Lakeview College of Nursing
N442 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: _____

Organization contact made on: _____

POC for the Organization (name, phone, e-mail): _____

Clinical Date: _____

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: _____

Student Name: _____

Person Verifying Hours (Name & number): _____

Total number of hours completed: _____

_____
Signature and date(s) of leader or other responsible person /Phone Number