



**NEW YORK CITY  
COLLEGE OF TECHNOLOGY**

THE CITY UNIVERSITY OF NEW YORK

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**DEPARTMENT OF NURSING**

**Pearl 505**

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**COMMUNITY SERVICE RECORD**

**NAME OF STUDENT:** \_\_\_\_\_

This is to certify that (name of student) \_\_\_\_\_ has completed  
\_\_\_\_\_ hour(s) of community service at (name of community, agency, school, etc.)

\_\_\_\_\_ on (date of service) \_\_\_\_\_.

Name of supervisor: \_\_\_\_\_

Title of supervisor: \_\_\_\_\_

Telephone #: \_\_\_\_\_

