**The University of West Florida UK College of Health**

**MSAT Observation Validation Form**

Dear Athletic Trainer,

The objective for the applicant’s shadowing experience is a direct observation of the various settings and professional responsibilities of a licensed and certified athletic trainer (LAT, ATC). All aspects of the job of an athletic trainer are a valuable to the student, from treatment preparation, communication with other professionals, and other daily activities of your job setting. Volunteer opportunities, while helpful to the applicant, are not the focus of this shadowing experience.

Because of the changing nature of athletic training practice, it is required that the shadowing experience has occurred within two years of the application date.

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Name of Facility:

Name of AT:

Certification Number:

State License Number:

Mailing Address of the Facility:

City: State Zip Code

Phone Number of the Facility: (\_ ) -

Type of Facility:

**Please validate that the applicant has met the minimum requirement of the shadowing experience with you and that the following conditions were met:**

* This shadowing experience provided an opportunity for the applicant to observe characteristics of an athletic trainer that are associated with quality, caring, and professional service.

***AND***

* This shadowing experience provided hours toward the minimum requirement of 50 hours.

Additional Comments:

Date(s) of Shadowing:

LAT, ATC Signature Date