



# Level V (Master) 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.** Candidates must also complete the Swimming Canada Level V Certification form (candidates section only) and submit to [officials@swimontario.com](mailto:officials@swimontario.com) before evaluation date. The form can be found [HERE](#).

**Section A – Personal Information**  
(to be completed by candidate)

Candidate: \_\_\_\_\_ Club: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Section B – Swim Officiating Information (to be completed by candidate)	office use only - Verification
<u>Level IV History</u>	
Date of most recent completion of Referee clinic: _____	<input type="checkbox"/>
Level III certification date: _____	<input type="checkbox"/>
Level IV certification date: _____	<input type="checkbox"/>
Names of Level IV certification evaluators: _____	
<u>Level V Requirements</u>	
Conducted Two (2) different Level II Clinics	
Clinic: _____ Date: _____ Evaluator: _____	<input type="checkbox"/>
Clinic: _____ Date: _____ Evaluator: _____	<input type="checkbox"/>
Submitted Three (3) successful Referee Assessments (one out-of-region)	
Meet: _____ Date: _____ Mentor: _____	<input type="checkbox"/>
Meet: _____ Date: _____ Mentor: _____	<input type="checkbox"/>
Meet: _____ Date: _____ Mentor: _____	<input type="checkbox"/>
National Meet Experience (as Level III or IV) – Two (2) sessions	
Meet: _____ Date: _____ Position: _____	<input type="checkbox"/>
Meet: _____ Date: _____ Position: _____	<input type="checkbox"/>
Copy of Officials Certification Card (optional with online profile up to date)	<input type="checkbox"/>
Submitted log of meets and clinics (variety of pools and pool configuration)	<input type="checkbox"/>
One (1) Year active service as Level IV	<input type="checkbox"/>
Submitted SNC Level V Certification Form (personal information, Level III and Level IV sections completed)	<input type="checkbox"/>



# Level V (Master) Official Certification Form

Section C – Evaluation Information  
(to be completed by Swim Ontario and Evaluators)

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

Evaluator \_\_\_\_\_ Region: \_\_\_\_\_ Signatures: \_\_\_\_\_

Names: \_\_\_\_\_ Region: \_\_\_\_\_ Signatures: \_\_\_\_\_

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

## Referee Evaluation

Requirements

Session 1

Session 2

- |                          |  |                          |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | <b>General knowledge:</b> rules, officiating positions, instructions to officials      | <input type="checkbox"/> |
| <input type="checkbox"/> | Interpretation and application of rules  | <input type="checkbox"/> |
| <input type="checkbox"/> | <b>Organizational skills:</b> setting priorities, flexibility, adjusting to situations | <input type="checkbox"/> |
| <input type="checkbox"/> | <b>Leadership:</b> control of officials, coaches, swimmers                             | <input type="checkbox"/> |
| <input type="checkbox"/> | <b>Assessment skills:</b> ability to anticipate problems                               | <input type="checkbox"/> |
| <input type="checkbox"/> | <b>Problem solving:</b> handling disputes, fairness, consistency, use of resources     | <input type="checkbox"/> |
| <input type="checkbox"/> | <b>Communication skills:</b> officials, volunteers, office staff, swimmers, coaches    | <input type="checkbox"/> |
| <input type="checkbox"/> | <b>Implementation of knowledge:</b> meet flow  | <input type="checkbox"/> |
| <input type="checkbox"/> | Dress code   | <input type="checkbox"/> |
| <input type="checkbox"/> | <b>Post- Session duties:</b> thank officials, DQ report, record forms                  | <input type="checkbox"/> |

Comments

Pre-Session

Post-Session


Deck Evaluation

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Signature of Candidate: \_\_\_\_\_ 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 V forms will be reviewed by Swim Ontario.