

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 then upload to the dropbox.
Each group member will need their OWN form.

Organization name: Dwelling Place

Organization contact made on: 2/11

POC for the Organization (name, phone, e-mail): Sharon Manion 217-497-5211

Clinical Date: Mondays

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: 3/3 + 3/10
11a-2p 10a-3p

Student Name: Julia Bushnell

Person Verifying Hours (Name & number): Nancy O'kane

Total number of hours completed: 8

Nancy O'Kane 217-213-5308 3/10
Signature and date(s) of Organization representative /Phone Number