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| A picture containing text, sign, clipart  Description automatically generated | Athletic Training |

**OBSERVATION HOURS VERIFICATION FORM**

**For application to Master of Science in Athletic Training**

**(Please Type)**

Candidate’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervising Athletic Trainer’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athletic Trainer’s State of License \_\_\_\_\_ and State License/Credential Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athletic Trainer’s BOC Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, (supervising athletic trainer), verify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Candidate’s name) observed \_\_\_\_\_\_\_\_\_ hours of athletic training at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The candidate was here from (Dates MM/DD/YY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervising Athletic Trainer’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date form completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: This is a required document for observation hours to be uploaded in the supplemental graduate application for Middle Tennessee State University. You may need to complete several forms and uploads if hours were performed at different sites or with different supervising athletic trainers. All hours must be supervised by a licensed and credentialed athletic trainer.