PRE-ADMISSION OBSERVATION HOUR VERIFICATION FORM

To the Candidate: Thank you for your interest in the MAT Program at North Central College. The purpose of performing observation hours is to ensure that you have a thorough understanding of the scope of athletic training practice prior to applying to the program. You should take an active role in seeking settings (high schools, colleges, industrial settings, clinic settings) so that you understand the places that athletic trainers work and what we do. A separate form should be completed for each athletic trainer that you observe.

To the Supervising Athletic Trainer: Thank you for supporting this candidate's application for the MAT program. This observer is not intended to have any athletic training knowledge or skills, and is not expected to engage in any patient care. They are expected to ask you questions about your practice, communicate proactively, and be responsible for maintaining a schedule. You may be asked to recommend this applicant at the end and we ask that you do so after evaluating these areas.

Candidate (Observer) Name:				
Location of Observation:				
Name of Certified Athletic Trainer (AT)				
BOC Number of AT:				
Email Address of AT:				
Dates of Observations	Time Started	Time Ended	Hours Observed this Date	Signature of Supervising AT
e.g., 1/1/2019	12:00 pm	3:15 pm	3.25	(signature here)
	1	1		