



VERIFICATION OF CLINICAL HOURS

Thank you for your willingness to verify clinical hours for the applicant who is applying to SUNY Cortland's graduate program in athletic training. Please indicate the number of clinical athletic training hours and the location where this applicant worked under the direct supervision of a currently BOC-certified athletic trainer. Direct supervision requires that the athletic trainer is physically present and has the ability to intervene on behalf of the student and the patient.

Please print, complete and sign this form.

Applicant name: _____

Number of hours: _____ Location: _____

Please provide dates in which the student completed the observation hours.

From: _____ To: _____

Name of certified athletic trainer: _____ (please print)

BOC certification number: _____

I verify that the above applicant has accumulated the number of clinical hours indicated above in accordance with the definition of direct supervision.

Signature

Date