Item 6: **Observation Hours Forms**

**DIRECTED OBSERVATION VERIFICATION FORM**
**EASTERN KENTUCKY UNIVERSITY**

**ATHLETIC TRAINING PROGRAM**

AT Program Candidates’ Name (Printed or Typed)______________________________

AT’s Name (Printed Legibly)_________________________________________________

AT’s State of License ________ and State License or Credential Number _____________

AT’s BOC Number: _________________________

I verify that ________________________________ observed _____ hours of Athletic training at

________________________________________.

He/she was here from (Dates: MM/DD/YY) _____________ to ________________.

Signature of AT ________________________________ Date: ___________________

Note: This is the document for the Internship Documents requirement and should be uploaded to your QualifiedFirst® account. You may need to upload multiple forms to reach your 100-hour requirement.