DELTA STATE UNIVERSITY UNDERGRADUATE ATHLETIC TRAINING PROGRAM
PRE-PROFESSIONAL STUDENT HOURS RECORD

STUDENT INFORMATION:
Name:_____
Local Address:_____
_____
Local Phone Number:_____
Email Address:_____
Classification:_____

ATC INFORMATION:
Name:_____
Work Address:_____
_____
Work Phone Number:_____
Email Address:_____
BOC#:_____ State License#:_____

This record should be used to document those observation hours ***DIRECTLY SUPERVISED*** *by a Certified, Licensed Athletic Trainer. Pre-professional Students must complete the Student Information section. Similarly, ATCs must complete the ATC Information section then sign and date prior to returning the form to the ATP Director. A minimum of 100 hours must be recorded by April 1 to be considered for entrance into the ATEP.* ***USE BLACK or BLUE INK ONLY.***

Clinical Site (i.e., HSFB, FB, ATR, BB, MBkt, SB, etc.)	**Activity** (i.e., practice, game, rehab, adm, tx, etc.)	**Date** (mm/day/yr)	**Time-In** (am or pm)	**Time-Out** (am or pm)	**Running Total** (total as you go)	**ATC Initials** (must initial daily)

I _____ attest that I am a Certified, Licensed Athletic Trainer in good standing with the BOC and am
ATC Name
responsible for overseeing the observation experience of _____. I verify that the pre-professional student has
Pre-Professional Student Name
been directly supervised by a qualified professional as described in the CAATE Standards for accredited athletic training programs.

_____ _____
ATC Signature *Date*