



**National Interscholastic  
Athletic Administrators Association**

**Personal Data Form**

For

**Certified Athletic Administrator—CAA**

**Certified Athletic Administrator  
Personal Data Form**

**Please type all entries**

\_\_\_\_\_ Dr. NIAAA Membership # \_\_\_\_\_  
 \_\_\_\_\_ Mr. Birth Date \_\_\_\_\_  
 \_\_\_\_\_ Mrs. Preferred Test Location \_\_\_\_\_  
 \_\_\_\_\_ Ms.

Name \_\_\_\_\_  
Last Name First Name Middle

Present Position \_\_\_\_\_

School \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City State Zip Code

Home Address \_\_\_\_\_  
Street City State Zip Code

Business Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**REQUIREMENTS**

**THERE ARE 130 POINTS ATTAINABLE WITHIN THE CAA PERSONAL DATA FORM AND A MINIMUM OF 65 POINTS ARE REQUIRED TO QUALIFY TO SIT FOR THE EXAMINATION.**

1. Bachelor's Degree, or higher, from an accredited institution.
2. Approval of completed Personal Data Form (PDF).
3. **Two or more years of experience as an interscholastic athletic administrator.**
4. Employed by (or retired from) a school, school district, state athletic administrator association or state high school athletic/activities association in such capacity that the administration of interscholastic athletics is (was) among job responsibilities.
5. **Complete NIAAA Leadership Training Institute Courses LTC 501, LTC 502, LTC 504 and 506 (College and University course work will not be accepted unless the curriculum incorporates the entire content of the required Leadership Training Course(s)).**
6. **Candidate must provide a copy of diploma and all course completion certificates with this form.**
7. Obtain the verifying signature of a supervisor (Superintendent, Principal, Assistant Principal or Athletic Administrator).
8. Read the NIAAA *Code of Ethics*.

**CAA Summary of Total Points**

		<b>Points</b>
<b>Section I</b>	<b>Education – 40 points maximum</b>	_____
<b>Section II</b>	<b>Experience – 55 points maximum</b>	_____
<b>Section III</b>	<b>Leadership – 35 points maximum</b>	_____
	<b>Total Points</b>	_____ <b>(65 minimum points required)</b>

I have satisfied all the basic requirements for CAA: Yes\_\_\_\_\_ No\_\_\_\_\_

**Athletic administrators whom do not satisfy all the prerequisites due to an extenuating circumstance must submit an appeal in writing with this application. Each appeal will be reviewed on its own merit. It should also be understood that an appeal does not guarantee a waiver of the prerequisites.**

**Section I – Education**  
(You must provide a copy of certification or degree)

**A. College Degree**

	<u>Institution</u>	<u>City/State</u>	<u>Date Completed</u>	<u>Points</u>
Bachelors (BA, BS, etc.)	_____	_____	_____	1 _____
(MA, MS, etc.)	_____	_____	_____	2 _____
Educational Specialist/ Administrative Credential	_____	_____	_____	3 _____
Doctorate (Ph.D., Ed. D., etc.)	_____	_____	_____	5 _____
Sports/Athletic Adm. Major (BS or MS)	_____	_____	_____	1 _____
<b>Total (10 Points Maximum)</b>				_____

**B. Continuing Education** – Please include additional specialized course work or in-service (earned within the past five years). specifically related to some aspect of interscholastic athletic administration. Provide transcript or certificate of completion.

1. Two points per three semester hours of college credit.
2. In-service education: one point for each 10 clock hours of in-service attendance (**Do not include NIAAA LTI Courses**)

Course Title	Institution	City/State	Date Completed	Semester/Clock Hours	Points
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>Total (5 Points Maximum)</b>					_____

**C. Conference Education – *Please indicate attendance specifically related to some aspect of interscholastic athletic administration (within the past five years).***

1. NIAAA Annual Meetings and Conference for Athletic Directors and/or NFHS Summer Meeting **(four points each).**
2. STMA Conference, NATA Conference, AAHPERD Conference or other Multi-state/regional conferences **(three points each).**
3. State or regional conferences, clinics, workshops or seminars **(two points each).**
4. Local conferences, clinics, workshops or seminars **(one point each).**

