BLESSING-RIEMAN COLLEGE OF NURSING & HEALTH SCIENCES

Professional Service Activities/Service Learning

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level: Soph Junior Senior

Semester of PSA Activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Amount of Time Donated \_\_\_\_\_\_\_\_\_\_ Faculty initial

* **Culver Stockton ID Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please complete the questions on the back of form.**
* **Quincy University ID Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please use one form for each event you have participated**

Please check the activity and write in the date and time spent in each of the category(ies) listed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Community** | **Date & Time Spent** | **Political** | **Date & Time Spent** | **Professional** | **Date & Time Spent** |
| **College Community**   * \*Recruitment activity * \*Blood Drive Organizing/Participating Donated Blood * \* Teddy Bear/Early Childhood clinic(s) * \* Make the Cut   **Community Focus**   * \* Community Fund Raisers (Type)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * \* Healthcare Services Activities (ex. Mega Body)(Type)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * **\*** Other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Prevention Activities**  **Primary Prevention**   * **\*** Health Promotion (Type) * **\*** Health Education (Topic) * \* Health.gov teaching * \* Flu clinic   **Secondary Prevention**  Screenings:   * \* Blood Pressure Screening * \* Cancer Screening * \* Cholesterol Screening * \* Diabetes Screening * \* Kidney Screening   **Tertiary Prevention**   * \* Visiting/Direct Care to Shut-ins/Nursing Home * \* Volunteer at Shelter (Type) \_\_\_\_\_\_\_\_\_\_\_\_\_ * \* Health Fair * \* Meals on Wheels/Soup kitchen * \* Attend support group (ex. AA, Brain Injury) * \* Food Pantry |  | * Run for SNO office * Register to Vote * Campaigned for a candidate for local, state, or national office * Worked to register voters * Attended/Participated in a political forum (Type) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * **\*** Attended ANA IL Lobby Day * **\*** MONA Advocacy Day * Attended a legislative update (Type) * Became informed on a political issue, college, local, state, or national * \*Wrote letter to legislator * Wrote a letter to a newspaper on a political/healthcare issue * Other (Describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | * Serve as SNO officer * Attend NSNA Convention * Attend MONA/ANA IL pre-Lobby Day Strategy Session * Attended Research Day * Became informed about clinical practice by reading journal articles (vol., no., year, title of journal, Reflection) * Attended institutional nursing in-service program * Attended a nursing conference, workshop, or clinical program * Organized an activity for a nursing class (e.g. a panel discussion) * Attend 2 SNO meetings * College Committee Member * Other (Describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Activities marked with and \* are designated Service Learning for QU**

**(OVER) Please complete the reflection questions on the back of the form to complete you Service Learning Requirement.**

**Reflection Questions:**

1. Describe your PSA/Service Learning experience:
2. What were your Leadership Role/other roles taken with the experience?
3. Describe your experience with this Professional Service Activity:
   1. Personal benefits
   2. Professional benefits
   3. Outcomes of the experience
   4. Learning experience
4. How did this experience benefit the population that you served?
5. What did you learn about yourself from this experience?

**Forms must be turned in the semester the activity is completed to receive credit. (No exceptions, QU standard)**