

The University of Texas at Arlington **Master of Science in Athletic Training Program**

Clinical Observation Log

Applicant Information

Supervising Athletic Trainer Name: Name: Application for Entry in Summer 20 Title: Email: Email: Phone: 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