

NAME (last, first, middle): \_\_\_\_\_

SPRING Semester, 200 \_\_\_\_\_

CLINICAL COURSE (circle one):      KIN 3505 (2)      KIN 3505 (4)      KIN 3505 (6)

**INSTRUCTIONS:**

1. Fill out **ALL** areas that you have obtained clinical hours from the 1<sup>st</sup> day of classes through the last day prior to finals week.
2. If you have not obtained hours for a particular month and/or clinical rotation, THEN LEAVE IT BLANK.
3. Total all rows (clinical rotations) and also the "TOTAL" column. The box in the lower right corner is the total hours you obtained for this clinical course.
4. Attach all clinical hours documentation forms behind this form.
5. The original will be placed on file in the Director of Athletic Training Education; keep a copy for your records.

CLINICAL ROTATION	Jan	Feb	Mar	Apr	May	TOTALS
<b><u>GENERAL MEDICAL</u></b>						
Emergency Room/Trauma						
Family Physician						
Pharmacist						
Orthopedic Physician						
Orthopedic Surgery						
<b><u>EQUIPMENT INTENSIVE</u></b>						
Football						
<b><u>UPPER EXTREMITY INTENSIVE</u></b>						
Baseball						
Golf – Men/Women						
Softball						
Swimming – Men/Women						
Tennis – Men						
Tennis – Women						
Volleyball						
<b><u>LOWER EXTREMITY INTENSIVE</u></b>						
Basketball – Men						
Basketball –Women						
Soccer – Women						
Track/XC– Men/Women						
<b><u>COMBO UPPER/LOWER EXTREMITY INTENSIVE</u></b>						
Gymnastics						
<b><u>OTHER EXPERIENCES NOT LISTED ABOVE</u></b>						
<b>TOTALS ALL SECTIONS:</b>						

The information above is directly related to only those clinical courses that I have completed for a letter grade. Clinical hours obtained outside of the clinical course and not approved for course credit are not included in the totals listed above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_ HOURS VERIFIED BY: \_\_\_\_\_