Activity	National, State, Regional, Local	Dates	Points
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total (15 Point Maximum)</b>			_____

**D. Leadership Training Institute Courses –One point for each course.**

LTC	Date Completed	Location	LTC	Date Completed	Location
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>Total (10 Points Maximum)</b>					_____

**Section I – Summary of Points**

- I-A** \_\_\_\_\_
- I-B** \_\_\_\_\_
- I-C** \_\_\_\_\_
- I-D** \_\_\_\_\_

**Total (40 Points Maximum)** \_\_\_\_\_

## *Section II – Experience*

**A. Interscholastic Athletic Coaching for Grades 6-12.**

**Two points for each completed year of service as a head coach and one point for each completed year of service as an assistant coach.**

Sport	# years head coach	# years assistant coach
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total (10 Points Maximum) \_\_\_\_\_**

**B. Athletic Administration Experience (Job description includes some responsibility for the daily operation of Interscholastic Athletic program) Five points for each completed year of service in athletic administration.**

Position	No. Years	Points
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total (20 Points Maximum) \_\_\_\_\_**

**C. Other school administrative experience:** such as: principal, vice principal, supervisor, dean, department chair, state athletic/activities association staff. **One point per year of service.**

Position	No. Years	Points
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total (5 Points Maximum) \_\_\_\_\_**

**D. Leadership Training Instructor: Three points per course.**

LTC #	Date	Location – City, State	Points
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Total (15 Points Maximum) \_\_\_\_\_**

**E. Athletic Programs Instructor – Requires Association Instructor’s Certification  
One point for each course level certified and one point for each course taught.**

	Date Certified	Points	Date(s) Taught	Points
NFHS Coaching Principles	_____	_____	_____	_____
NFHS Sports First Aid	_____	_____	_____	_____
American Red Cross First Aid	_____	_____	_____	_____
American Red Cross CPR/AED	_____	_____	_____	_____
American Red Cross WSI	_____	_____	_____	_____
American Red Cross	_____	_____	_____	_____
Lifeguarding	_____	_____	_____	_____
Other	_____	_____	_____	_____
Other	_____	_____	_____	_____

**Total (5 Points Maximum)** \_\_\_\_\_

**II– Summary of Points**

- II-A \_\_\_\_\_
- II-B \_\_\_\_\_
- II-C \_\_\_\_\_
- II-D \_\_\_\_\_
- II-E \_\_\_\_\_

**Total (55 Points Maximum)** \_\_\_\_\_

**Section III – Leadership**

**A. Professional Membership**

**Local - 1 point per year      State - 1 point per year      NIAAA - 1 point per year**

Organization	Dates	Points
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total (5 Points Maximum)** \_\_\_\_\_

**B. Leadership Positions:**

Points listed are per year of service

	<u>National</u>	<u>State</u>	<u>Local</u>
Officer	5	4	3
Board member	4	3	2
NIAAA Liaison	-	2	-
Committee Chair or Vice Chair	3	2	2
Committee member	2	1	1

<b>Organization</b>	<b>Position Held</b>	<b>Dates</b>	<b>Points</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Total (10 Points Maximum)** \_\_\_\_\_

**C. Media - published articles (attach copy), radio/TV shows or service club appearances promoting athletic programming:**

National	N	3 points per article or appearance
State	S	2 points per article or appearance
Local	L	1 point per article or appearance

<b>Article Title</b>	<b>Publication</b>	<b>Issue</b>	<b>Date</b>	<b>N/S/L</b>	<b>Points</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Total (5 Points Maximum)** \_\_\_\_\_

**D. Speaking Responsibility (attach program agenda, if available)**

		<u>National</u>	<u>State</u>	<u>Local</u>
Speaker/Panelist	S	3	2	1
Moderator/Presider	M	1	1	1

