SPRINGHILL MEDICAL CENTER
Instructors/StudentsGeneral
Review Test Scores

School: _____

Instructor:_____Semester/Year: _____

I have read and understand the General Review Packet and will do my best to help Springhill Medical Center maintain a culture of safety and customer service.

Student	Signature	Date	Test Score

Please return to Eleanor Odom, MSN, RN, CNL
Clinical Operations Coordinator
Eleanor.odom@springhill.org