

ATHLETIC TRAINING EDUCATION PROGRAM

CLINICAL TIME SHEET

ACI ONLY NEEDS TO SIGN WEEKLY HOURS

Date	Time In	Time Out	Time In	Time Out	Total Hours	ATS Initial	ACI Signature
Total							
Total							
Total							
Total							

JANUARY

Month of Clinical Rotation

W#: _____

A.T. Student Name (print)

A.T. Student Signature

Clinical Instructor Signature

Clinical Coordinator Signature

Time Total Examples:

1:00pm-5:00pm = 4.00
 1:00pm-5:05pm = 4.00
 1:00pm-5:10pm = 4.25
 1:00pm-5:15pm = 4.25
 1:00pm-5:20pm = 4.25
 1:00pm-5:25pm = 4.50
 1:00pm-5:30pm = 4.50
 1:00pm-5:35pm = 4.50
 1:00pm-5:40pm = 4.75
 1:00pm-5:45pm = 4.75
 1:00pm-5:50pm = 4.75
 1:00pm- 5:55pm = 5.00
 1:00pm- 6:00pm = 5.00

Total Hours for Month: _____.