University of North Carolina at Pembroke  
Master of Science in Athletic Training  

OBSERVATION VERIFICATION FORM  

Candidate Name_______________________________________________________________________  
AT’s Name____________________________________________________________________________  
AT’s State of License_____________ and State License or Credential Number______________________  
AT’s BOC Number______________________________________________________________________  

I verify that ____________________________________________ observed ________________ hours  
of Athletic Training at _____________________________ under my direct supervision. The observation  
hours were from (Dates: MM/DD/YYYY) ________________________ to _______________________.  

Signature of AT _____________________________________________Date _______________________  

NOTE: This form should be completed by each Athletic Trainer you observed to attain your minimum  
of 50 hours of direct observation and uploaded in ATCAS.