



### Observation Hours Verification Form

Applicants to Whitworth’s Master of Science in Athletic Training program are required to have a minimum of 60 observation hours under the direct supervision of a certified athletic trainer.

**Applicant name:** \_\_\_\_\_

**Supervising ATC information:**

Name:		BOC number:	
Email:		Organization:	
Phone:		Job Title:	

Date/Range of Observation: (e.g. Jan-March 2016)	
Total Hours Observed:	
Location/Practice setting:	<input type="checkbox"/> Secondary school athletics <input type="checkbox"/> Collegiate athletics <input type="checkbox"/> Clinic (rehabilitation) <input type="checkbox"/> Clinic (physician) <input type="checkbox"/> Other, please describe: _____
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 (electronic/typed is ok)      Date

**Please email, mail, or fax the completed Hours Verification Form to:**  
Cynthia Wright, PhD, ATC      [cwright@whitworth.edu](mailto:cwright@whitworth.edu)  
Whitworth University      (509) 777-4943 Fax  
300 W. Hawthorne Rd      (509) 777-3244 Office  
Spokane, WA 99251