



**Athletic Training Program**  
*Pre-Professional Phase*  
**Clinical Observation Hour Log**

Name: \_\_\_\_\_

Semester/Year: \_\_\_\_\_

Week: \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_

Day/Date	Nature of Observation	In/Out	Daily Total	Preceptor's Initials
Monday		/		
Tuesday		/		
Wednesday		/		
Thursday		/		
Friday		/		
Saturday		/		
Sunday		/		

**Weekly Total** \_\_\_\_\_

I certify that the above record of clinical observation hours is correct and accurate.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Preceptor Signature

\_\_\_\_\_  
 Date