

TRUMAN STATE UNIVERSITY OBSERVATION HOURS FORM

Applicant Name _____

The applicant must complete 75 observation hours under the supervision of a certified athletic trainer. The certified athletic trainer must sign the completed hours form. The completed form must be uploaded with the application on the Truman State University website. Make copies of this form as needed.

| Date | Facility Name | Facility Type (high School, college, clinic, etc) | Patient Population | Hours Observed | ATC Signature | Print with credentials |
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Additional observed hours above the required 75

| Date | Facility Name | Facility Type (high School, college, clinic, etc) | Patient Population | Hours Observed | ATC Signature | Print with credentials |
|------|---------------|---|--------------------|----------------|---------------|------------------------|
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Total Observed Hours _____