

SPRINGHILL MEDICAL CENTER
Instructors/Students General
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 Kelly Tomlinson MSN, RN
Clinical Operations Coordinator
kelly.tomlinson@springhill.org