ATHLETIC TRAINING STUDENT (ATS) CLINICAL HOURS RECORD (General Medical Experience w/ Dr. Ken Graf, M.D.)

ATS Name:			
Level: (circle one) So Jr Sr	Semester: (circle one) Fall J-te	erm Spring	Year
Date (Month/Day/Year)	Hours		
	Total Hours		
Physician Signature:		Date:	
Preceptor Signature:		Date:	
Comments (Progress, complianc	e, etc.):		
Program Director Signature (Inc	licating Approval):		
Program Director Signature (Inc	licating Approval):		
Program Director Signature (Ind	ATHLETIC TRAINING STUDENT (ATS) CLI (General Medical Experience w/ Dr	NICAL HOURS RECORD	
	ATHLETIC TRAINING STUDENT (ATS) CLI (General Medical Experience w/ Dr	NICAL HOURS RECORD	<u></u>
	ATHLETIC TRAINING STUDENT (ATS) CLI	NICAL HOURS RECORD	
	ATHLETIC TRAINING STUDENT (ATS) CLI (General Medical Experience w/ Dr	NICAL HOURS RECORD : Ken Graf, M.D.)	Year
ATS Name:	ATHLETIC TRAINING STUDENT (ATS) CLI (General Medical Experience w/ Dr	NICAL HOURS RECORD : Ken Graf, M.D.)	
ATS Name:Level: (circle one) So Jr Sr	ATHLETIC TRAINING STUDENT (ATS) CLIP (General Medical Experience w/ Dr	NICAL HOURS RECORD : Ken Graf, M.D.)	
ATS Name:Level: (circle one) So Jr Sr	ATHLETIC TRAINING STUDENT (ATS) CLIP (General Medical Experience w/ Dr	NICAL HOURS RECORD : Ken Graf, M.D.)	
ATS Name:Level: (circle one) So Jr Sr	ATHLETIC TRAINING STUDENT (ATS) CLIP (General Medical Experience w/ Dr	NICAL HOURS RECORD : Ken Graf, M.D.)	
ATS Name:Level: (circle one) So Jr Sr	ATHLETIC TRAINING STUDENT (ATS) CLIP (General Medical Experience w/ Dr	NICAL HOURS RECORD : Ken Graf, M.D.)	
ATS Name:Level: (circle one) So Jr Sr	ATHLETIC TRAINING STUDENT (ATS) CLIP (General Medical Experience w/ Dr	NICAL HOURS RECORD : Ken Graf, M.D.)	
ATS Name:Level: (circle one) So Jr Sr	ATHLETIC TRAINING STUDENT (ATS) CLIP (General Medical Experience w/ Dr	NICAL HOURS RECORD : Ken Graf, M.D.)	
ATS Name: Level: (circle one) So Jr Sr Date (Month/Day/Year)	ATHLETIC TRAINING STUDENT (ATS) CLIP (General Medical Experience w/ Dr Semester: (circle one) Fall J-te Hours —— —— ———	NICAL HOURS RECORD : Ken Graf, M.D.) erm Spring	

ATHLETIC TRAINING STUDENT (ATS) CLINICAL HOURS RECORD (General Medical Experience w/ Elizabeth Miller, MSN, CRNP)

ATS Name:								
Level: (circle one) So Jr Sr		Semest	cer: (circle one) Fall	J-term	Spring		Year
Date (Month/Day/Year)	Hours							
	T	otal Hours	;					
Nurse Practitioner Signature:							Date:	
Preceptor Signature:							Date:	
Comments (Progress, compliance	e, etc.):							
			IG STUDENT lical Experie					
ATS Name:				-				
Level: (circle one) So Jr Sr		Semest	cer: (circle one) Fall	J-term	Spring		Year
Date (Month/Day/Year)	Hours							
	T	otal Hours	:					
Nurse Practitioner Signature:							Date:	
Preceptor Signature:							Date:	
Comments (Progress, compliance								
Program Director Signature (Ind	icating Ann	roval):						