



OREGON SWIMMING, INC. Training Record for Electronic Timing Trainee

Name: _____ Address: _____ Club: _____

Phone: _____ Email Address: _____

At each meet, the official with whom you worked with the most, must sign your training record and complete an evaluation criteria. At least 2 of the first 6 hours must be with a designated ET trainer. Please refer to your training materials or contact the Electronic Timing Chair if you have questions about training requirements.

	Date	Signature of Certified ET
Introductory Session	_____	_____ (Referee)
Clinic Attended (in 1 st 20 hours)	_____	_____
12 & Under Meet	_____	_____
12 & Under Meet	_____	_____
Non-Home Meet	_____	_____
Heat or Lane Malfunction	_____	_____
Hy-Tek Session	_____	_____

Name of Meet	Date	Class	Hours Console	Hours Times Verification	ET Signature	Trainer?
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____	_____	_____



After at least 5 sessions equaling a minimum of 10 hours on console and 10 hours times verification – Is the Trainee ready for test? (Circle one)

Must have 2 consecutive positive recommendations from 2 different reviewers* (Review may not be based on any session needed to meet the 5 session, 10 hour console, 10 hour times verification minimums.)

Date_____	Yes	No	Reviewer_____
Date_____	Yes	No	Reviewer_____
Date_____	Yes	No	Reviewer_____
Date_____	Yes	No	Reviewer_____
Date_____	Yes	No	Reviewer_____
Date_____	Yes	No	Reviewer_____
Date_____	Yes	No	Reviewer_____
Date_____	Yes	No	Reviewer_____
Date_____	Yes	No	Reviewer_____
Date_____	Yes	No	Reviewer_____

When completed, e-mail or mail this training record along with your last two evaluation criteria to the Electronic Timing Chair. See OSI WEB Site for name and address of the Electronic Timing Chair. Upon approval of your training record, you will be notified to take the online exam.

*A Reviewer must be an ET Trainer or a certified ET with at least 1 year as a certified ET.

Ready to Test: Electronic Timing Official's Chair Signature

_____ Date _____