



The University of Texas at Arlington
Master of Science in Athletic Training Program
Clinical Observation Log



Applicant Information

Name:
Application for Entry in Summer 20
Email:
Phone:

Supervising Athletic Trainer

Name:
Title:
Email:
Phone:

Date	Description of Experience (event, conditions seen, etc.)	Time In/Out	Total
TOTAL OBSERVATION HOURS			

Signature of Applicant

Date

Signature of Athletic Trainer

Date