

Lakeview College of Nursing  
N 442 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: Crisis Nursey

Organization contact made on: 2/20/2020

POC for the Organization (name, phone, e-mail): ~~\_\_\_\_\_~~ Jamie Calfant  
(217) 342-3000  
coordinator@  
crisisnurseyof  
effingham.com

Clinical Date: 3/10/2020

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: 3/10/2020

Student Name: Bailey Roth

Person Verifying Hours (Name & number): Jamie Calfant  
(217) 342-3000

Total number of hours completed: 8

Jamie Calfant Program Coordinator  
Signature and date(s) of leader or other responsible person /Phone Number