Wichita State University  
Athletic Training Education Program  
Clinical Experience Hour Log  
Fall Semester  

**Name:** ____________________________  
**Level:** __________  
**Year:** __________

Complete the hour log daily. Athletic training facility hours are those spent in Charles Koch Athletic Training Facility outside of assigned clinical rotation.

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**Totals**

**Total Semester Hours:** __________

**CH:** Clinical Hours  
**TF:** Athletic Training Facility Hours  
**SP:** Sports: Baseball (BSB), Basketball (WBB/MBB), Cross-Country (CC), Golf (GF), Softball (SB), Tennis (WTN/MTN), Track/Field (TKF), Volleyball (VB)