

REQUESTING A CLINIC

1. An Assignor or league representative may request certain types of clinics by entering the relevant information and the designated SRC admin may review and approve those clinics.
2. An Assignor will login to his/her member account, then under “Member Information”, click the down arrow from the **Extended Services** dropdown menu, and select **Assignor/Instructor: Request a Clinic**.



USSF Lifetime Member Information

First Name: [Redacted] Initial: [Redacted] Last Name: [Redacted]

USSF ID Number: 0010-[Redacted] District: Unknown Background Check Status: 2020 Committee Approved Update Required in 2021

Show More Detail

Existing USSF Registrations

Category and Grade	Badge Year	Expected Badge Date
Regional/State Instructor	2020	----
Regional/State Assessor	2020	----
Assignor	2020	----
Regional/State Emeritus Referee	2020	2/29/2020

Extended Services dropdown menu:

- Extended Services
- Assignor: Check Referee Certifications
- Assignor: Add/Edit Assignor Directory Entries
- Assignor/Instructor: Request a Clinic**
- Instructor Services
- Assessor Services

3. A league representative will need to register in OMS in order to access this function. To create an account, the league representative clicks on the **Association Representative Registration** button and follows the steps to create an account.

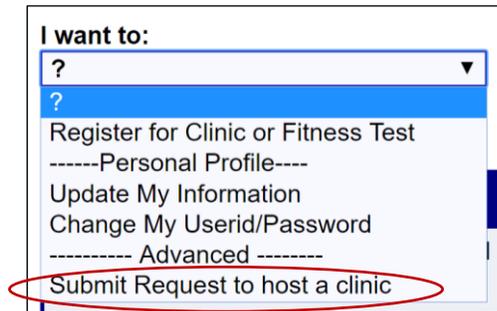


Arizona Soccer Referee Association



- Find Clinics
- New Member Registration
- Member Sign In
- Advanced Referee Status
- Currently Registered Officials List
- Guest Registration (from another State Association)
- Transfer Registration (from another State Association)
- Association Representative Registration**
- Administration

4. On the **Member Home Page**, from the **“I Want to:”** drop down menu field, the league representative selects **“Submit Request to host a clinic.”**



5. After selecting either the, **“Assignor: Request a Clinic”** function or as the league representative, **“Submit Request to host a clinic”** function, a new page will appear for information about the clinic. Fill in the necessary data describing the desired clinic.

Clinic Information

Clinic Type	Clinic Capacity	
Referee - New Grassroots HYBRID ▾	0	
Facility Name <input type="text"/>		
Address <input type="text"/>		
City <input type="text"/>	State Maryland ▾	Zip <input type="text"/>
Map Link (http link - required) <input type="text"/>		

Clinic Host Information

I will be the host of this clinic.

Clinic Host Name

Host Email

Host Phone xxx-xxx-xxxx

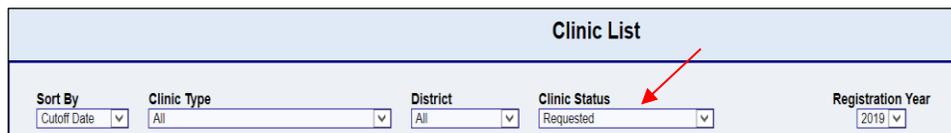
Clinic Instructions

Add/Review/Modify Clinic Instructions for attendees: (optional)
Pre-registration and completion of online material is REQUIRED.

6. After entering all the information, click on **View Summary** to review all the details.
7. If everything looks correct, click on the **Confirm and Submit Request** button. The request will then be queued to the **Clinic List** with the status “Requested”. An email alert will be sent to the District Director of Instruction (DDI) for the appropriate District, if any, or to the State Director of Instruction (SDI), if no Districts exist, that a clinic request has been received.



8. From the **Clinic List**, the DDI or SDI would select the **Clinic Status** drop down menu, and click on “Requested”.



9. After retrieving the list of requested clinics, the DDI or SDI will click on the Edit link associated with the request to review and edit as needed. The DDI or SDI can do one of the following: modify the clinic request and accept it, accept it as is, or cancel the request. If modifying it, the DDI or SDI should be communicating with the Requestor.

Clinic Information

Clinic Number <input type="text" value="North-02-0818-EH9"/>	Cut Off Date <input type="text" value="8/1/2018"/>	Registration Year <input checked="" type="radio"/> 2019 <input type="radio"/> 2020
Clinic Type <input type="text" value="Referee - Entry Grade 9 hybrid"/>	District <input type="text" value="North"/>	
Capacity <input type="text" value="0"/>	Clinic Fee \$30.00	
Concurrent Clinic Link <input type="text" value="0"/>	Other Clinic Fee \$ <input type="text" value="0"/>	
<input type="checkbox"/> Clinic by Invitation Only You must also set Cutoff date in the past !	<input type="checkbox"/> Clinic Cancelled	
<input type="checkbox"/> Cooper PT Included	<input type="checkbox"/> State 6 & 7+ Interval PT Included	<input type="checkbox"/> State 5 Interval PT Included

Warning ! If State 5 Interval PT checked, Failing results will not replace earlier Grade 6/7+ passing results.

This Clinic is in the REQUESTED STATE.
Requestor Information:
joe testRep
mnday@swbell.net
512-567-7575

If acceptable, click on the Accept Button.
If changes are to be made, save the changes communicate them with the Requestor, then click on the Accept Button.
If you and the Requestor agree to cancel the Request, then check Clinic Cancelled.

10. If **Accept Clinic Request** is clicked, the system sends an email to the Requestor informing him/her that the request has been accepted and is placed on the clinic schedule. If the **Clinic Cancelled** is checked, the system cancels the request and emails the Requestor to inform him/her that the request has been canceled.