

FLORIDA SWIMMING
ADMINISTRATIVE OFFICIAL CERTIFICATION APPLICATION INSTRUCTIONS

SECTION 1-RECORD OF APPRENTICE SESSIONS/HOURS WORKED

1. Bring this from 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. The Meet Referee or designee shall record the sessions and hours worked. Those hours generally correspond to the session's duration. To be certified as an Administrative Official you must apprentice 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.
3. 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.

SECTION 3-MENTOR COMMENTS

1. While not mandatory, mentors should provide feedback, both verbal and written, to their apprentices. Use this section to comment on the apprentice's progress and note any additional work needed. You can use the following check list in drafting your comments:
 - ✓ The apprentice exhibited an understanding of the role of Administrative Official
 - ✓ The apprentice understood the rules
 - ✓ The apprentice exhibited the appropriate demeanor
 - ✓ The apprentice was attentive
 - ✓ The apprentice observed and/or reported unusual circumstances/occurrences to me

SECTION 4-DESIGNATED REFEREE REVIEW

1. The Study Guide & Graduation Review Outline for the Stroke and Turn Apprentice can be found in Appendix "E" (pages 19 & 20) of the Stroke & Turn Clinic Packet Appendices.

GENERAL INSTRUCTIONS

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

AREA	REPRESENTATIVE	EMAIL
1	Jeff Breault	shotputdaddy@gmail.com
2	Mike Brewer	brewmike29@gmail.com
3	John Jansen	jc4_jan813@verizon.net
4	Doug Garthwait	dgarthwait@comcast.net
5	Tim Jacobson	tmthyjbsn@gmail.com
6	Joe Glennon	joeglennon@comcast.net

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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 (please print)		Mentor (please print)		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: _____