



Candidates are to complete sections A & B and return this form to the Provincial Officials Administrator at [officials@swimontario.com](mailto:officials@swimontario.com) and their ROR.

The form must be accompanied by 3 Successful Referee Assessment Forms, log of meets for past year and scanned copy of Officials Certification Card.

**The Provincial Officials Administrator will arrange evaluations for the candidate.**

Section A – Personal Information  
(to be completed by Candidate)

Candidate: _____	Club: _____
Address: _____	Postal Code: _____
City/Prov: _____	
Telephone: _____	Email: _____

Section B – Swim Officiating Information (to be completed by Candidate)	office use only - Verification
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Level III History

Date of most recent completion of Referee clinic: \_\_\_\_\_

Level III certification date: \_\_\_\_\_

Level IV Requirements

Conducted Two (2) Level II Clinics

Clinic: _____	Date: _____	Evaluator: _____
Clinic: _____	Date: _____	Evaluator: _____

Submitted Three (3) successful Referee Assessments

Meet: _____	Date: _____	Mentor: _____
Meet: _____	Date: _____	Mentor: _____
Meet: _____	Date: _____	Mentor: _____

Submitted Copy of Officials Certification Card (both sides)

Submitted log of meets

One (1) Year active service as Level III



Section C – Evaluation (to be completed by Evaluators)
Evaluators are to complete the Referee Assessment Form
Assessment Form completed and attached

Section D – Recommendations (to be completed by Evaluators and Swim Ontario)
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Date: \_\_\_\_\_ Meet: \_\_\_\_\_

Evaluator 1: \_\_\_\_\_ Region: \_\_\_\_\_ Signature: \_\_\_\_\_

Evaluator 2: \_\_\_\_\_ Region: \_\_\_\_\_ Signature: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Ontario Officials  
Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Swim Ontario: \_\_\_\_\_ Date: \_\_\_\_\_

One Evaluator must send the completed and signed form to the Candidate, Provincial Officials Administrator at [officials@swimontario.com](mailto:officials@swimontario.com) and the candidate's ROR.

All Level IV forms will be reviewed by Swim Ontario.