MIDWESTERN STATE UNIVERSITY

Athletic Training Program

Professional Phase

Clinical Observation Hour Log

Name: _____ Semester/Year:_____

Rotation: _____ Preceptor:_____

****Please be sure to enter dates!****

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