<b>Course/Program Title</b>	<b>Date</b>	<b>Location</b>	<b>S/M</b>	<b>Points</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Total (5 Points Maximum)** \_\_\_\_\_

**E. Awards/Recognition in Athletic Administration:**

National	N	3 Points
State	S	2 Points
Local	L	1 Point

Name of Award/Purpose	Sponsor Organization	Date	N/S/L	Points
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Total (5 Points Maximum)** \_\_\_\_\_

**F. Coordinating State and Local Interscholastic Athletic events:**

State Tournament Final Event	4 Points
State Tournament Sub-Final Event	3 Points
Conference Tournament	2 Points
Invitational Tournament	1 Point

Sport	Event	Dates	Points
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Total (5 Points Maximum)** \_\_\_\_\_

**Section III – Summary of Points**

- III-A \_\_\_\_\_
- III-B \_\_\_\_\_
- III-C \_\_\_\_\_
- III-D \_\_\_\_\_
- III-E \_\_\_\_\_
- IV-F \_\_\_\_\_

**Total (35 Points Maximum)** \_\_\_\_\_

**Reminder: Please total your points in each section and complete the Summary of Total Points Section on Page 2.**



# NIAAA CODE OF ETHICS

The Interscholastic Athletic Administrator:

1. Develops and maintains a comprehensive athletic program which seeks the highest development of all participants, and which respects the individual dignity of every athlete.
2. Considers the well being of the entire student body as fundamental in all decisions and actions.
3. Supports the principle of due process and protects the civil and human rights of all individuals.
4. Organizes, directs and promotes an interscholastic athletic program that is an integral part of the total education program.
5. Cooperates with the staff and school administration in establishing, implementing and supporting school policies.
6. Acts impartially in the execution of basic policies and in the enforcement of the conference, league, and state high school association rules and regulations.
7. Fulfills professional responsibilities with honesty and integrity.
8. Upholds the honor of the profession in all relations with students, colleagues, coaches, administrators and the general public.
9. Improves the professional status and effectiveness of the interscholastic athletic administrator through participation in local, state, and national in-service programs.
10. Promotes high standards of ethics, sportsmanship and personal conduct by encouraging administration, coaches, staff, student-athletes, and community to commit to these high standards.

*Athletic Administrators who require special accommodations to take the exam, those with physical or sensory impairments or who have language comprehension difficulties should contact the NIAAA office by mail at 9100 Keystone Crossing, Suite 650, Indianapolis, IN 46240 or by phone at 317-587-1450.*

***I have read and certify I will endorse and abide by the NIAAA Code of Ethics and pledge that the information on this application is accurate.***

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

**Note 1:** To complete the CAA certification requirements, a minimum score of 75% must be attained on the exam.

**Note 2:** Any supporting materials submitted with this PDF will not be returned.

## Section IV - Verification

**This application must be verified by any Supervisor of the Candidate**

**Printed name and Title of person verifying this form:**

\_\_\_\_\_  
(Superintendent, Principal, Assistant Principal or Athletic Administrator)

\_\_\_\_\_  
Title

Verified by: \_\_\_\_\_  
Verifying Party Signature

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Date

Address \_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Check/money order made payable to the NIAAA or credit card information must accompany this form. This fee is non-refundable.**

**Processing Fee:**

CAA \$150.00 \_\_\_\_\_ NIAAA Member \$235.00 \_\_\_\_\_ NIAAA Non-member

Check one: \_\_\_\_\_ Check Enclosed \_\_\_\_\_ Money Order Enclosed \_\_\_\_\_ Credit Card  
\_\_\_\_\_ Master Card \_\_\_\_\_ Visa Card \_\_\_\_\_ American Express

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_ Date \_\_\_\_\_

*For Credit Card Purposes, please print.*

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

**Return this completed form to:**

NIAAA Certification Committee  
Attn: Cheryl Van Paris  
9100 Keystone Crossing, Suite 650  
Indianapolis, Indiana 46240  
Telephone: 317-587-1450

**NOTE: Completed Personal Data Form must be received in the NIAAA office 21 days prior to the exam date.**