Applicants Name _____
Applicants Signature _____

Verification of 36 Hours of Athletic Training Observation

Date	Hours	Location	ATC in Charge	Comments

Print Name of ATC_____

Signature of ATC*_____
*If other than a PLNU ATC signature must be notarized

Validation of ATC signature by notary public

I validate that the signature of _____ is true and actual. Validated this _____ day of _____, 20____.

Signed _____, and sealed