Athletic Training Program Hours Log

| Student Name | | Application Semester/Year | | |
|---|--|----------------------------|---|---|
| and list s session. I observed will be co logged un | pecific activities you pe For example, if you obse in ¼ hour increments a onsidered incomplete. T nder different Certified | | er of hours you the Hours co the page – ho te a separate f | ou observed for that lumn. Place hours ours not totaled Form for hours |
| | | BOC Number Boc Number Date | | |
| Date | Facility | Activities | Hours | AT Signature |
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If you need this document in an alternate format for accessibility purposes (e.g. Braille, large print, audio, etc), please contact Kathy Moody at 706-864-1757 or by email at Kathy.moody@ung.edu.

TOTAL HOURS