

**DSU**<sup>TM</sup>  
**PROFESSIONAL MASTER OF  
ATHLETIC TRAINING PROGRAM**  
DIXIE STATE UNIVERSITY.

**VERIFICATION OF ATHLETIC TRAINING OBSERVATION HOURS**

Name \_\_\_\_\_ Date \_\_\_\_\_  
*First Last*

Please use this form to record the completion of a **minimum of 25** observation hours and upload in ATCAS.

AT Observed: \_\_\_\_\_

Certification # \_\_\_\_\_

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

Facility: \_\_\_\_\_

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

Observation Time Period (must include month and year): \_\_\_\_\_

Total Hours: \_\_\_\_\_

Signature of AT verifying hours: \_\_\_\_\_

*\*If you maintain observation hours in another format you may substitute your current form, but please include the above information on the forms.*

*\*You may use more than one copy of this form if you have observed at more than two locations.*