Application
NATIONAL N2 and N3 CERTIFICATION
&
NATIONAL N2 and N3 CERTIFICATION RENEWAL

Name: _____ USA-S Reg N°.:_____ LSC Code:__

Address: _____ Check if Life Member ☐

City: _____ , State:_____, Zip_____-_____,

Telephone: home: (___) - __ ____ ; work: (___) - __ ____

e-mail: _____@_____._____

Current Certifications:	Check all positions that apply at LSC level <u>and</u> highest of N2 or N3, if applicable, for each position.	Expiry Date	Years in "highest" Position
LSC ☐ S&T, ☐ Chief Judge, ☐ Starter, ☐ Deck Referee, ☐ Admin Referee		____	____
National Level 2 (N2) ☐ S&T, ☐ Chief Judge, ☐ Starter, ☐ Deck Referee, ☐ Admin Referee		____	____
National Level 3 (N3) ☐ S&T, ☐ Chief Judge, ☐ Starter, ☐ Deck Referee, ☐ Admin Referee		____	____

APPLICATION: You may apply for recertification in all Current N2 and N3 positions and any new N2 **or** N3 certifications for which you qualify and, if required, document.

☐ **Recertification** (applies to all current N2 and N3 positions if all recertification requirements are met)

☐ **New Certifications** at
☐ **N2** - ☐ S&T, ☐ Chief Judge, ☐ Starter, ☐ Deck Referee or ☐ Admin Referee
☐ **N3** - ☐ S&T, ☐ Chief Judge, ☐ Starter, ☐ Deck Referee or ☐ Admin Referee

For Recertification and New Certification - (General - N2 and N3)

You must be able to check ALL of the following boxes to certify or re certify.

I certify that I have officiated at least a total of 12 sessions at [____] different "LSC Level" meets in the 24 months prior to this application and that I am currently certified as an official in a USA Swimming LSC. (6 meets to certify – 4 to re-certify)

☐ **I certify that I have officiated at the "Qualifying" or "National Championship" meets, <u>listed on page 2 of this form</u>, in the 24 months prior to this application. (A minimum of two meets is required for N2 and N3 re-certification.)**

☐ **I certify that I attended or taught at the clinics or seminars, related to officiating swimming, <u>listed on page 2 of this form</u>, in the 24 months prior to this application. (At least one required for N2 and N3 re-certification or N3 certification.)**

☐ **I certify that I have performed Mentoring activities, <u>listed on page 2 of this form</u>, in the 24 months prior to this application. (At least one per year for N2 and N3 re-certification or N3 certification.)**

☐ **I certify that I have recently read, and am familiar with, the applicable sections of the current version of the Officials Manual published in the Officials section of the USA Swimming web pages.**

*

_____   _____
Applicant's Signature   *Recommended by LSC Officials Chair - Signature*

*If the Officials Chair's signature is not possible, explain why in "Comments" and have the form signed by a N3 Referee or National Evaluator. Provide evidence of LSC type participation.

Forward completed application, together with any relevant evaluations and $5:00 to:

Member Services, USA Swimming
1 Olympic Plaza, Colorado Springs, CO 80909

USA SWIMMING
Application for Officials National N2 and N3 Certification & National N2 and N3 Certification Renewal

I have officiated at the following "Qualifying" or "National Championship" meets in the 24 months prior to this application:

For N2 and N3 Re-certification and Advancement to N3. For Advancement to N2, list meet where evaluation was done (if not at a Qualifying Meet)**.**

"Qualifying" or "National Championship" Meet, Date, LSC of Meet (in the 24 months prior to this application – at least 2 meets required to advance to N3 or to re-certify at N2 and N3)	Total Nᵒ· of sessions worked	Position Worked	Nᵒ· of Full Sessions in Position	Evaluator's Name (if evaluated) Attach copies of written evaluations, if you have them. Evaluators are required to forward advancement and re-certification evaluation results and forms to USA swimming for inclusion in your records, however inclusion of copies is recommended.
1. Meet:_____, date:___/___ to ___/___/_____, LSC:___				
2. Meet:_____, date:___/___ to ___/___/_____, LSC:___				
3. Meet:_____, date:___/___ to ___/___/_____, LSC:___				
4. Meet:_____, date:___/___ to ___/___/_____, LSC:___				

I have attended or taught the following clinics in the 24 months prior to this application (at least one clinic for **N2 or N3** re-certification or for advancement)**:**

1. Date:___/___/_____	Location:	Description:
2. Date:___/___/_____	Location:	Description:
3. Date:___/___/_____	Location:	Description:

For Re-certification at, and Advancement to N3:   I have performed the following Mentoring activities over the last 24 months (at least one per year to re-certify and advance):

1. Date:___/___/_____	Location:	Description:
2. Date:___/___/_____	Location:	Description:
3. Date:___/___/_____	Location:	Description:
4. Date:___/___/_____	Location:	Description:

Other Comments (if any) in support of this application:

_____

Applicants Name