Application for Certification

INSTRUCTIONS: *Please complete this form and email, along with all On-Deck Training Session cards, to officialscommittee@miswim.org.*

Name: _____ Email: _____

Which certification are you applying for?

☐ Stroke & Turn	☐ Starter	☐ Referee	☐ Administrative Official

Please provide the date each task was completed below:

USA Swimming Account	/ /	Background Check (BGC)	/ /
Certification Course	/ /	Athlete Protection Training (APT)	/ /
Foundations of Officiating *(if applicable)*	/ /	Concussion Protocol Training	/ /

Summary of On-Deck Training Sessions:

- **Stroke & Turn** - *minimum* of four (4) sessions total over two (2) different meets with a Trainer
- **Starter** - *minimum* of four (4) sessions total over two (2) meets with two (2) Trainers
- **Referee** - *minimum* of four (4) sessions total over two (2) meets with two (2) Trainers
- **Administrative Official** - *minimum* of four (4) sessions total over two (2) meets with a Trainer(s)

Name of Meet	Location	Date	Meet Referee