



Verification of Athletic Training Observation Hours

Applicant _____
First name *Last name* *Date*

Please use this form to record the completion of a minimum of 50 observation hours under the supervision of a Certified Athletic Trainer.

AT Observed: _____
First name *Last name*

Facility: _____

Email: _____

Phone: _____

Observation Time Period (include month/s and year): _____

Total Hours: _____

Signature of AT verifying hours: _____

BOC#: _____

*You may use more than one copy of this form if you have observed at more than one location.