

**University of Southern Mississippi Athletic Training Program
Clinical Hours Reporting Form**

Student Name: _____

	Date	Rotation	Time In	Time Out	Time In	Time Out	Total Time (in hours)
Week #1							
Week #2							

Total # of Hours during this period (round down to nearest 15 minutes) _____

Student Signature _____

Date: _____

Student signature indicates that the above hours are accurate and true

Preceptor Signature _____

Date: _____