

Legacy Service Project Organization Contact Form
Lakeview College of Nursing
N442 Population and Global Health

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Make a copy for yourself and one for your instructor & upload to the dropbox.
Each group member will need their OWN form.

Organization name: Salt + Light
Organization contact made on: JAN 17 - Response JAN 19th
POC for the Organization (name, phone, e-mail): Bethany@saltandlightministry.org
Clinical Date: 2-4-2023

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: 2-4-2023

Student Name: Amber Raimon

Person Verifying Hours (Name & number): Bethany Parker

Total number of hours completed: 8

Bethany Parker 217-355-5654
Signature and date(s) of leader or other responsible person /Phone Number