NATIONAL INTERSCHOLASTIC ATHLETIC ADMINISTRATORS ASSOCIATION

CERTIFIED ATHLETIC ADMINISTRATOR – PROGRAM APPLICATION

Type of Certification Applying:
(Please type or legibly print all entries)

_____ Registered Athletic Administrator - RAA

_____ Certified Athletic Administrator - CAA ***Preferred Test Site*:_____**

_____ Certified Master Athletic Administrator – CMAA

Circle One:
Dr. Ms. Mr. Other _____ Name _____
(Last) *(First)* *(Middle)*

Present Position: _____ Years in Position: _____

Name of School: _____

Office Address: _____
Street *City, State* *Zip*

Home Address: _____
Street *City, State* *Zip*

Office Telephone: (___) _____ **Fax** (___) _____ **Home** (___) _____

E-mail Address: _____ NIAAA Membership # *(if applicable)* _____

Signature _____ Social Security # _____

Non-Refundable Processing Fee $10.00

Check Enclosed _____ Visa Card _____ Master Card _____

Credit Card # _____ Exp. Date: _____

_____ _____
Signature of Card Holder *Date*

NIAAA Certification Committee
9100 Keystone Crossing, Suite 650
Indianapolis, IN 46240
Phone: 317-587-1450
Fax: 317-587-1451