

OBSERVATION HOURS LOG



UNIVERSITY OF
NORTHERN
COLORADO

Applicant Name: _____

Athletic Trainer Name: _____

Athletic Training Program

Clinical Setting, City, State: _____

Instructions: Log a minimum of 50 hours of athletic training observation in at least **two** different clinical settings with **two** different athletic trainers. Observation hours must be completed within **24 months** prior to application. When observation hours are complete, please ask your supervisor to complete the Observation Hours Verification Form.

*Both pages must be submitted for each clinical setting.

Date	Description of Activities Observed	Hours

TOTAL HOURS: _____

OBSERVATION HOURS VERIFICATION FORM



UNIVERSITY OF
**NORTHERN
COLORADO**

Athletic Training Program

APPLICANT INFORMATION

Applicant Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Contact Number: _____ Email Address: _____

SUPERVISOR INFORMATION

Supervisor Name : _____

Professional License Number: _____ State Issuing License: _____

BOC Number: _____ NPI Number: _____

Contact Number: _____ Email Address: _____

SUPERVISOR STATEMENT

I, _____ hereby verify that _____ has completed

_____ hours of observation at _____ under

My direct supervision between the dates of _____ and _____.
(start date) (end date)

Supervisor Signature

Date