

## JUDGING ACCREDITATION ANNUAL CONTINUING PROFESSIONAL EDUCATION RECORD

| NAME:              |               |          | USAG #                        |  |  |
|--------------------|---------------|----------|-------------------------------|--|--|
| Year: August 1, 20 | – July 31, 20 | _ HIGHES | T RATING HELD AS OF AUGUST 1_ |  |  |

CONTINUING PROFESSIONAL EDUCATION (CPE) WILL BE RECORDED IN ACTUAL CLOCK HOURS.

| HIGHEST RATING HELD AS OF AUGUST 1 (CHECK ONE) | CPE HOURS REQUIRED PER ACCREDITATION YEAR | MINIMUM NUMBER OF CLINIC<br>HOURS PER YEAR | MAXIMUM NUMBER OF CLINIC HOURS ALLOWED TO CARRY FORWARD TO THE NEXT ACCREDITATION YEAR |
|--|---|--|--|
| LEVEL 5/6                                      | 12  | 6  | 2  |
| LEVEL 7/8                                      | 12  | 6  | 2  |
| LEVEL 9  | 16  | 8  | 3  |
| LEVEL 10                                       | 20  | 10   | 4  |
| NATIONAL & BREVET                              | 20  | 10   | 4  |

- 1. Clinical CPE hours will be defined as hours spent at a State, Regional or Nationally organized Congress, Clinic, Course or Symposium open to all. Sessions will be designated "Approved for CPE". A certificate will be issued at the conclusion of an approved clinic by the Clinician or organizational personnel, or the clinician/organizer may sign a clinic CPE card or clinic CPE credit form per session.
- 2. A maximum number of CPE hours may be acquired for the following miscellaneous activities:
  - a. Coaching (6 hours)
  - b. In gym with coaches and gymnasts (6 hours)
  - c. Volunteering (4 hours)
  - d. Video or live practice judging which has been pre-approved by the State Judging Director or the USA Gymnastics State Chairman (3 hours)
- 3. Each judge is responsible to keep accurate records of their Continuing Professional Education, including documentation of attendance at approved Continuing Professional Education experiences.
- 4. The USA Gymnastics National Office will conduct audits each year that requires randomly selected judges to provide actual documentation of their Continuing Professional Education as reported on this form.
- 5. This completed form must be sent to your State Continuing Professional Education coordinator **NO LATER THAN JUNE 30TH** of each year.

| DATE | EVENT NAME | EVENT TYPE<br>(CLINIC, MISCELLANEOUS) | HOURS | CLINIC HOURS<br>CARRIED FORWARD<br>FROM THE PREVIOUS YEAR |
|------|------------|---------------------------------------|-------|---|
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