

IJS PROTOCOL FOR TEST CREDIT REQUEST FORM

Skater's Name: _____

Skater's USFS #: _____

Parent Name (if under 18) _____

Email contact: _____

Phone contact: _____

Coach's Verification

Coach's Name: _____

Coach's Email: _____

Coach's Phone: _____

I verify that the skater listed above is eligible to receive Test Credit through IJS protocol. I have seen the unaltered and correct scores, which match the protocol the skater is submitting. I understand that altering a protocol sheet to meet the test requirement is considered an ethics violation of US Figure Skating and the Professional Skaters Association.

Coach's signature: _____

Name of Competition: _____

Date of Competition: _____

Select the test you are requesting credit for:

Free Skate Test		Pairs Test		Free Dance Test	
Juvenile		Juvenile		Juvenile	
Intermediate		Intermediate		Intermediate	
Novice		Novice		Novice	
Junior		Junior		Junior	
Senior		Senior		Senior	
Adult Gold					

Fee - \$25

PLEASE ATTACH THE FOLLOWING TO THIS FORM:

Test Credit Packet

Copy of the overall event results with:

- 1- List of all skaters
- 2- Names of Tech controller and Event Referee.
- 3- Skater's Individual Protocol
- 4- Test Credit Skater Report - from Competition accountant (skater name and scores)
- 5- Payment of \$25 (check to AAFSC, Credit Card at AAFSC Office, cash)

Turn in the completed Packet to AAFSC Test Chair mailbox in AAFSC Office.