

NIAAA Certification Program Application

CAA Applicants only: Application must be received in NIAAA office a minimum of 30 days prior to the date applicant desires to take the exam.

Identification Information: Please Print or Type

NIAAA Membership # (If Applicable) _____ Birthdate _____

I am applying for the following type of certification:

_____ Registered Athletic Administrator – RAA

_____ Middle School Athletic Administrator - MSAA

_____ Certified Athletic Administrator – CAA

Preferred Test Site: _____ Date _____

Upon receipt of this application, candidate will be sent the Personal Data Form, which must be completed and returned to the NIAAA office a minimum of 21 calendar days prior to the date applicant desires to take the exam.

_____ Certified Master Athletic Administrator – CMAA

Contact Information:

Dr. Mrs. Ms. Mr. Name _____

Present Position _____ Last Name _____ First Name _____ Middle _____
Years in Athletic Administration _____

School _____ E-Mail Address _____

Office Address _____

Home Address _____ Street _____ City _____ State _____ Zip _____

Home Address _____ Street _____ City _____ State _____ Zip _____

Office Phone (_____) _____ Home Phone (_____) _____ Fax (_____) _____

Payment Information: A non-refundable processing fee of \$10.00 must be received with this application. Check (for mailed applications only made payable to the NIAAA or credit card information (for mailed or emailed forms) must accompany this form.

Check one: Check Enclosed Money Order Enclosed Visa Master Card American Express

Credit Card Number _____ - _____ - _____ Exp. Date _____

Card Security Code _____ Card Billing Zip Code _____

Signature of Card Holder _____ Date _____

For credit card purposes, please print name as it appears on credit card _____

Return this completed form to:

NIAAA Office – Attn: Cheryl Van Paris
9100 Keystone Crossing, Suite 650
Indianapolis, Indiana 46240

Email: cvanparis@niaaa.org

Fax: (317) 587-1451

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