JUDGING ACCREDITATION
TEST ADMINISTRATORS’ EXAMINATION SCHEDULING REQUEST

Requests must be received in the USA Gymnastics office a minimum of 5 weeks prior to the Exam Date. It is the Test Administrator’s responsibility to check the USA Gymnastics website at https://usagym.org/pages/women/pages/judging_accreditation.html# to verify their Exam session has been properly registered.

EXAM DATE (M/D/Y) ___________________________________________ START TIME __________ AM PM

TEST ADMINISTRATOR __________________________________________ USAG PROFESSIONAL MEMBERSHIP # ________________

EXAM LOCATION (INCL. FACILITY NAME) ________________________________________________________________

CITY __________________________ STATE __________ ZIP __________

TA EMAIL ___________________________ TA HOME PHONE ___________________________

TA CELL PHONE ___________________________ TA’S ADDRESS ___________________________

THE FOLLOWING TEST PARTS WILL BE OFFERED (PLEASE CHECK):

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<th>4/5</th>
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<tbody>
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<td>WRITTEN</td>
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<td>PRACTICAL</td>
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SCANTRON Answer Sheet Request Order: Written (#) ________ Practical (#) ________

Is this testing being held in conjunction with a sanctioned meet/CPE-approved clinic? Yes ________ No ________

ESTIMATED EXPENSES

Actual expenses must be recorded on the Expense Report Form and submitted WITH RECEIPTS and all other testing paperwork at the conclusion of the Examination. All expenses other than nominal ones must be listed here for pre-approval. You will be notified only in the case that the expenses are NOT Approved.

Mileage __________ miles x $.57.5 (Current IRS rate for 2020)

Room Rental

Per Diem ($15.00/meal, max. $30.00 per day)

Copying Expense

Mailing (trackable USPS, UPS, FedEx, etc.)

Other (specify) __________________________

Honorarium __________________________

(There MUST be a minimum of 5 exam part registrations to receive an honorarium.)

Honorarium #2 (see TA handbook for guidelines) __________________________

Assistant TA Name __________________________ USAG Pro # __________________________

Total Estimate __________________________