



**OPERATIONAL RISK
DIRECTOR
TRAINING VERIFICATION**

Operational Risk Director Training Certification Form: Requirements to become certified as a Certified Operational Risk Director in Middle Atlantic Swimming include working with a certified MA Operational Risk Director for four sessions at a minimum of 2 Middle Atlantic sanctioned meets. A minimum of 2 sessions must be 13 and over sessions and a minimum of 2 sessions must be 12 & under sessions. Please complete this form and return it to the Middle Atlantic Swimming Director of Competition. In addition, candidates need to take and pass with a minimum score of 80% the MA Operational Risk Director test, available on the MA website. Complete the MA Operational Risk Director Workshop. A Operational Risk Director must also be a current non-athlete member of USA Swimming which requires a USA Swimming Background Check and Athlete Protection Training. These requirements must be met before a certification will be issued.

Name _____

Street, City, State, Zip _____

Email _____ **Club Affiliation** _____

Phone _____ **USA Swimming Non-Athlete Member?** ___ **Yes** ___ **No**

1) Meet Name _____

Session(s) # _____ **Age Group(s) in session** _____

Date(s) _____ **Host Club** _____

I certify that this person has trained with me at this meet:

Operational Risk Director's Printed Name: _____

Operational Risk Director's Signature: _____ **Date:** _____

2) Meet Name _____

Session(s) # _____ Age Group(s) in session _____

Date(s) _____ Host Club _____

I certify that this person has trained with me at this meet:

Operational Risk Director's Printed Name: _____

Operational Risk Director's Signature: _____ **Date:** _____

3) Meet Name _____

Session(s) # _____ Age Group(s) in session _____

Date(s) _____ Host Club _____

I certify that this person has trained with me at this meet:

Operational Risk Director's Printed Name: _____

Operational Risk Director's Signature: _____ **Date:** _____

4) Meet Name _____

Session(s) # _____ Age Group(s) in session _____

Date(s) _____ Host Club _____

I certify that this person has trained with me at this meet:

Operational Risk Director's Printed Name: _____

Operational Risk Director's Signature: _____ **Date:** _____

5) Meet Name _____

Session(s) # _____ Age Group(s) in session _____

Date(s) _____ Host Club _____

I certify that this person has trained with me at this meet:

Operational Risk Director's Printed Name: _____

Operational Risk Director's Signature: _____ **Date:** _____

COMPLETED FORM SHOULD BE EMAILED TO MIKE SEIP

mikeseip@maswim.org