



Clinical Practicum Logbook: apparently healthy clients

Use this logbook to collect evidence of clinical practice for AAESS-Accredited Exercise Physiologist accreditation. This includes hours for practice with apparently healthy clientele. Attach this to your application for accreditation as an AAESS-Accredited Exercise Physiologist.

Name Mr / Ms / Mrs / Dr / A/Prof / Prof / Other _____

Address _____

Phone _____

Mobile _____

Email _____

Clinical Practice: categories

	Clientele	Hours and experiences	Supervisor qualifications
1	Apparently healthy clientele	≥ 140 hours in exercise delivery for apparently healthy clients.	University-trained individual with, or capable of attaining, membership with AAESS, at the Exercise Scientist level.
2	Clients with neuromuscular / neurological /musculoskeletal conditions	≥ 140 hours in exercise delivery for clients with neuromuscular / musculoskeletal conditions.	AEP or university-trained allied health professional (including AEP) who has appropriate experience working with clients with these conditions, or Exercise Scientist with appropriate experience working with clients with chronic disease.
3	Clients with metabolic / cardiopulmonary conditions	≥ 140 hours in exercise delivery for clients with metabolic / cardiopulmonary conditions.	As above
4	Totals	≥ 140 hours in exercise delivery for apparently healthy clients; ≥ 360 hours in exercise delivery for clients with chronic conditions; ≥ 500 hours in total exercise delivery for all clients.	Note for clinical practice: ≥ 140 hours in exercise delivery for clients with neuromuscular / musculoskeletal conditions PLUS ≥ 140 hours in exercise delivery for clients with metabolic / cardiopulmonary conditions PLUS ≥ 80 hours in area(s) of clinical practice of the applicant's choosing = minimum of 360 hours of clinical practice.

Date	# Hours	1Case description (keywords)	Description of services (keywords)	Supervisor name	Supervisor signature	Student signature
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Clinical Practicum Logbook: cardiorespiratory and metabolic clientele

Use this logbook to collect evidence of clinical practice for AAESS-Accredited Exercise Physiologist accreditation. Attach this to your application for accreditation as an AAESS-Accredited Exercise Physiologist.

Name Mr / Ms / Mrs / Dr / A/Prof / Prof / Other _____

Address _____

Phone _____

Mobile _____

Email _____

Clinical Practice: categories

	Clientele	Hours and experiences	Supervisor qualifications
5	Apparently healthy clientele	≥ 140 hours in exercise delivery for apparently healthy clients.	University-trained individual with, or capable of attaining, membership with AAESS, at the Exercise Scientist level.
6	Clients with neuromuscular / neurological /musculoskeletal conditions	≥ 140 hours in exercise delivery for clients with neuromuscular / musculoskeletal conditions.	AEP or university-trained allied health professional (including AEP) who has appropriate experience working with clients with these conditions, or Exercise Scientist with appropriate experience working with clients with chronic disease.
7	Clients with metabolic / cardiopulmonary conditions	≥ 140 hours in exercise delivery for clients with metabolic / cardiopulmonary conditions.	As above
8	Totals	≥ 140 hours in exercise delivery for apparently healthy clients; ≥ 360 hours in exercise delivery for clients with chronic conditions; ≥ 500 hours in total exercise delivery for all clients.	Note for clinical practice: ≥ 140 hours in exercise delivery for clients with neuromuscular / musculoskeletal conditions PLUS ≥ 140 hours in exercise delivery for clients with metabolic / cardiopulmonary conditions PLUS ≥ 80 hours in area(s) of clinical practice of the applicant's choosing = minimum of 360 hours of clinical practice.

AUSTRALIAN
ASSOCIATION FOR



EXERCISE AND
SPORTS SCIENCE

Clinical Practicum Logbook: neurological / neuromuscular musculoskeletal clientele

Use this logbook to collect evidence of clinical practice for AAESS-Accredited Exercise Physiologist accreditation. Attach this to your application for accreditation as an AAESS-Accredited Exercise Physiologist.

Name Mr / Ms / Mrs / Dr / A/Prof / Prof / Other _____

Address _____

Phone _____

Mobile _____

Email _____

Clinical Practice: categories			
	Clientele	Hours and experiences	Supervisor qualifications
9	Apparently healthy clientele	≥ 140 hours in exercise delivery for apparently healthy clients.	University-trained individual with, or capable of attaining, membership with AAESS, at the Exercise Scientist level.
10	Clients with neuromuscular / neurological /musculoskeletal conditions	≥ 140 hours in exercise delivery for clients with neuromuscular / musculoskeletal conditions.	AEP or university-trained allied health professional (including AEP) who has appropriate experience working with clients with these conditions, or Exercise Scientist with appropriate experience working with clients with chronic disease.
11	Clients with metabolic / cardiopulmonary conditions	≥ 140 hours in exercise delivery for clients with metabolic / cardiopulmonary conditions.	As above
12	Totals	≥ 140 hours in exercise delivery for apparently healthy clients; ≥ 360 hours in exercise delivery for clients with chronic conditions; ≥ 500 hours in total exercise delivery for all clients.	Note for clinical practice: ≥ 140 hours in exercise delivery for clients with neuromuscular / musculoskeletal conditions PLUS ≥ 140 hours in exercise delivery for clients with metabolic / cardiopulmonary conditions PLUS ≥ 80 hours in area(s) of clinical practice of the applicant's choosing = minimum of 360 hours of clinical practice.

Australian Association for Exercise and Sports Science (AAESS): Clinical Practicum Logbook
for neurological / neuromuscular / musculoskeletal clientele clientele.

Date	# Hours	³ Case description (keywords)	Description of services (keywords)	Supervisor name	Supervisor signature	Student signature
Example						
1/8/06	2.5 hrs	82 yr female, socially isolated, 4 months post hip replacement.	Exercise and physical activity: current and history, relevant medical history, medical and allied health treatments, goals, opportunities and barriers for exercise, functional assessment.			

³ Note: you MUST NOT provide any personal or identifying information for any client here. Clients' rights to privacy and confidentiality must be protected at all times.

Date	# Hours	³ Case description (keywords)	Description of services (keywords)	Supervisor name	Supervisor signature	Student signature
						Use the TAB key to create new rows