



# STARTER CERTIFICATION RECORD



OFFICIALS NAME / TEAM
SESSION 1 / DATE / MEET NAME / TRAINER NAME / LSC
SESSION 2 / DATE / MEET NAME / TRAINER NAME / LSC
SESSION 3 / DATE / MEET NAME / TRAINER NAME / LSC
SESSION 4 / DATE / MEET NAME / TRAINER NAME / LSC

### APPRENTICESHIP REQUIREMENTS

USA Swimming Member
Attend a Starter clinic (Please indicate date to the left)
Pass the USA Swimming Starter Certification test with an 80% or more
Apprentice as a Starter for at least 4 training sessions total, over 2 meets with 2 trainers. Trainer can be the Deck Referee. OR Coach or Athlete members with 5+ years USA Swimming experience shall apprentice as a Starter for at least 2 training sessions with a trainer.

Session 1	Session 2	Session 3	Session 4	<b>CERTIFICATION PERFORMANCE REQUIREMENTS</b> May be evaluated during last apprentice session and use MR sign-off for each session. <b>Y-Yes, N-No, ND - Not Demonstrated</b>
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				Arrives on time, prepared with necessary personal equipment, in proper and professional uniform.
				Knows the rules for starting.
				Demonstrates ability to start swimmers across a wide range of ages and proficiency.
				Understands how to start swimmers with disabilities.
				Demonstrates the start for hearing impaired swimmer.
				Demonstrates both forward and backstroke starts.
				Understands how the starting system operates.
				Establishes a comfortable starting position on deck for both forward and back starts.
				Demonstrates ability to communicate and interact with the DR.
				Prepared and in position prior to each heat; comfortable holding microphone and securing cord.
				Delivers TYM calmly and with necessary volume.
				Shows PATIENCE before delivering TYM and starting signal.
				Understand the use of other commands (ie; stand, relax, place your feet).
				Understands and practices the false Start Protocol.
				Understands performance criteria as outlined in Starter Professional Document.

Comments (if needed)(Can use back of sheet)

MR (session 1) Print Name:	Signature:
MR (session 2) Print Name:	Signature:
MR (session 3) Print Name:	Signature:
MR (session 4) Print Name:	Signature:

**Recommend Certification as a Starter (Y/N)**

*Certification must be complete within one year of the Starter clinic.*

**Email completed form to your Zone Certifier**