

**MESSIAH COLLEGE
ATHLETIC TRAINING EDUCATION PROGRAM
Student Clinical Experience/Hours
Volunteer Form**

I, _____, understand that I have completed all of my required/designated clinical experience hours for my semester practicum/clinical course,_____.

And, I assure I am not being pressured or forced to get any additional clinical hours/experience.

And, I assure that my academic experience will not be compromised by volunteering to acquire additional hours.

And, I assure that acquiring additional hours will not cause me any undue stress or inconvenience.

And, I realize that I will be under the direction and supervision of my Clinical Instructor for these hours/experience.

ATS Signature _____ Date _____

Clinical Instructor _____ Date _____

Program Director _____ Date _____

Volunteer Clinical Hours Total _____