

**FLORIDA SWIMMING**  
**ADMINISTRATIVE OFFICIAL CERTIFICATION APPLICATION INSTRUCTIONS**

**SECTION 1-RECORD OF APPRENTICE SESSIONS/HOURS WORKED**

1. Bring this form with you to all meets where you intend to apprentice. Introduce yourself to the Meet Referee and sign in as "AO APP". You will be assigned to work with an experienced Administrative Official/Referee who will serve as your mentor during the session.
2. Complete the Administrative Official exam with a minimum score of 80% prior to your 2nd meet worked.
3. The Meet Referee or designee shall record the sessions and hours worked. Those hours generally correspond to the session's duration.
4. To be certified as an Administrative Official you must apprentice at least a minimum of fifteen (15) hours that includes at least two (2) sessions as a Timing System Operator and two (2) sessions as a Meet Management Software operator at USA Swimming sanctioned meets. You must also have been mentored by a USA Swimming certified Administrative Official/Referee for all sessions worked.
5. Mentors/Referees please remember to print your names.

**SECTION 2-APPRENTICE ACTIVITIES**

1. Apprentices should experience all facets of the Administrative Official position. Meet Referees should insure that apprentices accompany mentors who are assigned to the various positions at the meet.
2. Mentors should check off each activity experienced by the apprentice during the session. Only the first such time need be recorded.

**GENERAL INSTRUCTIONS**

Upon completion of the certification requirements email a copy of this form to your area representative.

AREA	REPRESENTATIVE	EMAIL
1	John Dupee	Johndupee@bellsouth.net
2	Bart Smith	bls9714@yahoo.com
3	Deanna Kaufman	deanna.kaufman@outlook.com
4	Carl Moore Jr	camoorej@yahoo.com
5	Jen Seluk	tribeseluk@comcast.net
6	Dave Nesper	dnesper68@gmail.com

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**FLORIDA SWIMMING  
ADMINISTRATIVE OFFICIAL CERTIFICATION APPLICATION**

NAME: \_\_\_\_\_ AREA: \_\_\_\_\_ TEAM: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE ONLINE EXAM: CERTIFICATION-ADMINISTRATIVE OFFICIAL COMPLETED: \_\_\_\_\_

DATE OF CLINIC: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_

**SECTION 1-RECORD OF APPRENTICE SESSIONS/HOURS WORKED**

Date	Meet Name	Referee		Mentor		CO or TO Session	Hours
		Name	Initial	Name	Initial		

**SECTION 2 - ADMINISTRATIVE OFFICIAL REVIEW OF ACTIVITIES**

- Attended officials briefing
- Worked with mentor at administrative positions at a meet:
  - Timing System
  - Meet Management Software - observed Mentor or performed him/herself:
    - Seeding of Meet
    - Adjusting Heat for Added Swimmer
    - Pulling of times from Timing Console
    - Resolved Possible Timing System Malfunctions
    - Entered Disqualifications into System
    - Generated Results Reports
    - Generated Team/Individual Scores Reports
  - Observed Clerk of Course functions
  - Observed resolution of USA-S Membership issues
- Deck Entries
- Relay Names
- Swim Offs
- Seeding for Finals
- Ran Exception Reports
- Backed Up Database

**SECTION 3-MENTOR COMMENTS**

Mentor Initials	
Date	

Mentor Initials	
Date	

Mentor Initials	
Date	

Mentor Initials	
Date	

Mentor Initials	
Date	

**SECTION 4 - DESIGNATED REFEREE REVIEW**

- |   | <u>Yes</u>               | <u>No</u>                | <u>Initials</u> |
|---|--------------------------|--------------------------|-----------------|
| 1. Administrative Official Review was completed with me:                              | <input type="checkbox"/> | <input type="checkbox"/> | _____           |
| 2. This person feels they need more apprentice time before being certified:           | <input type="checkbox"/> | <input type="checkbox"/> | _____           |
| 3. I feel this person needs more apprentice time before being certified:              | <input type="checkbox"/> | <input type="checkbox"/> | _____           |
| 4. In my opinion, this person is ready to be certified as an Administrative Official: | <input type="checkbox"/> | <input type="checkbox"/> | _____           |

Signed: \_\_\_\_\_ Date: \_\_\_\_\_