

Section II: Certification of Internship or Practicum Experience - To be completed by supervisor.

INSTRUCTIONS TO SUPERVISOR: Read the applicant's Description of Experience (Section I, item 7) carefully and complete the information below. Be sure to sign and date the attestation below and return both pages of the form in an envelope with your return address to the Office of the Professions at the address at the end of the form. **Do not return this form to the applicant.** This form will not be accepted if returned by the applicant.

Supervisor's Name: _____

Current Address: Street _____

City _____ State _____ Zip _____

Telephone _____

Fax _____

E-mail _____

Are you registered in New York State as an athletic trainer? Yes No Licensure application submitted?

If yes, New York State certificate number _____

Provide the name of any national athletic training association in which you are currently registered or are a member:

WITH RESPECT TO THE APPLICANT'S DESCRIPTION OF EXPERIENCE AS DESCRIBED IN SECTION I, ITEM 7:

1. Does that description accurately reflect the work personally performed by the applicant? Yes No

2. Does the time claimed by the applicant for this experience reasonably reflect actual time? Yes No

3. Briefly identify your work relationship to the applicant and the organization at the time the applicant worked there.

SUPERVISOR'S ATTESTATION

If you cannot sign the affidavit below or disagree with any information presented by the applicant on this form, or wish to provide any other information for consideration by the Department relative to the applicant, please submit a separate letter with this form. If you do so, please identify applicant by full name and social security number in your letter and indicate that he/she is an applicant.

A separate letter is enclosed. Yes No

I have read the applicant's Description of Experience. I hereby certify that I am knowledgeable about, and qualified to attest to, the applicant's work and that, except as otherwise noted on this form, or in attached correspondence, the work experience described by the applicant and the time claimed is generally true and accurate.

Supervisor's Signature _____ Date _____ / _____ / _____
mo. day yr.

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Athletic Trainer Unit, 89 Washington Avenue, Albany, NY 12234-1000.