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.