

**The University of Alabama
Master of Science in Athletic Training**

Documentation of Clinical Observation Hours

Each applicant is required to complete a minimum of 60 observation hours with a certified and/or licensed athletic trainer. Use this form to document your hours and have your supervising athletic trainer verify your completion. If you observe more than one athletic trainer, please complete a separate form for each professional.

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| Applicant's name | |
| Supervising Athletic Trainer | |
| Location for observations (Facility/Address/Phone number) | |

| Date | Hours Completed | Activity observed (i.e. practice, treatment, rehab) |
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Total Hours: _____

By signing below, I verify that this is an accurate record of hours observed.

Applicant Signature: _____ Date: _____

AT signature: _____ Date: _____

AT Email: _____ AT Phone: _____