

Monthly Clinical Experience

Student's Name: _____

Month/Year: _____

Preceptor Signature: _____

Day of Week	Date	Rehab. (Athletic Training Clinic)			Sport Coverage			Other				Day's Total	Running Total		
		Rot	In (time)	Out	Hours	Rot	In (time)	Out	Hours	Rot	In (time)			Out	Hrs
	1		-				-				-				
	2		-				-				-				
	3		-				-				-				
	4		-				-				-				
	5		-				-				-				
	6		-				-				-				
	7		-				-				-				
	8		-				-				-				
	9		-				-				-				
	10		-				-				-				
	11		-				-				-				
	12		-				-				-				
	13		-				-				-				
	14		-				-				-				
	15		-				-				-				
	16		-				-				-				
	17		-				-				-				
	18		-				-				-				
	19		-				-				-				
	20		-				-				-				
	21		-				-				-				
	22		-				-				-				
	23		-				-				-				
	24		-				-				-				
	25		-				-				-				
	26		-				-				-				
	27		-				-				-				
	28		-				-				-				
	29		-				-				-				
	30		-				-				-				
	31		-				-				-				
			Total			Sport 1 Total			Total						
						Sport 2 Total									

Use this row for totals of various rotations: AT = _____, _____ = _____, _____ = _____, _____ = _____

Instructions for Documenting Clinical Education Hours

General Information

1. Each student is personally responsible for **all** of his/her clinical education hours. Please do **not** ask other students to turn in the completed clinical hour sheets, or place them in the program director's or clinical coordinator's mailbox. The Program Director will review these documents with each student.
2. Always **print** EVERYTHING in "black ink" - consider this an official document.
3. All clinical education hours should be **ROUNDED** to the nearest "quarter" (.25) hour.
4. All documents must be turned into the Program Director within a reasonable amount of time:
 - a. Monthly Clinical Experience forms = By end of 1st week of the following month. Hours not turned in by this time will have a 10% deduction per week late.
5. If a student needs additional forms, see the Program Director.
6. Unless otherwise agreed to in advance by the supervising preceptor, no clinical hours will be accepted during the week of finals.

Monthly Clinical Experience

1. **Week Day.** Students can print the abbreviated day (M, Tu, W, Th, F, Sa, Su) in this column.
2. **Date.** This represents the calendar days in each month – up to 31 days.
3. **Time Periods**
 - a. These are designed to give you credit for multiple experiences during a days clinical experience. Always begin with the first period and use the second and third periods only if you participate in a different clinical educational activity during that day. Example:
 - b. 1st Period = Began days clinical completing rehabilitation with patients from 1:00pm – 2:30pm
 - c. 2nd Period = 2:30pm began football preparation and practice coverage until 5:00pm.
 - d. 3rd Period = End of day so period not used. However, if you assisted with a basketball game/practice later that evening you could use this period to document your time.
4. **Rot.** = Clinical Education Rotation.
 - a. Students should use the following abbreviations:
 - i. Athletic Training Clinic (morning treatments, afternoon rehab) = AT
 - ii. Sport = BB – Basketball, BS – Baseball, FB – Football, Soc – Soccer, VB – Volleyball, XC – Cross Country, TK – Track, TN – Tennis, SB – Softball, WR – Wrestling, HOC – Ice Hockey, SW – Swimming, GO – Golf, FH – Field Hockey, CH - Cheerleading
 - iii. Gender = M (men), W (women); this can be placed in front of the Sport abbreviation.
 - iv. High school sports = place an "(HS)" to the right of your sport abbreviation (i.e., FB (HS)), Sports medicine or physical therapy clinic = Clin
 - v. Other settings = General Medical (GM), Hosp, Dr. 's Office, EMS, PRO – Professional Sports
 - b. General Instructions for Special Situations
 - i. If a student is assigned to consecutive days at the same sport or Rot., he/she may use " or draw an arrow (↓) downward for specific days.
 - ii. *The total time for the second/third sport/clinical experience should be significant enough (greater than 1 hour) for a separate time period.*
5. **In and Out time** = starting (In) and ending (Out) times for each respective time period.
 - a. Round the time to the nearest "quarter" hour (:15, :30, and :45)
 - b. For example: if a student starts (**In**) or ends (**Out**) between 2:53-3:07 = **3** or **3:00**; 3:08-3:22 = **3:15**; 3:23-3:37 = **3:30**; 3:38-3:52 = **3:45**
6. **Hrs** = Total number of clinical education hours obtain in the respective time period ONLY.
 - a. Subtract the starting time (In) from the ending time (Out).
 - b. Do **not** use .0 (e.g., 3.0) for whole numbers or fractions (e.g., 3 1/2). For example, use = 3, 3.25, 3.5, 3.75
7. **Prec** = initials of supervising Preceptor.
 - a. The preceptor may be an ATC, PT, MD, etc. Other athletic training students, athletes, or coaches cannot initial these cells. The preceptor's initials must be readable, in case there is any question.
 - b. These initials, like the clinical hours, **must be completed DAILY**. The preceptor has the greatest memory of a student's time period on the same day it was completed.
8. **Day's Total** = total hours calculated from each Time Period's Hrs (1st, 2nd, 3rd) for a single day only.
9. **Running Total** = running (continuous) total of hours for all the Day's Totals. Each month begins with "0" hours.