

Name \_\_\_\_\_

Semester \_\_\_\_\_

The University of Texas at Austin  
Athletic Training Education Program  
Documentation of General Medical Experiences Form

**Student:** This form is to be used to document your clinical education experiences that fall under the “general medical experience” category. Please legibly fill in the information requested (date, type of experience, and practitioner’s name) then ask the practitioner or their representative and your ACI to initial the proper spaces.

Date	Type of Experience	MD, DO, RN, etc.	ACI’s initials
1/20/71	ATR physician’s clinic, SHC, dental appt, PPE’s, dermatology appt., etc.	J. Doe, M.D.      JD	ABC

