



Athletic Training Program Observation Verification Form

Please utilize the following instructions for form completion:

- The applicant must complete a minimum of 25 total observation hours. Preference will be given to applicants who have more than 25 hours of observation.
- The supervising athletic trainer must be BOC certified and/or credentialed by the state.
- Signatures from the applicant are required to validate this form.
- When completing the hour log, please select all options that apply (see key below).

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
HOURLY LOG			
Description of observation: E = Injury evaluation G = Game P = Practice R = Rehabilitation T = Treatment			
Clinical setting: C = Collegiate H = High school/middle school CL = Clinic			

Date	Description of Observation	Setting	Hours	Supervising ATC Signature	Phone
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DISCLAIMER AND SIGNATURE

I certify that the above account of _____ number of observation hours is true and complete to the best of my knowledge.

Applicant Signature _____ Date: _____