



Observation Student:

Name

I certify that _____ (student) has completed a total of _____ observation hours under my direct supervision. During these observation hours _____ (student) was exposed to a variety of athletic training services and developed an understanding of the field of athletic training as well as the expectations and demands of the profession.

Certified Athletic Trainer:

Name

Signature

The University of Mississippi
Master of Science in Athletic Training
School of Applied Sciences
PO Box 1848
University, MS, 38677

Website:
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(662) 915-8016



Student Clinical Observation Hours Log

Student Name: _____

Date	Location	Hours	Athletic Training Setting	Students Initials	Athletic Trainers Initials

Total Hours Completed: _____