

UNLV
Athletic Training Program Observation Hours Log
effective Fall 2024 Application

APPLICANT FULL NAME (PRINTED) _____

OBSERVATION SITE INFORMATION:

NAME OF FACILITY/LOCATION: _____

SUPERVISOR NAME: _____

DATE (MM/DD/YR)	TIME IN – TIME OUT	HOURS COMPLETED	SIGNATURE OF SUPERVISING HEALTHCARE PROVIDER NAMED ABOVE
10/11/19	8:00am – 11:45am	3 hr 45 min	John Doe, LAT, ATC
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TOTAL HOURS ON THIS PAGE >>>>>			

The hours listed on this page are accurate and completed by the applicant listed above.
 Applicant Signature _____ Date: _____