Name_____ The University of Texas at Austin Academic Year_____

Athletic Training Education Program

Rotation_____ Clinical Hour Log ACI's Signature_____

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
1												
2												
3												
4												
5												
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24												
25												
26												
27												
28												
29												
30												
31												
Total Hrs												
						Total hours for the log						

Record the number of clinical hours you attained per day. Hours must be under the direct supervision of an ATC or LAT. See your Student Manual for infomation on allowable hours under the BOC and Texas Licensure guidelines.