

**Duquesne University  
Master of Science in Athletic Training**

**Athletic Training Observation Form**

This form is to be completed by students seeking admission to the Duquesne University Master of Science in Athletic Training Program. Students are required to track and complete a minimum of 50 hours of clinical observations prior to their entrance into the the program. The purpose of the clinical observation is for students to gain exposure to the profession by engaging with licensed athletic trainers in various settings. This form should be completed for each new facility where students gain clinical observation experiences.

*Please provide the following information:*

<b>Name of Facility</b>			
<b>Address of Facility</b>			
<b>Phone Number of Facility</b>			
<b>Type of Facility (ie. HS, College, Clinic, Hospital, Industrial, Military, etc)</b>			
<b>Name(s) of Athletic Trainer Observed</b>			
<b>Certification Number</b>			
<b>State License Number</b>			

*Please check all the following that you observed during your clinical observation at this facility:*

- |   |   |
|---|---|
| <input type="checkbox"/> Injury Prevention        | <input type="checkbox"/> Rehabilitation             |
| <input type="checkbox"/> Immediate/Emergency Care | <input type="checkbox"/> Healthcare Administration  |
| <input type="checkbox"/> Evaluation/Assessment    | <input type="checkbox"/> Concussion Management      |
| <input type="checkbox"/> Therapeutic Modalities   | <input type="checkbox"/> General Medical Management |

*\*Please complete your daily hour log on the back of this document\**

*The total hours of clinical observation experience gained at this facility was \_\_\_\_\_.*

*By signing this form, you agree that the above information is accurate and the hours of clinical observation have been completed.*

\_\_\_\_\_  
Student's Name (Printed)

\_\_\_\_\_  
Student's Name (Signature)

\_\_\_\_\_  
Date of Submission

