UNLV | ATHLETIC TRAINING

Master of Science Athletic Training Program
Clinical Observation Verification Form

Applicant Full Name (Printed): _____

Name of Facility/Location: _____

Supervisor Name (Printed): _____

Supervisor Credentials: _____

Date (MM/DD/YR)	Start Time	End Time	Hours Completed
02/21/21	8:00 am	11:45 am	3 hrs 45 min

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

Signature of Supervising Healthcare Provider: _____

Effective Fall 2024 Application Cycle
Use a separate form for each facility/location observation hours are completed
A minimum of 40 hours must be completed with a Certified Athletic Trainer or a Physician