

**Pre-Professional Athletic Training Observation Hours Log**

**APPLICANT FULL NAME (PRINTED)** \_\_\_\_\_

**OBSERVATION SITE INFORMATION:**

NAME OF FACILITY/LOCATION: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_

DATE (MM/DD/YR)	TIME IN – TIME OUT	HOURS COMPLETED	SIGNATURE OF SUPERVISING HEALTHCARE PROVIDER NAMED ABOVE
10/11/19	8:00am – 11:45am	3 hr 45 min	John Doe, LAT, ATC
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<b>TOTAL HOURS ON THIS PAGE &gt;&gt;&gt;&gt;&gt;</b>			

The hours listed on this page are accurate and completed by the applicant listed above.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_