



SOUTHEAST MISSOURI
STATE UNIVERSITY · 1873[®]

Applicant (Last, First Name): _____

Supervising Athletic Training Information:

Last Name: _____ First Name: _____

Job Title: _____ BOC Number: _____

License Number & State: _____

Facility/Employer Name: _____

Street Address: _____

City, State, ZIP: _____

Phone Number: _____ E-Mail: _____

Date	Time In	Time Out	Hour Total

Total Hours Completed: _____

Applicant Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Note: This form should be uploaded to the ATCAS application as documentation of completed observation hours. This is not an endorsement or a letter of reference.