North Central College Master of Athletic Training Program

Observation Hours Verification Form

Student Name: ____ Application Year: ________________

Instructions: Complete the following form for each certified athletic trainer that you observe. Round hours to the nearest ¼ hours. Be careful to keep complete records.

Athletic Trainer Name: ____ BOC Number: ___________________

Athletic Trainer Signature: ____ Date: ___________________________

Date of Observation	Location	Activities Observed	Start time	End Time	Total Hours	AT Initials

Total Observation hours with this athletic trainer:

Complete an additional form for each athletic trainer that you observe.