



MASTER OF SCIENCE IN ATHLETIC TRAINING

Emporia State University | Department of Health, Physical Education, & Recreation | 1 Kellogg Circle, Box 4013
Emporia, KS 66801 | 620-341-5653 | 620-341-6400 (fax)

ATHLETIC TRAINER VERIFICATION FORM
Master of Science in Athletic Training Program

I _____ (printed name of supervising BOC certified AT)

attest that I have had direct supervision over _____

(printed name of student) from _____ to _____ (dates of supervision). During this time, a total of _____ hours of clinical experience were gathered.

Signature of Supervisor

Date

BOC #

State License #

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