

University of Hawaii at Manoa
Kinesiology and Leisure Science (KLS)
Master of Science
Entry-Level
Graduate Athletic Training Education Program (GATEP)
Supervised Athletic Training Experience Voucher Form

Name of Athletic Training Student (ATS): _____

SS#: _____

Name of Supervising
Certified Athletic Trainer (ATC): _____

NATABOC Certification # and Certification Date: _____

Institution: _____

Address: _____

Email: _____ Phone: _____

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

_____ has accumulated a total of _____
Name of ATS # of hours

hours under my direct supervision during the following events: _____

I, _____, will be able to furnish a detailed log
Name of ATS
of the aforementioned clinical experiences as to the effect of the sport and event (practice, game
or training room clinical experiences).

ATC Signature: _____ Date: _____

ATS Signature: _____ Date: _____

Mail form to:
Iris F. Kimura, PhD, ATC, PT
University of Hawaii at Manoa
Department of Kinesiology & Leisure Science
1337 Lower Campus Road, Room 231
Honolulu, HI 96822