

Coaches Verification Statement for IJS Protocol for Test Credit

Athlete's Name:	
Athlete's Home Club:	
Test Requesting Credit For:	
Name of competition:	
Date of competition:	
Coach's Name:	
Coach's USFS #:	

I verify that the athlete listed above is eligible to receive test credit through an 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 an ethics violation of U.S. Figure Skating and the Professional Skaters Association.

Coach's Signature:	
Date:	