



HARDIN-SIMMONS UNIVERSITY

ATHLETIC TRAINING EDUCATION

Student Name:

Instructions: Complete 1 section for each day(s)/week at a single clinical site. Have the form signed by the athletic trainer. We ask they also print their name.

Date(s) (Day or Week)	Number of Observation Hours	Name of Clinical Site
AT Signature:		
AT Print Name:		

Date(s) (Day or Week)	Number of Observation Hours	Name of Clinical Site
AT Signature:		
AT Print Name:		

Date(s) (Day or Week)	Number of Observation Hours	Name of Clinical Site
AT Signature:		
AT Print Name:		

Date(s) (Day or Week)	Number of Observation Hours	Name of Clinical Site
AT Signature:		
AT Print Name:		