

MSU ATEP
AT Student Clinical Experience Log

NAME _____ YEAR IN PROGRAM _____

Setting _____ ACI _____

Directions: Please record the number of clinical experience hours completed each day of the week in the top box. Record the setting and sport in the second box. After you have completed the first and second box, have your ACI/CI initial the bottom box.

Monday
of hours i.e. 3.25
Setting/activity i.e. MSU FB, treatment
ACI initials

Clinical Experience Hour Forms are due the Monday following the last day of the two week reporting period.

Week 1 (mo/day/year) From _____ To _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
							XXXXXX
							XXXXXX

Week 2 (mo/day/year) From _____ To _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
							XXXXXX
							XXXXXX

As per Missouri State University academic honesty policies, I acknowledge that the hours recorded on this form are accurate and have not been falsified.

Student Signature _____

Date _____

ACI/CI Signature _____

Date _____

ACI/CI COMMENTS: