



## VERIFICATION OF OBSERVATION HOURS

Applicant Name (Last, First): \_\_\_\_\_

### Instructions to Applicant:

- A minimum of **50 hours of observation** under the **direct supervision of a certified athletic trainer (ATC)** is required for application to the Antioch MSAT program.
- Observation experiences in **a variety of settings** are encouraged (e.g., high school, collegiate, clinic, industrial, performing arts).
- Use quarter-hour increments when logging hours (e.g., 0.25 = 15 min, 0.5 = 30 min, 0.75 = 45 min).
- This form must be **signed by each supervising AT** and **uploaded to ATCAS** as part of your application.
- If you have any questions, please contact:  
**Dr. Ally Smith** | MSAT Program Director | Email: [asmith36@antioch.edu](mailto:asmith36@antioch.edu)

### Observation Log

|              | Location of Experience | Hours Observed | Name and Credentials of AT observed | AT Contact Information | AT Signature |
|--------------|------------------------|----------------|-------------------------------------|------------------------|--------------|
| Experience 1 |                        |                |                                     |                        |              |
| Experience 2 |                        |                |                                     |                        |              |
| Experience 3 |                        |                |                                     |                        |              |
| Experience 4 |                        |                |                                     |                        |              |
| Experience 5 |                        |                |                                     |                        |              |
| Experience   |                        |                |                                     |                        |              |

Total Hours Observed: \_\_\_\_\_

### Applicant Attestation

By signing below, I verify that all hours recorded above were completed under the supervision of a certified athletic trainer, and the information provided is accurate to the best of my knowledge.

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