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 25 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:

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

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

- ☐ Injury Prevention
- ☐ Immediate/Emergency Care
- ☐ Evaluation/Assessment
- ☐ Therapeutic Modalities
- ☐ Rehabilitation
- ☐ Healthcare Administration
- ☐ Concussion Management
- ☐ 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

In the space below, please indicate the dates and hours observed with a supervising athletic trainer at this facility. Then have the supervising athletic trainer validate your hours completed with their signature.

Dates of Observation	# Clinical Hours Observed	Supervising Athletic Trainer’s Signature