East Carolina University Athletic Training Education Program
Observation Hours Verification Form

Name of Student________________________________________

Name of place where observation hours transpired:____________________________________

Address: _______________________________________________________________________

City/State: _____________________________________________________________________

Name of person shadowed: _________________________________________________________

*BOC Number: ________________________

*State License No: ________________________ State: __________

*Photocopies of current BOC certification and current Athletic Trainer state license MUST be submitted with this form in order for observations hours to count. Do not submit on-line verification. Attach photocopies of certification and state licensure.

The named student (above) logged ________ hours of observation with me during the dates of:

_________________________ and __________________________
month/day/year            month/day/year

Signed: __________________________________________________________

Only the certified athletic trainer named above can sign this form.

Today’s Date: __________________________
(month/day/year)

To determine BOC certification, look here: https://i7lp.integral7.com/durango/do/pr/prSearch?ownername=boc&channel=boc

To determine if the AT you are shadowing is licensed in the State of North Carolina, look here: http://www.ncbate.org/search.php

Observation hours are good for 24 months prior to the August 1 admission date; and do not have to all be under one AT.