



Revised January 1, 2020

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):

	4/5	7/8	9	10
WRITTEN				
PRACTICAL				

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 # _____

RETURN TO:

CONNIE MALONEY

USA GYMNASTICS

130 E. WASHINGTON ST., SUITE 700

INDIANAPOLIS, IN 46204

OR FAX: 317.237.5069

cmaloney@usagym.org

Total Estimate _____