

**Oakland University William Beaumont School of Medicine
Compass Site Supervisor Verification Form**

Name: _____ **Date of Service:** _____

Title: _____ **Email:** _____

Phone: _____

Organization Name (if applicable): _____

Address: _____ **City:** _____ **State:** _____

OUWB Student Name: _____

Number of hours served: _____

Brief description of service: _____

Signature