ATHLETIC TRAINING STUDENT (ATS) CLINICAL HOURS RECORD (General Medical Experience w/ Physician or Nurse Practitioner)

ATS Name:						
Level: (circle one) So Jr Sr Date (Month/ Day/ Year)	Hours	Semester: (circle one) Fall	l J-term	Spring		Year
	- Tota	al Hours				
-	100	ar riours				
Physician/ Practitioner Signature:					Date: _	
Student Signature:					Date: _	
Comments (Progress, compliance, e	etc.):					
Program Director Signature (Indica	ting Approva	al):				
ATS Name:		edical Experience w/Phy	siciali oi	ivurse i rac	entionery	
Level: (circle one) So Jr Sr		Semester: (circle one) Fal	l J-term	Spring		Year
Date (Month/ Day/ Year)	Hours					
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-	Tota	al Hours				
Physician/ Practitioner Signature:					Date: _	
Student Signature:					Date:	
Comments (Progress, compliance, ε	etc.):					
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Program Director Signature (Indica	ting Approva	al):				

ATHLETIC TRAINING STUDENT (ATS) CLINICAL HOURS RECORD (General Medical Experience w/ Physician or Nurse Practitioner)

ATS Name:								
Level: (circle one) So	Jr Sr		Semester: (circle one) Fall	J-term	Spring		Year
Date (Month/ Day/	Year)	Hours						
								
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	_	Tota	al Hours					
Physician/ Practitioner	C!						Data	
Physician/ Practitioner	Signature: _						Date:	
Student Signature:							Date:	
Comments (Progress, co	mpliance, et	tc.):						
Program Director Signat	ture (Indicat	ting Approva	al):					
ATS Name:								
Level: (circle one) So	Jr Sr		Semester: (circle one) Fall	J-term	Spring		Year
Date (Month/ Day/	Year)	Hours						
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Physician/ Practitioner	Signature: _						Date:	
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Student Signature:							Date:	
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Comments (Progress, co	inpliance, et	ıc.J:						
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Program Director Signat	ture (Indicat	ting Approva	aıj:					