VERIFICATION OF ATHLETIC TRAINING OBSERVATION HOURS

Name ____________________________________________ Date ____________

First ____________________________ Last ____________________________

Please use this form to record the completion of a minimum of 25 observation hours and upload in ATCAS.

AT Observed: ____________________________________________

Certification #: ____________________________

Email: ____________________________________________

Facility: ____________________________________________

Phone: ____________________________________________

Observation Time Period (must include month and year): ______________

Total Hours: ______________

Signature of AT verifying hours: ____________________________________________

*If you maintain observation hours in another format you may substitute your current form, but please include the above information on the forms.

*You may use more than one copy of this form if you have observed at more than two locations.