Grand Valley State University Athletic Training Program
Observation Hour Verification Form

Please complete one form per observation site. If you attend one site more than 10 times please fill out another sheet.
Please type the information below, with no abbreviations, *excluding* date(s) and time(s) section.

Applicant Name: _____

Observation Site Name: _____

***Supervising Athletic Trainer Information**

Name: _____ **Phone Number:** _____

Email address: _____ **Employer Name:** _____

BOC Number: _____ **License/Registration Number:** _____

Date(s) and Time(s) of Observation:

Date	Time Start - End	Number of Hour(s)	**Patient Population	Supervising Athletic Trainer Signature

Total Hours of Observed at this Site: _____

***Athletic Trainer** – Must be certified and if applicable, based on state regulations, either licensed/registered by that state. The individual may have multiple credentials. However, athletic training credential must be in good standing and not expired. The athletic trainer must provide a signature for each date/time completed.

****Patient Population** – Please designate clinical practice client/patient population. Examples can include: age (pediatric, adult, elderly), different sexes, different socioeconomic status, varying level of activity and athletic ability (competitive and recreational, individual and team activities, high- and low-intensity activities), and those who participate in non-sport activities (participants in military, industrial, occupational, leisure activities, performing arts).

In accordance with GVSU Student Code of Conduct 2.1.3 - students shall not provide false information. Falsification of any information on this sheet will result in the candidate being omitted from the pool of applicants.

Athletic Trainer Comments: (Optional)