

# University of Northern Iowa Athletic Training Education Program Verification of Supervision Form

\_\_\_\_\_ has fulfilled the University of Northern Iowa Athletic Training admission prerequisite by observing a NATABOC certified athletic trainer for \_\_\_\_\_ hours. These hours were accumulated at a \_\_\_\_\_ setting (hospital, high school, collegiate, clinical, professional, industrial). During these hours the student was involved in the following activities:

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The beginning and ending date of the above hours were approximately:  
\_\_\_\_\_ to \_\_\_\_\_. (Please include month and year)

\_\_\_\_\_  
Name of ATC (please print)

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Address (City, State, Zip)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
ATC Signature

\_\_\_\_\_  
Certification Number

