LAKEVIEW COLLEGE OF NURSING

SERVICE LEARNING SUBMISSION FORM

As a graduation REQUIREMENT, **FIVE (5)** hours are to be completed each semester, totaling the required **TWENTY (20) hours** by graduation. Proof of completed hours must be submitted each semester via this form with all the required information and signatures. Refer to the service learning welcome letter for information on individual hours and limitations for donations and blood drives. If you wish to complete service hours **NOT** listed on the service learning welcome letter, please get pre-approval from Professor Brassard before service hours are obtained. This form must be filled out entirely before hours can be approved

THE GOALS OF SERVICE LEARNING HOURS ARE TO MEET THE FOLLOWING OUTCOMES:

1. Develop a habit of critical reflection as they integrate professional values and leadership principles throughout their career.
2. Incorporate an ethic of social and civic responsibility into their professional values and practice.
3. Develop an understanding of the complex underlying issues impacting family, population, and community health needs.
4. Develop their ability to work collaboratively in a variety of settings.
5. Learn about diverse cultural perspectives and develop a respect for cultural differences
6. Observe organizational and community decision-making styles and reflect on how these are utilized to promote community health and wellness.

ONCE ALL SIGNATURES AND INFORMATION ARE PROVIDED, THE STUDENT MUST UPLOAD TO THE EDVANCE 360 DROPBOX

SECTION 1: STUDENT

STUDENT NAME: Ragin Baker

SEMESTER: ☒ FALL ☐ SPRING ☐ SUMMER **YEAR:** 2024

AGENCY NAME/LOCATION: Urbana, IL

IT IS RECOMMENDED THAT PRIOR APPROVAL BE GAINED IF THE AGENCY UTILIZED IS NOT LISTED ABOVE. GETTING PRIOR APPROVAL WILL ENSURE THAT HOURS ARE COUNTED TOWARD THE 20 HOURS REQUIRED FOR GRADUATION.

(UNAPPROVED SERVICES COULD RESULT IN HOURS NOT BEING COUNTED TOWARDS GRADUATION REQUIREMENTS.)

AGENCY REPRESENTATIVE NAME: Carle Foundation Hospital

 # HOURS SERVED: 5 **START DATE:** 10-7-24 **END DATE:** 10-7-24

SECTION 2: AGENCY SUPERVISOR

PLEASE DESCRIBE SERVICES COMPLETED BY STUDENT IN DETAIL: Cleaned/organized/restocked nurse server closets.

REPRESENTATIVE SIGNATURE: Hope Downing BSN, RN, OCN **PHONE #:** 217-954-2222

REPRESENTATIVE PRINTED NAME: Hope Downing BSN, RN, OCN

UPDATED 5/28/