Observation Hours Verification Form

Applicants to BGSU’s Master of Athletic Training program are required to have a minimum of 40 hours of observation hours under the direct supervision of a certified athletic trainer.

**Applicant Name:**

**Supervising ATC Information:**

<table>
<thead>
<tr>
<th>Name</th>
<th>BOC Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td>Organization:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Job Title:</td>
</tr>
</tbody>
</table>

**Date of Observation:**

**Total Hours Observed:**

**Location/Practice setting:**

- ◊ Secondary School athletics ◊ Clinic (physician)
- ◊ Clinic (rehabilitation) ◊ Other (please describe)
- ◊ Collegiate athletics

**Description of observation and/or duties:**

**If you have any comments about the student or observation experience, please share here:**

I verify that the student named above completed the hours specified under my direct supervision.

__________________________  ________________________
Supervising ATC Signature  Date

(electronic signature ok)

Please email the completed form to: matprogram@bgsu.edu