



**LOGAN UNIVERSITY**  
**ATHLETIC TRAINING**

**CLINICAL  
OBSERVATION  
FORM**

**Instructions:** All applicants for the Master's in Athletic Training program at Logan University must complete 40 hours of observation with a licensed athletic trainer. More than one form may be used if multiple athletic trainers were observed.

**Applicant Information**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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**Licensed Athletic Trainer Information**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

License Number: \_\_\_\_\_ BOC Number: \_\_\_\_\_

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Licensed Athletic Trainer Statement: \_\_\_\_\_

I, \_\_\_\_\_ hereby verify that \_\_\_\_\_ has

Completed \_\_\_\_\_ hours of observation at \_\_\_\_\_, under my direct

Supervision between the dates of \_\_\_\_\_ and \_\_\_\_\_.

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Licensed Athletic Trainer's Signature

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Date