

PATH 2: MENTORED HOURS SAMPLE LETTER

<Company Letterhead>

<Date>

Board of Certification for the Athletic Trainer
Attn: Specialty Certification
1415 Harney St, Ste 200
Omaha, NE 68102

I, <Full Name>, attest to the mentored relationship between myself and <Applicant Full Name> for the practice experience requirement for the orthopedic specialty. As part of our mentored relationship, <Applicant Name> completed <#> hours from <Date> to <Date> in orthopedic patient care in one or more domains as defined by the “Orthopedic Practice Analysis.”

I qualify as a mentor based on one or more of the following mentor qualifications:
Certified Athletic Trainer with at least three years of experience in orthopedics
CAATE accredited residency trained Athletic Trainer in orthopedics
Fellowship trained Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO)
Nurse practitioner or physician assistant with at least three years of experience in orthopedics

Sincerely,

<Mentor’s Name, Credentials>

<Postal Address>

<Email Address>

<Phone Number>