

Athletic Training Observation Hours Log

Applicant Full Name (Printed)

Observation Site Information: _____

Name of Facility: _____

Facility Address: _____

Supervisor: _____

Date (MM/DD/YR)	Time In – Time Out	Hours Completed	Signature of Supervising Healthcare Provider Named Above
10/10/23	8:00am – 12:00pm	4.0	John Doe, LAT, ATC.
Total Hours on This Page			

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

Applicant Signature _____ Date: _____