

Upgrading Checklists and Application Form**CHECK LIST FOR LEVEL 4 OR 5 UPGRADING REQUEST: (Please circle correct level)****Parts A, B, C and D must accompany this application.****PART A: Applicant Information**

Discipline: _____ Name of Applicant: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone: (H) _____ (B) _____

Date of last upgrading in discipline being applied for: _____ (month/year)

PART B: Checklist (Please check off all required boxes)

4	Parts A, B, C and D are complete and attached to upgrade application.
	Application signed by Branch Officials Chair
	Applicant is a member of Athletics Canada for the current year. AC#:
	Applicant has officiated at a minimum of 8 event credits for last 12 months
	Applicant has attended a National Clinic. Location: Date: Clinician(s): Mark on exam (if applicable):
	Clinician(s) on the N.O.C. National List of Clinicians
	Two successful mentoring reports included, both mentorship forms are signed and both mentors are on the National List of Mentors. The "P" credits and "N" credits and National Clinics are within the 5 year limit credit and clinic is recorded on meet record card.
	Applicant has had two (2) years of service as Level 3 or three (3) years as Level 4
	Has listed 24 (Level IV) / 36 (Level V) event credits since last upgrading *(Level IV) 8 of 24 event credits must be at the 'National' level or above, and 8 must be after National Clinic *(Level V) 8 of 36 event credits are at the 'National' level or above, and 4 at 'National Championships' level. Race Walk: Has listed 16 (Level IV) / 24 (Level V) event credits ["track" and "road" credits] since last upgrading. NOTE: Status/calibre of meets determined at April NOC meeting.
	All credits listed are as Chief, Assistant-Chief or Section Head
	Has credits in all events within the discipline
	Meet record cards or photo copies attached to the application. All meet record cards have been signed. List of credits recorded on List Of Credits for Upgrading sheet. Credits have been reviewed by the Branch for accuracy.

PART C: Signatures/Approvals_____
Signature of Branch Designate Date

and/or

Signature of Branch Officials' Chair Date

REQUEST FOR UPGRADING FOR LEVEL 4 AND 5. Please circle level.

Name (Print): _____ AC #: _____
Address: _____ Tel (H): _____
City/Province: _____ Fax: _____
Postal Code: _____ E-Mail: _____
Level Requested: _____ Discipline: _____

Month/Year granted previous level: _____ / 20__

Previous evaluators:

1. Name: _____ Branch: _____
2. Name: _____ Branch: _____

Clinic / Seminar Location: _____ Month/Year: _____

Clinician's Name: _____

Assignment: Mark: _____ (Satisfactory/Unsatisfactory) Please circle answer.

Evaluators for this Upgrading request:

1. Name: _____ Branch: _____
2. Name: _____ Branch: _____

This application, once completely processed by the Branch Officials' Chair, must be forwarded to the NOC Vice-Chair: Upgrading for presentation to the NOC Spring or Fall meeting.

Deadline Dates:

Spring Upgrade Deadline: March 31, current year

Fall Upgrade Deadline: September 30, current year

