

Master of Science in Athletic Training

NMSU Verification of Athletic Training Observation Hours

Student Name: _____ Date: _____
First Last

Please use this form to record the completion of a minimum 50 observation hours. Must be completed with a BOC certified athletic trainer (ATC)

Athletic Trainer that Supervised Hours: _____

BOC #: _____

State License #: _____

Email: _____

Facility: _____

Phone: _____

Observation Time Period (include month & year): _____

Total Hours: _____

Signature of AT Verifying Hours: _____