

## Starter / Referee / AO2 CERTIFICATION PROCEDURE - 2022

Attend the appropriate training clinic and successfully pass (80% or greater) the online tests necessary for certification.

Complete the enclosed MWS Application for Certification.

Starters: Five (5) sessionsReferees: Six (6) sessionsAdministrative Official:

o AO2 (LSC Championship Meets): Two(2) prelim-Final sessions

Documentation of session requirements according to MWS Minimum Standards will be based on data within the Officials Tracking System (OTS).

Mail or email the *Application for Advancement / Certification* to:

Debra Pearson 830 Filmore Ave Council Bluffs IA 51503 dhpjrp@gmail.com

**NOTE:** The Midwestern Swimming Registration Chair and Officials Chair will process your USA Swimming membership and Officials Credential. You **must** display your membership card while on deck during all meet sessions that you attend.

**Questions:** Contact Debra Pearson, Officials Chairman at <a href="mailto:dhpjrp@gmail.com">dhpjrp@gmail.com</a> or (402) 880-6885



## **APPLICATION FOR ADVANCEMENT**

Please Print Legibly

| Name:                             |                            | Date:                     |
|-----------------------------------|----------------------------|---------------------------|
| Preferred Name:                   |                            | <u> </u>                  |
| Street-City State-Zip:            |                            |                           |
| Phone: ()                         | _                          |                           |
| Club:                             | _ Other Certifie           | ed Positions:             |
| You must be a mo                  | ember of USA Swimming      | to receive certification. |
| Certification desired: Starter    | Referee                    | Admin Official (AO2)      |
| Clinic Attended: Date:            | Location:                  | Instructor:               |
| Apprenticeship Session Requiremen | Starter (5)<br>Referee (6) | e Official – AO2 (2 )     |
| Meet                              | Meet Referee               | Date                      |
| 1                                 |                            |                           |
| 2                                 |                            |                           |
| 3                                 |                            |                           |
| 4                                 |                            |                           |
| 5                                 |                            |                           |
| 6                                 |                            |                           |

When complete please send to the MWS Officials Chair by mail or email:

Debra Pearson 830 Filmore Ave. Council Bluffs IA 51503 dhpjrp@gmail.com