



# University of La Verne Masters of Athletic Training

## CLINICAL HOURS OBSERVATION VERIFICATION FORM

*Make additional copies of this form as needed to complete the fifty-hour requirement. Observation hours must be completed within two (2) years of application date.*

This is to verify that \_\_\_\_\_ has completed \_\_\_\_\_ hours

(name of applicant)

with me at \_\_\_\_\_.

(name of facility)

\_\_\_\_\_  
Name and credentials (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This is to verify that \_\_\_\_\_ has completed \_\_\_\_\_ hours

(name of applicant)

with me at \_\_\_\_\_.

(name of facility)

\_\_\_\_\_  
Name and credentials (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date