



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

Name of Facility: _____

Address: _____

Phone Number: _____

Name of Supervisor: _____

Position in ATR: _____

Start date for pre-professional hours: _____

Total Pre-Professional Hours Completed: _____

Supervisor verifying pre-professional hours:

Applicant _____ has worked at this facility under my supervision.

Supervisor's Signature Date

I verify that the above information is correct.

Applicant's Signature Date