

# MHSL Certification of Training

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## Purpose

This form documents the training steps performed to achieve the new official's level of certification.

## Level of Certification

Indicate the position for which training was completed:

- Stroke and Turn
- Starter
- Referee

## Training Steps

Check each of the following boxes to indicate successful completion of the required steps, as described in Section 14 of the Policies and Procedures:

- Appropriate USA Swimming videos watched
- Test completed and submitted

Additionally, **for Starter and Referee certification**, please check the following box to indicate successful completion of this required step:

- Training, as directed by the Team Instructor, is complete

## Trainee's Information

I hereby certify the information on this form is true and correct.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
MHSL Team

# Additional Training for Starter or Referee

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## Training Summary

Please describe the distinct kinds of training undertaken including the dates the activities occurred:

## Attestation

As the duly-authorized Team Instructor, I hereby certify that the person described herein has completed all the necessary steps and, in my judgement, is ready to achieve the described position. Furthermore, I hereby certify the information on this form is true and correct.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
MHSL Team