|  |  |  |  |
| --- | --- | --- | --- |
| Official’s Name: |  | Club: |  |
| Official’s Email Address: |  | | |

**I am applying for certification at the following level:**

|  |  |
| --- | --- |
|  | Open Water Judge |
|  | Open Water Referee |

**Online Test Results:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Test Name** | **Date Taken** (mm/dd/yy) | **Test Score (%)** |
|  | Certification – Open Water Judge |  |  |
|  | Certification – Open Water Referee |  |  |

**Clinics Attended:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Test Name** | **Clinician** | **Date Taken** (mm/dd/yy) |
|  | Clinic #1: Open Water Introduction |  |  |
|  | Clinic #2: Deep Dive into OW Event |  |  |

**Summary of Open Water Evaluations:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **#**\* | **Date**  (mm/dd/yy) | **Open Water Meet Name** | **Position Assigned** | **Trainer** | **Start Time** | **Finish Time** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |

\****Certification and Session requirements***:

* For certification, you must complete both clinics (online or in-person).
* In addition to:
* *Open Water Judge:* Officiate at one (1) OW event and be evaluated at each position you are assigned.
* *Open Water Referee:* Must officiate two (2) races during an event(s) as an assistant referee or boat observer (on boat on water).
* Training sessions can be completed outside of our LSC, with a certified Open Water trainer as long as the IL OW forms are completed and submitted for review and certification.
* We highly suggest working with an Open Water official with a certified trainer (CT) designation. If unavailable, working with a designated mentor/trainer with two meets of OW experience.

**RETURN THIS CHECKLIST WITH YOUR OPEN WATER JUDGE OR OPEN WATER REFEREE TRAINING SESSION EVALUATIONS TO: Ilswimofficials@ilswim.org**