***MASTER OF SCIENCE IN ATHLETIC TRAINING***

***CLINICAL OBSERVATION HOURS LOG***

***PLEASE TYPE***

**You are required to obtain at least 100 hours of observation experience under the supervision of an Athletic Trainer who possesses the ATC credential. Please list and briefly describe the required athletic training observations as well as any other relevant athletic training related experiences. You may submit multiple copies of this log if necessary. Please type directly in the table. The cells will expand as you type.**

* + *Please note that hours obtained under the supervision of a Physical Therapist do NOT count unless the individual is dual credentialed as an ATC/PT.*
  + *International students who do not have access to an AT in their home country are encouraged to move to the United States and complete their hours prior to applying to the program.*

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| --- | --- | --- | --- | --- | --- | --- |
| **Name of Supervising Athletic Trainer** | **Setting** | **Sport (If applicable)** | **Describe your involvement** | **Number of Hours** | **Dates** | **AT Signature\*** |
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\* By signing my name, I attest that the hours record in this log are accurate and were acquired under my supervision.