

Retain ORIGINAL card(s) for your records, submit a copy when upgrading

Year 20

Name:	AO #	
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Signature:





Credit Information:

1 credit = 4 hours or up to 4 hours per session.

Note: the time may include some pre and post event preparation. Hours should be checked by the **Referee or Chief**

Requests for upgrading must be submitted to the AOO chair for review and approval Requests for upgrading L4/L5 will when be submitted to NOC with recommendations for their approval or rejection.

Please see current NOC Upgrading Criteria on AO website.

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YOUR STATUS RECORD

*NOTE: At levels 3, 4 and 5 at least 50% of credits must be outdoors. All requests for upgrading go to Director of Seminars and Upgrading LEVEL 1 AC 101 Module Evaluation from Mentor 1 credit - Horizontals _____ Throws _____ Track _____ Vertical _____ LEVEL 2 (1 yr) AC 102 Module Evaluation from Mentor 2 credits- Horizontals _____ Throws _____ Track _____ Vertical _____ LEVEL 3 (1 yr) Discipline Specific Report from Evaluator 16 total credits – 4 Prov/Nat. _____ 8 Chief/A.Chief _____ NOC Open Book Exam (80%) 1 Clinic LEVEL 4 (2 yrs) Discipline Specific 2 Reports from Evaluator_____ 24 credits as Chief/A.Chief – 8 Nat. WPA Open Book Exam (80%) _____ 1 Nat. Clinic _____ LEVEL 5 (3 yrs) Discipline Specific 2 Reports from Evaluator____ 36 credits Chief/A.Chief – 4 Nat.Champ. ____8 Nat. or above _____ Attend Webinar/rules upgrading/Nat. Clinic



ATHLETICS ONTARIO OFFICIALS MEET RECORD CARD

YOUR STATUS RECORD

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1 credit - HorizontalsThrowsTrackVertical
LEVEL 2 (1 yr) AC 102 Module Evaluation from Mentor
2 credits- Horizontals Throws Track Vertical
LEVEL 3 (1 yr) Discipline Specific Report from Evaluator
16 total credits – 4 Prov/Nat 8 Chief/A.Chief
NOC Open Book Exam (80%) 1 Clinic
LEVEL 4 (2 yrs) Discipline Specific 2 Reports from Evaluator
24 credits as Chief/A.Chief – 8 Nat.
WPA Open Book Exam (80%) 1 Nat. Clinic
LEVEL 5 (3 yrs) Discipline Specific 2 Reports from Evaluator
36 credits Chief/A.Chief – 4 Nat.Champ8 Nat. or above
Attend Webinar/rules upgrading/Nat. Clinic

Date: Y/M/D	Event Name	Туре	Position	Credits	Referees Signature	Date: Y/M/D	Event Name	Туре	Position	Credits	Referees Signature

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