITY</i>	
	0800-1500	5 hours	Community Assessment/ Windshield Survey	Attach Community Assessment Signature Form – One copy for each person in the group.
<i>01/19/21</i>	0800-1230	4.5 hours	Sarah Bush Lincoln Case Management (including pre- clinical assignment)	Print: <i>Emily Goert RN</i> Signature: <i>Emily Goert</i> Phone: <i>217-238-4375</i> Email: <i>egoert@sblhs.org</i>
<i>01/26/21</i>	0800-1200	4 hours	School Nurse – Charleston High School	Print: <i>Amenda Lock</i> Signature: Phone: Email:
<i>2/4/21</i>	0900-1200	6 hours	Simulation Lab	Signed by Simulation Instructor 
	0800-1200	4 hours	Virtual Simulation Module 5= Family as Client: Public Health Clinic, including Levels of Housing and Care for the Aging Family Chart COVID Vaccine Clinic	
03/29/2021	1230-1630	4 hours	Disaster Triage Day	Signed by Instructor
01/11/2021	1200-1300	1 hour	Clinical Orientation – Week 1 post-conference time	Attendance Verified by Instructor
Weekly		0.5 hr x 7 clinicals = 3.5 hrs	Weekly Clinical Journal due Saturday after clinical by 11:59 pm CST	Discussion Post Verification
Weekly	Mondays 1200-1230	0.5 hr x 12 = 6 hrs	Weekly clinical post-conference- Weeks 2, 4-14	Attendance Verified by Instructor
Total hours:		46 total		
Make up Clinical Day			Date:	Location/Hours:

**** Scan this form and place in the clinical paperwork dropbox for clinical credit ****