

**IJS Protocol for Test Credit Request Form**

Athletes’ Name:

USFSA Member #:

Parent:

E-mail Contact:

Phone Contact:

Requesting Test Credit for:

Coaches Name:

E-mail Contact:

Phone Contact:

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

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| Coach Signature: |
| USFSA #:  |
| PSA #:  |
| Name of Competition:  |
| Date of Competition: |

*Please submit copy to CVFSC Board of Directors for our records*