



Athletic Training Program Observation Verification Form

Please utilize the following instructions for form completion:

- The applicant must complete a minimum of 100 total observation hours. Preference will be given to applicants who have at least 35 hours of observation at two or more sites. A different supervising athletic trainer must be utilized for each site.
- Please use a separate form for each observation site.
- The supervising athletic trainer must be BOC certified and/or credentialed by the state.
- Signatures from the applicant and supervising athletic trainer are required to validate this form.
- When completing the hour log, please select all options that apply (see key below).
- Please record time in 15-minute increments (1hr 15min = 1.25).

APPLICANT INFORMATION						
Last Name	First	M.I.	Date			
SUPERVISING ATHLETIC TRAINER INFORMATION						
Last Name	First	Title				
BOC Number		State Credentialing Number				
Employer Name		Street Address				
City		State			ZIP	
Phone		E-mail Address				
Clinical setting:	Collegiate <input type="checkbox"/>	High school/middle school <input type="checkbox"/>	Clinic <input type="checkbox"/>	Industrial <input type="checkbox"/>	Other:	
HOUR LOG						
Description of observation: E =Injury evaluation G =Game P =Practice R =Rehabilitation T =Treatment					Involvement: O =Observed A =Assisted	
Date	Description of observation	Involvement	Time in	Time out	Line total	
	E <input type="checkbox"/> G <input type="checkbox"/> P <input type="checkbox"/> R <input type="checkbox"/> T <input type="checkbox"/> Other:	O <input type="checkbox"/> A <input type="checkbox"/>				
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Description of observation: E =Injury evaluation G =Game P =Practice R =Rehabilitation T =Treatment				Involvement: O =Observed A =Assisted	
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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
I certify that the above account of _____ number of observation hours were completed by the applicant listed above.	
Athletic Trainer Signature	Date