Appendix F:

MONTANA STATE UNIVERSITY BILLINGS
Supervised Athletic Training Work Experience Record

Student:_____
Supervisor**:**_____ ATC:_____ Certification #:_____

DAILY HOURS AND WORK EXPERIENCE **MONTH** **YEAR**

Day	In	Out	In	Out	In	Out	HRS	Cumulative	SI	Type of Work/Sport Involved
1										
2										
3										
4										
5										
6										
7										
8										
9										
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21										
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24										
25										
26										
27										
28										
29										
30										
31										

Total Hours this Page_____

I certify that the above is correct for the date indicated.

_____
Student Signature Date

I certify that the hours recorded on this form have been done under my direct supervision.

_____
Supervisor Signature Date

Total Hours:_____ This Semester____ This School Year_____ This Program____

See also: Student Portfolio