



California State University, Long Beach
Department of Kinesiology
Athletic Training Education Program
Verification of Pre-Professional Hours

Name of Applicant:

Name of Facility:

Phone Number:

Name of ATC Supervisor:

ATC BOC Number:

Position in ATR:

Start date for pre-professional hours:

Total Pre-Professional Hours Completed:

I verify that the above information is correct.

Applicant's Signature

Date

