

**ATHLETIC TRAINING STUDENT (ATS) CLINICAL HOURS RECORD
(General Medical Experience w/ Dr. Ken Graf, M.D.)**

ATS Name: _____

Level: (circle one) So Jr Sr

Semester: (circle one) Fall J-term Spring

Year _____

Date (Month/Day/Year)	Hours
--------------------------	-------

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ - Total Hours

Physician Signature: _____ Date: _____

Preceptor Signature: _____ Date: _____

Comments (Progress, compliance, etc.):

Program Director Signature (Indicating Approval): _____

**ATHLETIC TRAINING STUDENT (ATS) CLINICAL HOURS RECORD
(General Medical Experience w/ Dr. Ken Graf, M.D.)**

ATS Name: _____

Level: (circle one) So Jr Sr

Semester: (circle one) Fall J-term Spring

Year _____

Date (Month/Day/Year)	Hours
--------------------------	-------

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ - Total Hours

Physician Signature: _____ Date: _____

Preceptor Signature: _____ Date: _____

Comments (Progress, compliance, etc.):

Program Director Signature (Indicating Approval): _____

**ATHLETIC TRAINING STUDENT (ATS) CLINICAL HOURS RECORD
(General Medical Experience w/ Elizabeth Miller, MSN, CRNP)**

ATS Name: _____

Level: (circle one) **So Jr Sr** Semester: (circle one) **Fall J-term Spring** Year _____

Date
(Month/Day/Year) **Hours**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ - Total Hours

Nurse Practitioner Signature: _____ Date: _____

Preceptor Signature: _____ Date: _____

Comments (Progress, compliance, etc.):

Program Director Signature (Indicating Approval): _____

**ATHLETIC TRAINING STUDENT (ATS) CLINICAL HOURS RECORD
(General Medical Experience w/ Dr. Ken Graf, M.D.)**

ATS Name: _____

Level: (circle one) **So Jr Sr** Semester: (circle one) **Fall J-term Spring** Year _____

Date
(Month/Day/Year) **Hours**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ - Total Hours

Nurse Practitioner Signature: _____ Date: _____

Preceptor Signature: _____ Date: _____

Comments (Progress, compliance, etc.):

Program Director Signature (Indicating Approval): _____