



## Level IV (Senior) Official Certification Form

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

The form must be accompanied by 3 Successful Referee Assessment Forms and Log of meets and clinics taught for past years.

**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)	<b>office use only - Verification</b>
--	---------------------------------------

Level III History

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

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

Level IV Requirements

**Conducted Two (2) different Level II Clinics**

Clinic: \_\_\_\_\_ Date: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Clinic: \_\_\_\_\_ Date: \_\_\_\_\_ Evaluator: \_\_\_\_\_

**Five (5) Referee sessions**

*Two (2) Referee sessions that are not part of referee assessments submitted*

Meet: \_\_\_\_\_ Date: \_\_\_\_\_ Pool Config \_\_\_\_\_

Meet: \_\_\_\_\_ Date: \_\_\_\_\_ Pool Config \_\_\_\_\_

*Three (3) successful Referee Assessments*

Meet: \_\_\_\_\_ Date: \_\_\_\_\_ Mentor: \_\_\_\_\_

Meet: \_\_\_\_\_ Date: \_\_\_\_\_ Mentor: \_\_\_\_\_

Meet: \_\_\_\_\_ Date: \_\_\_\_\_ Mentor: \_\_\_\_\_



Section C – Swim Officiating Documents (to be submitted with application)	<b>office use only - Verification</b>
Log of meets and clinics	<input type="checkbox"/>
Referee Assessments listed on page 1	<input type="checkbox"/>
Copy of Officials Certification Card (optional if online profile is updated)	<input type="checkbox"/>
Section D – Verification (to be completed by Swim Ontario)	
One (1) Year active service as Level III	<input type="checkbox"/>
Variety of sessions worked in different pools and pool configuration	<input type="checkbox"/>
As Level III, gained experience at either a stroke judge or turn judge:	<input type="checkbox"/>
Section E – Evaluation (to be completed by Evaluators)	
Evaluators are to complete the Referee Assessment Form	
<input type="checkbox"/> Assessment Form completed and attached	
Section F – Recommendations (to be completed by Evaluators and Swim Ontario)	

Date: \_\_\_\_\_ Meet: \_\_\_\_\_

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

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

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

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

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

A complete and signed certification form must be sent to [officials@swimontario.com](mailto:officials@swimontario.com) and the candidate's ROR.

All Level IV forms will be reviewed by Swim Ontario.