

LOG OF CLINICAL EDUCATION EXPERIENCE

NAME: _____ SEMESTER/YEAR: _____ MONTH: _____ ROTATION: _____

DATE	ATS INITIALS	LOCATION/SPORT	ACTIVITY	TOTAL FOR DAY	RUNNING TOTAL FOR WEEK	SUPERVISOR SIGNATURE
TOTAL						

KEY

- HS: High School
- CL: Clinic
- EI: Equipment Intense
- UE: Upper Extremity
- LE: Lower Extremity
- GM: General Medical
- JSUE: Job Shadowing Upper Extremity
- JSLE: Job Shadowing Lower Extremity
- JSDC: Job Shadowing Chiropractic
- PI: Professional Internship
- ATR: Athletic Training Room
- PHY: Physician