

**SWIMMING/NATIONAL CANADA
LEVEL V (MASTER) OFFICIAL CERTIFICATION**

Candidate _____ Club _____
Address _____
City _____ Prov. _____ Postal Code _____
Telephone () _____ Email _____

LEVEL III & IV CERTIFICATION HISTORY
(To be completed by the candidate)

LEVEL III

Conducted a Level I Clinic

Date _____ Location _____ Evaluator _____

Two (2) successful on-deck evaluations:

Position _____ Date _____ Location _____ Evaluator _____

Position _____ Date _____ Location _____ Evaluator _____

LEVEL IV

Conducted two (2) Level II Clinics:

Clinic _____ Date _____ Location _____ Evaluator _____

Clinic _____ Date _____ Location _____ Evaluator _____

Two (2) successful Referee evaluations:

Date _____ Meet _____ Evaluator _____

Date _____ Meet _____ Evaluator _____

LEVEL V CERTIFICATION

(To be completed by the Provincial Officials Director)

Conducted two (2) additional Level II Clinics:

Clinic _____ Date _____ Location _____ Evaluator _____

Clinic _____ Date _____ Location _____ Evaluator _____

National meet experience – 2 sessions worked:

Date _____ Meet _____ Position _____

Date _____ Meet _____ Position _____

Two (2) successful evaluations (one as Referee, second as Referee or Starter):

Date _____ Meet _____ Evaluator _____

Date _____ Meet _____ Evaluator _____

Ratification

Provincial Officials' Director has this form completed, signed and sent to the PODC Chair for approval and Level V Certification

PROVINCIAL OFFICIALS DIRECTOR _____ Date _____

PROVINCIAL SECTION PRESIDENT _____ Date _____

POD COUNCIL CHAIR _____ Date _____