



Athletic Training Program Observation Hour Verification Form

Submission of this form is required for all applicants to the Master of Science in Athletic Training Program.

Please Note: One form will need to be filled out for **EACH** athletic trainer who was observed; email all forms to gradcollege@radford.edu.

Applicant Name: _____ Application Year: _____

Location of Observation Hours (Provide Business Name and Address)

Dates and Hours of Observation

Date	Number of Hours	Brief description of observation (example: rehabilitation, game/practice, athletic training room administration)

Certified Athletic Trainer (ATC) Verification

Name of ATC: _____

BOC certification #: _____

I certify that hours identified above were observed by this student.

_____ Printed Name

_____ Signature

_____ Phone number for verification purposes