



UNIVERSITY
of HAWAII®
MĀNOA

ENTRY-LEVEL GRADUATE ATHLETIC TRAINING EDUCATION PROGRAM

**SUPERVISED ATHLETIC TRAINING EXPERIENCE
VOUCHER FORM**

Candidate:

Supervising ATC:

BOC Certification #

Certification Date:

Institution:

Address:

Email:

Phone:

I, _____, hereby declare that
Name of ATC (with all credentials)

_____ has accumulated a total of
Name of Candidate

_____ hours under my direct supervision during the following events:
Hours Observed

Please rate the following basic skills this candidate can perform (0 = unable to observe, 1= unsatisfactory, 2 = satisfactory, 3 = average, 4 = above average, 5 = exceptional):

___ Ice Bag application
___ Tape Tearing
___ Ankle Taping

___ RICE application
___ Wrist Taping
___ Wound Care

Please rate this candidate on the following professional behaviors (0 = unable to observe, 1= unsatisfactory, 2 = satisfactory, 3 = average, 4 = above average, 5 = exceptional):

___ Punctuality
___ Interpersonal Communication

___ Dependability
___ Professionalism

ATC Signature: _____ Date: _____

Candidate Signature: _____ Date: _____