

**University of Central Arkansas - Master of Science in Athletic Training
Clinical Observation of a Practicing Athletic Training Verification Form**

Instructions to the applicant:

Applicants are responsible for scheduling all observations. The applicant and supervising certified athletic trainer must use this form to document the observation hours. Applicants must observe at least one or more practicing BOC Certified Athletic Trainer(s) for a **minimum of 20 hours**. The supervising Certified Athletic Trainer(s) must provide a BOC number and verify the accuracy of the documented hours. If the supervising Certified Athletic Trainer is employed in Arkansas or a state that requires licensure, then a licensure number needs to be provided. Note: There should be no alterations to the documented hours after the applicant and certified athletic trainer have completed and signed the form. Complete a separate form with each Certified Athletic Trainer you observe.

I understand federal law provides me with a right of access to this recommendation if I am accepted and enrolled; while this right may be waived, no school nor individual can require me to waive this right.

Check one of the following:

_____ I waive my right to access this recommendation.

_____ I do not waive my right of access to this recommendation

Applicant signature: _____ **Date:** _____

Applicant name (Print): _____ **Date:** _____

Before mailing the original documentation to the program, applicants can scan and upload this completed form into AT-CAS > Program Information > Documents link > Observation Hours link.

Original documentation must be submitted in an addressed, stamped envelope to

ATTN: Will Hedderson, PhD, LAT, ATC
Athletic Training Program
Prince Center 133C
Department of Exercise Sport Science
University of Central Arkansas
201 Donaghey Avenue
Conway, AR 72035

Instructions for Applicant and Certified Athletic Trainer: All observation hours documented on this form should be verified by providing the Certified Athletic Trainer's contact information, professional credential information and signature on this page and the subsequent timesheet page.

Certified Athletic Trainer information:

- Athletic Trainer's name: _____
- Name of work facility: _____
- Address of work facility: _____
- City: _____ State: _____ Zip/Postal Code: _____
- BOC certification number: _____
- Name state of Certified AT's professional practice (e.g. Arkansas): _____
- Provide Certified AT's regulation number, if required:
 - (e.g. Licensure, Certification, Registration): _____
- Preferred e-mail address: _____
- Phone number(s): _____

Evaluation of student's observation disposition

Was the applicant on time and prepared to observe? Yes / No

Was the applicant professionally dressed/groomed? Yes / No

Did the applicant interact professionally with the patients and others? Yes / No

Did the applicant ask appropriate questions and attempt to learn? Yes / No

Did the applicant cooperate and follow your directions/instructions? Yes / No

Certified Athletic Trainer, Please provide your overall recommendation of the applicant:

- _____ Strongly Recommend
- _____ Recommend
- _____ Recommend with Reservations
- _____ Do NOT recommend

How long have you known this applicant? _____

Observation Timesheet

Applicant Name: _____
 (Print Applicant's name legibly)

Directions: Documentation of observation time must be:

- 1) The certified (licensed if state requires) athletic trainer should initial the start and end of each observation session.
- 2) Clearly and accurately write the start time and end time of each session in black or blue pen.
- 3) Applicant and certified athletic trainer must sign the bottom of the form to verify accuracy.

Date	Time Documentation	Hours / Day	Running Total
_____ Day	Certified AT's Initials _____ Start time _____		
	Certified AT's Initials _____ End time _____		
_____ Date	Certified AT's Initials _____ Start time _____		
	Certified AT's Initials _____ End time _____		
_____ Day	Certified AT's Initials _____ Start time _____		
	Certified AT's Initials _____ End time _____		
_____ Date	Certified AT's Initials _____ Start time _____		
	Certified AT's Initials _____ End time _____		
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	Certified AT's Initials _____ End time _____		
_____ Day	Certified AT's Initials _____ Start time _____		
	Certified AT's Initials _____ End time _____		
_____ Date	Certified AT's Initials _____ Start time _____		
	Certified AT's Initials _____ End time _____		

I hereby declare the above documented observation hours are accurately documented.

Print Applicant's name	Applicant's signature	Date (month, day, year)
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Print Certified Athletic Trainer's name	Certified Athletic Trainer signature	Date (month, day, year)
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