NAME: _____ **CLINICAL LEVEL**: _____

CLINCIAL EXPERIENCE AND PROFESSIONAL DEVELOPMENT REPORTING FORM

Entered in ATrack	Dates of Experience	Time	Total Time	Supervising ACI/CI Name and Initials	Clinical Education or Clinical Affiliate Site	Experience Type and Description EQ = Equipment GM = General Medical ATH = Athletics/Sport REH = Rehabilitation EDUC = Education REM = Remediation OTH = Other (Describe)	Population/Gender ATH = Athletic PA = Physically Active GEN = Male/Female/Both OTH = Other (describe)
Yes	*1/2/2012*	*2:00-4:30pm*	*2.5*	*Martens, DonLouise*	*UIW*	*ATH-SB*	*ATH* *GEN-M*

NOTE: PLEASE YOU BACK FOR ADDITIONAL COMMENTS