

Clinic Approval Form

Judging Accreditation—Continuing Professional Education

Please complete the following information and obtain the appropriate USA Gymnastics AND NAWGJ State, Regional, or National Officer signatures. Clinic approval form must be received by the National office a minimum of three (3) weeks prior to the clinic.



Revised October 2022

Please note: The clinic organizer is responsible for purchasing a sanction from USA Gymnastics ONLY if gymnasts will be present as demonstrators.

Sanction Number: _____ (if required)

Clinic Type (check one): State _____ Regional _____ National _____			
In-Person _____	Virtual _____	Judges (only) _____	Coaches & Judges _____

Clinic Information	
Name of Clinic:	_____
Clinic Date:	_____ Total # of Clinic Hours per Day: _____
Location Name:	_____
Location Address:	_____
City:	_____ State: _____ Zip Code: _____
Topics/Levels Covered:	_____
Clinicians:	_____
Website/Email address where attendees can register:	_____
Registration Directions:	_____

Contact Information (Clinic Organizer)	
First Name:	_____ Last Name: _____ Member ID #: _____
Email Address:	_____ Phone Number: _____

Continuing Education Clinical Credit forms may be obtained online at:
<https://usagym.org/PDFs/Women/Judges/AnnualCPERecord.pdf>

Each judge is responsible for printing their own CPE clinic card prior to attendance at each approved clinical session and presenting that card/form for signature at the conclusion of the clinical session.

Each judge is also responsible to keep accurate documentation of their CPE.

Approved By (USA Gym, SACC, RACC, or RTCC): _____ Date: _____

Approved By (NAWGJ officer, SJD, or RJD): _____ Date: _____

USA Gymnastics and NAWGJ officers: Please return a copy of this approved form to the USA Gymnastics National Office E-Mail: Nichole Otterson, notterson@usagym.org cc: cmaloney@usagym.org
