Observation Hours Verification Form

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

Applicant Name (First, Last): ________________________________

Date: __________________

Location of Observation (Institution, City, State): ________________________________

Type of AT Setting (Please Check):
- High school
- College; Level: __________________
- Clinic/Hospital
- Industrial/Factory
- Military/Police/Fire
- Performing Arts
- Other: __________________

Observation Time Period (Include month and year): __________________

Total Hours Completed: __________________________

Name of Supervising AT (Please Print): ________________________________

Signature of Supervising AT: __________________________ Date: ________________

Supervising AT’s BOC #: __________________________

State License/Registration # (if applicable): _________________________

By signing this form, you attest that the applicant has completed observation hours under your supervision.

Candidate: If you maintain observation hours in another format you may substitute your current form as long as the information above is provided.

*You may use multiple copies of this form if you have observed at additional locations.