

RADFORD UNIVERSITY

Department of Health and Human Performance

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