

**MESSIAH COLLEGE ATHLETIC TRAINING  
CLINICAL HOURS AND EXPERIENCE SUMMARY SHEET**

A.T.S. NAME: \_\_\_\_\_

YEARS ATTENDING: 20-\_\_\_\_ TO 20-\_\_\_\_

<b>SEMESTER</b>	<b>HOUR REQUIREMENTS PER SEMESTER</b>	<b>HOURS MET</b>	<b>COMMENTS</b>
<b><u>FIRST YEAR</u></b> -			
FALL...	_____	_____	No Clinical Hours/Experience Required
SPRING...	_____	_____	
TOTAL	_____	_____	

COMMENTS:

<b><u>SECOND YEAR</u></b>			
FALL...(DIRECTED OBSERVATION)	<u>25-40</u>	_____	_____
SPRING...	<u>80-100</u>	_____	_____
TOTAL	<u>105-140</u>	_____	_____

COMMENTS:

- MDObservations  
 Variety Rotations  
 Athletic Training Room Prep  
 Practice  
 Contest  
 AT Room Rehab

<b><u>THIRD YEAR</u></b>			
FALL...	<u>80-120</u>	_____	_____
SPRING...	<u>80-120</u>	_____	_____
TOTAL	<u>160-240</u>	_____	_____

COMMENTS:

- Upper/Lower Extremity  
 MDObservations  
 Male/Female Sport  
 Contact Sport  
 AT Room Prep  
 AT Room Rehab  
 Practice  
 Contest

- Upper/Lower Extremity  
 MDObservations  
 Male/Female Sport  
 Contact Sport  
 AT Room Prep  
 AT Room Rehab  
 Practice  
 Contest

<b><u>FOURTH YEAR</u></b>			
FALL...(FOOTBALL – off campus)	<u>120-200</u>	_____	_____
SPRING...(CLINIC – off campus)	<u>60</u>	_____	_____
TOTAL	<u>180-260</u>	_____	_____

COMMENTS:

- MDGeneral Medical Observations  
 Contact Sport  
 Male Sport  
 Other:  
 -----  
 MD General Medical Observations  
 C/I/C exp.  
 Surgery Observations

GRAND TOTAL: 445-640 hrs \_\_\_\_\_

Clinical Hours Experience/Requirements Met?  Yes  No Program Director Review/Signature: \_\_\_\_\_

Date: \_\_\_\_\_

COMMENTS:

