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 (ADDRESS) __________________________________________________________

CITY ___________________________________________ STATE ___________ ZIP ___________

TA EMAIL ______________________________________ TA HOME PHONE ____________________________

TA CELL PHONE ___________________________ TA’S ADDRESS ______________________________

THE FOLLOWING TEST PARTS WILL BE OFFERED (CHECK):

<table>
<thead>
<tr>
<th></th>
<th>4/5</th>
<th>7/8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>WRITTEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRACTICAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SCANTRON Answer Sheet Request Order: Written (#) ________ Practical (#) ________

Is this testing being held in conjunction with a sanctioned meet or 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 $.58 _______ (Current IRS rate for 2019)

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 ____________________

RETURN TO:
CONNIE MALONEY
USA GYMNASTICS
130 E. WASHINGTON ST., SUITE 700
INDIANAPOLIS, IN 46204
OR FAX: 317.237.5069
cmaloney@usagym.org