



Slippery Rock University

Athletic Training Graduate Program

Clinical Observation Log Sheet

Applicant Name: _____

Date 00/00/0000	Total Time in hours	Athletic Trainer's Initials	Activity Observed	Athletic Trainer Name (Printed) License Number (state) Email	Setting and Location
01/01/2018	3		ACL rehab Post-op evaluation Reconditioning program	Jane R. Doe, LAT, ATC PA-R00109234 Jane.doe@gmail.com	Rehab Company Anytown, PA

Total Hours: _____

By signing my name below, I verify that the hours of observation indicated above are true and accurate, the observer information is valid, and I understand that falsification of any of the information above will exclude candidates from consideration for admission to the SRU Athletic Training Graduate Program.

Applicant Signature

Date