

Texas A&M University – Commerce  
 Athletic Training Education Program  
 Clinical Experience Hour Sheet

Name: \_\_\_\_\_  
 Semester/Year: \_\_\_\_\_  
 Clinical Course: \_\_\_\_\_  
 ACI/CI: \_\_\_\_\_

Recording form needs to be filled out daily and signed by your ACI/CI at the end of the two week period. Hour sheets must be turned in every two weeks to the ATEP Clinical Coordinator.

Date	Day	Type of Experience (FB, VB, clinic, ATRC, etc)	Time In	Time Out	Hours
	Mon				
	Tues				
	Wed				
	Thurs				
	Fri				
	Sat				
	Sun				
<b>Weekly Total</b>					

Date	Day	Type of Experience (FB, VB, clinic, ATRC, etc)	Time In	Time Out	Hours
	Mon				
	Tues				
	Wed				
	Thurs				
	Fri				
	Sat				
	Sun				
<b>Weekly Total</b>					

I certify that the record of hours above is correct for the dates indicated.

\_\_\_\_\_  
 ATS Signature

\_\_\_\_\_  
 Date

I certify that the clinical experience hours recorded above have been performed under my direct supervision.

\_\_\_\_\_  
 ACI/CI Signature

\_\_\_\_\_  
 Date