

**Limestone University  
Athletic Training Program  
Clinical Hour Record**

Applicant: \_\_\_\_\_

Date	Site	Experiences	Times	Daily Total	Pre	Px	Gm	AT Initials
<u>Sun</u>								
<u>M</u>								
<u>T</u>								
<u>W</u>								
<u>Th</u>								
<u>F</u>								
<u>S</u>								
<b>Week Of:</b>			<b>Weekly Total:</b>					
<u>Sun</u>								
<u>M</u>								
<u>T</u>								
<u>W</u>								
<u>Th</u>								
<u>F</u>								
<u>S</u>								
<b>Week Of:</b>			<b>Weekly Total:</b>					
<u>Sun</u>								
<u>M</u>								
<u>T</u>								
<u>W</u>								
<u>Th</u>								
<u>F</u>								
<u>S</u>								
<b>Week Of:</b>			<b>Weekly Total:</b>					

My signature is verification that this student completed \_\_\_\_\_ observation hours under my supervision.

Signature of the Certified Athletic Trainer: \_\_\_\_\_