

## PATH 2: PRACTICE EXPERIENCE SAMPLE LETTER

<Company Letterhead>

<Date>

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

To Whom It May Concern:

I, <Full Name>, attest that <Applicant's Full Name> completed <Number of Hours> practice experience hours in orthopedic patient care at <Company Name> from <Month/Year> to <Month/Year>. I also attest that at least 1000 hours were completed in the year preceding exam application.

Sincerely,

<Employer's Name, Credentials>  
<Postal Address>  
<Email Address>  
<Phone Number>