Master of Science in Athletic Training Appalachian State University Observation Hours Documentation

Name of Applicant:	
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Instructions for the Applicant:

Observation hours provide candidates an opportunity to "shadow" athletic trainers. It is meant to be an active process where you can ask questions, and observe treatments, evaluations, rehabilitation programs, practice coverage, etc. Applicants must complete a minimum of 40 hours of observation with a Certified and Licensed/Regulated Athletic Trainer. Multiple athletic trainers and settings can be utilized to complete the 40 hours. *Applicants are advised to observe a variety of activities, events, and athletic training settings*. Each supervising athletic trainer must sign for the hours observed. Documentation of observation hours must be submitted with all other supplementary materials for the online application.

Instructions for the Athletic Trainer:

The observation hours are to provide the applicant with insight into the athletic training profession to help them determine whether or not they truly want to pursue athletic training as a career. The observation is meant to be an active process, where they can ask questions about and observe what you do on a daily basis as an athletic trainer. It is not intended for the applicant to "perform" any athletic training skills or duties. Please sign for each block of time that a student completes observations of you. Should you have any concerns about an observation applicant, please contact the program director, Dr. Jennifer Howard, at howardjs@appstate.edu. If you are unable to provide the active observation, please request that the student select a different Athletic Trainer to observe. Thank you for your time.

Date(s)	# of Hours Observed	Organization, including activities/events observed	Print Name of Athletic Trainer, email address, BOC & License/Regulation #	Signature of Athletic Trainer
June 7, 8, 9	12	ABC High School; pre-	Jane Doe, MS, ATC, LAT	Jane Doe
2018		practice treatment/rehabs	JD@abc.org, BOC 123456; LAT 1234	

Print additional copies of these pages as needed.

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Observed address, BOC & Licenserkegulation #	Date(s)	# of Hours	Organization	Print Name of Athletic Trainer, email address, BOC & License/Regulation #	Signature of Athletic Trainer
		Observed		address, BOC & License/Regulation #	

Print additional copies of these pages as needed.