

MSAT Observational Validation Form

Dear Practitioner,

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 a LAT, ATC are a valuable exposure, from treatment preparation, to communication with other professionals, through service delivery. 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.

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 LAT, ATC that are associated with quality, caring, and professional service.

AND

This shadowing experience provided _____ hours toward the minimum requirement of 50 hours at two different observation sites.

Additional Comments: _____

Date(s) of Shadowing: _____

LAT, ATC Signature

Date