

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: CRISIS NURSERY

Organization contact made on: FEBRUARY 2, 2024

POC for the Organization (name, phone, e-mail): LAURENTO (217)337-2731
lto@crisisnursery.net

Clinical Date: FEB. 22 (THURS.) & 24 (SAT.)

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: FEB. 22 (THURSDAY) & FEB. 24 (SATURDAY)

Student Name: Shanique Williams

Person Verifying Hours (Name & number): Lauren to 8 hours

Total number of hours completed: 8

Lauren to 2/22/24 217-337-2731
Signature and date(s) of leader or other responsible person /Phone Number