

Directed Observation Clinical Experience

- **CLINICAL?**

- Approximately 45 hours
- It is **strongly encouraged** for students to show diversity of clinical experiences in order to obtain understanding of the various roles and responsibilities of the certified athletic trainer. **Note:** If the students host institution has limitations it will be taken into account with the students application.
 - Collision Sports (includes **only** Football, Ice Hockey, Rugby, and Lacrosse)
 - College level
 - High School level
 - Contact-Sports (i.e., soccer, basketball, baseball, volleyball, wrestling, etc.) and Non-contact sports (i.e., track and field, swimming, etc.)
 - College level
 - High School level
 - Treatment/Rehab sessions prior to, after, or when practices or games are not being conducted

Revised 6/15/2020

MARSHALL UNIVERSITY DIRECTED OBSERVATION CLINICAL

Name: _____ Month & Year: _____

Student ID: _____ NATA Membership #: _____

Directions: Type in the number of hours for each set of dates (column headings) for each sport activity (row headings). Both the ATS and the Preceptor must sign the bottom for hour's validation. The Monthly Record Forms are due along with the ATP Application.

Clinical Observation	Location	1 st - 7 th	8 th - 14 th	15 th -21 st	22 nd - End	Row Totals
Football	_____	_____	_____	_____	_____	_____
Volleyball	_____	_____	_____	_____	_____	_____
Swimming	_____	_____	_____	_____	_____	_____
Softball	_____	_____	_____	_____	_____	_____
Baseball	_____	_____	_____	_____	_____	_____
Tennis&Golf	_____	_____	_____	_____	_____	_____
Track&XC	_____	_____	_____	_____	_____	_____
Men's Soccer	_____	_____	_____	_____	_____	_____
Women's Soccer	_____	_____	_____	_____	_____	_____
Cheerleading	_____	_____	_____	_____	_____	_____
Men's Basketball	_____	_____	_____	_____	_____	_____
Women's Basketball	_____	_____	_____	_____	_____	_____

Total for this section only: _____

Athletic Training Clinic	1 st - 7 th	8 th - 14 th	15 th -21 st	22 nd - End	Row Totals
Rehabilitation	_____	_____	_____	_____	_____
Treatment	_____	_____	_____	_____	_____
Record Keeping	_____	_____	_____	_____	_____
General (clean up)	_____	_____	_____	_____	_____
Other Administrative	_____	_____	_____	_____	_____

Total for this section only: _____

Log Practice/Game Numbers (no hours)	1 st - 7 th	8 th - 14 th	15 th -21 st	22 nd - End	Row Totals
Football Pr.	_____	_____	_____	_____	_____
Football Game	_____	_____	_____	_____	_____
Contact/Non-Contact Pr.	_____	_____	_____	_____	_____
Contact/Non-Contact Game	_____	_____	_____	_____	_____

Total for this section only (Practices/Games): _____

Overall total hours for this month: _____

By my signature below, I certify that the above record is accurate as indicated. I understand that inaccuracy in this record is fraudulent and subject to disciplinary action up to and including not being admitted to the ATP.

Student Signature

Date

Supervisor Signature

Date