



## Observation Hours Verification Form

<b>APPLICANT INFORMATION</b>					
Last Name	First	M.I.	Date		
<b>SUPERVISING ATHLETIC TRAINER INFORMATION</b>					
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:
<b>HOUR LOG</b>					
Involvement: <b>O</b> =Observed <b>A</b> =Assisted					
Month	Year	Involvement	Time Observed	Time Assisted	Total Time
		O <input type="checkbox"/> A <input type="checkbox"/>			
		O <input type="checkbox"/> A <input type="checkbox"/>			
		O <input type="checkbox"/> A <input type="checkbox"/>			
		O <input type="checkbox"/> A <input type="checkbox"/>			
		O <input type="checkbox"/> A <input type="checkbox"/>			
		O <input type="checkbox"/> A <input type="checkbox"/>			
		O <input type="checkbox"/> A <input type="checkbox"/>			
		O <input type="checkbox"/> A <input type="checkbox"/>			
		O <input type="checkbox"/> A <input type="checkbox"/>			
		O <input type="checkbox"/> A <input type="checkbox"/>			
		O <input type="checkbox"/> A <input type="checkbox"/>			
		O <input type="checkbox"/> A <input type="checkbox"/>			
		O <input type="checkbox"/> A <input type="checkbox"/>			
		O <input type="checkbox"/> A <input type="checkbox"/>			
		O <input type="checkbox"/> A <input type="checkbox"/>			
		O <input type="checkbox"/> A <input type="checkbox"/>			
		O <input type="checkbox"/> A <input type="checkbox"/>			
		O <input type="checkbox"/> A <input type="checkbox"/>			
		O <input type="checkbox"/> A <input type="checkbox"/>			
<b>DISCLAIMER AND SIGNATURE</b>					
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		