
Instructions for Applicant and Certified Athletic Trainer: All observation hours documented on this form should be verified by providing the Certified Athletic T contact information, professional credential information and signature on this page and the subsequent timesheet page.

Certified Athletic Trainer information:

name: _____

Name of work facility: _____

Address of work facility: _____

City: _____ State: _____ Zip/Postal Code: _____

BOC certification number: _____

Name state of Certified s professional practice (e.g. Arkansas): _____

Provide Certified number, if required:
o (e.g. Licensure, Certification, Registration): _____

Preferred e-mail address: _____

Phone number(s): _____

Observation Timesheet

Applicant Name: _____
(Print name legibly)

Directions: Documentation of observation time must be:

- 1) The certified (licensed if state requires) athletic trainer should initial the start and end of each observation session.
- 2) Clearly and accurately write the start time and end time of each session in black or blue pen.
- 3) Applicant and certified athletic trainer must sign the bottom of the form to verify accuracy.

Date	Time Documentation	
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