

**SWIM NOVA SCOTIA
LEVEL 4 (SENIOR) OFFICIALS APPLICATION AND CERTIFICATION**

Candidate: _____ Club: _____

Address: _____

Email: _____ Phone: _____

CERTIFICATION HISTORY

(To be completed by the candidate)

Level 3 Certification (Date):

Certification in All Positions:

Conducted two (2) Level 2 Clinics:

Clinic: Date: Location: Evaluator:

Clinic: Date: Location: Evaluator:

Experience as Referee: (five sessions):

Meet	Date:	Session:
Meet	Date:	Session:
Meet	Date:	Session:
Meet	Date:	Session:
Meet	Date:	Session:

TWO EVALUATIONS in the REFEREE POSITION

Date:	Meet	Evaluator:
Comments: (Please Print)		
Signature: (EMAIL IN LIEU)		

Date:	Meet	Evaluator:
Comments: (Please Print)		
Signature: (EMAIL IN LIEU)		

Recommendation:

Elevation to Level 4 approved by Swim Nova Scotia Date:

Official's Chairperson (signature)