



Sacred Heart UNIVERSITY

ATHLETIC TRAINING

Master of Science in Athletic Training (MSAT) Program Documentation of Observation Hours

This form is to be completed by the applicant and verified by the Athletic Trainer supervising the observation experience.

Applicant's Name: _____

Athletic Training Facility Name: _____

Facility Address: _____

Clinical Setting (high school, college, clinic, etc.): _____

Facility Contact Person: _____

Contact Person's Phone Number: _____

Observation start date: _____ *End date: _____

Total number of hours observed: _____

**Observation hours must occur within 3 years of application to the MSAT Program.*

Please identify the Domains of Athletic Training witnessed during the observation experience (see the [BOC Content Outline for Practice Analysis, 8th Ed.](#) for descriptions of AT services within each domain):

- ☐ **Domain I:** Risk Reduction, Wellness and Health Literacy
- ☐ **Domain II:** Assessment, Evaluation and Diagnosis
- ☐ **Domain III:** Critical Incident Management
- ☐ **Domain IV:** Therapeutic Intervention
- ☐ **Domain V:** Health Administration and Professional Responsibility

Athletic Training Program Applicant

I certify that I have completed the observation hours detailed in this form under the direct supervision of a certified and licensed Athletic Trainer.

Applicant Name Applicant Signature Date

Supervising Athletic Trainer

I certify that the applicant completed the observation hours documented above under my direct supervision.

Supervising Athletic Trainer Athletic Trainer Signature Date

Board of Certification (BOC) Number AT Licensure Number and State