

**LIBERTY UNIVERSITY ATHLETIC TRAINING PROGRAM**

Observation Hours Form

**Directions:** Please fill in the table below with the required information.

**Verification of Clinical Observation Hours**

<b>Observation</b>	<b>Observational Hours Completed</b>
Observation #1	
Observation #2	
Observation #3	

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**ATP Clinical Coordinator's Signature**