

NIAAA Member PDA Intern Application

Thank you for your interest in serving as a potential member adult intern within the Professional Development Academy. Meetings are held during 14 days of the NIAAA fiscal year among the months of July (4 days), September (4 days), national conference in December (6 days), and February (3 days). Please do not complete an application if you are unable to fulfill all requirements.

Name: _____ **Title:** _____ **Date:** _____

School or Employment: _____

Employment Address: _____
(Street) (City) (State) (Zip)

Office phone: _____ **Cell phone:** _____ **Email:** _____

Home Address: _____
(Street) (City) (State) (Zip)

NIAAA Section Number: _____ **Designation:** RAA: _____ RMSAA: _____ CAA: _____ CMAA: _____

NIAAA Membership Classification: Regular Associate Retired Lifetime

Approximate Years of NIAAA Membership: _____ (charter year: 1977)

Approximate Number of National Athletic Director Conferences attended: _____

Please check any of the following leadership roles which you have been involved:

<input type="checkbox"/> Workshop Speaker	<input type="checkbox"/> LTI Faculty	<input type="checkbox"/> LTI Course Chairperson
<input type="checkbox"/> Workshop Moderator	<input type="checkbox"/> NIAAA Standing Committee	<input type="checkbox"/> State Liaison
<input type="checkbox"/> Voting Delegate	<input type="checkbox"/> PDA State Coordinator	<input type="checkbox"/> State Executive Director
<input type="checkbox"/> NIAAA Board of Directors	<input type="checkbox"/> NIAAA Ad Hoc Committee	<input type="checkbox"/> Certified Test Administrator
<input type="checkbox"/> Standing Committee Chair	<input type="checkbox"/> Forum Facilitator	<input type="checkbox"/> College Adjunct Faculty for LTI Courses
<input type="checkbox"/> LTI Webinar Instructor	<input type="checkbox"/> NIAAA Task Force Member	<input type="checkbox"/> Team of Authors for New LTI Course
<input type="checkbox"/> LTI Course Review Team	<input type="checkbox"/> Certification PDF Reviewer	<input type="checkbox"/> Received Quality Program Award
<input type="checkbox"/> QPA Evaluator	<input type="checkbox"/> Article(s) Published in IAA	<input type="checkbox"/> Member State AD Association Board Member
<input type="checkbox"/> Other: _____		

Please check the upcoming national conferences you plan to attend in the future:

San Antonio 2018 National Harbor 2019 Tampa 2020 2021 Denver 2022 Nashville

Please provide a brief description in the boxes below.

In the left box share about your interest in the intern position, and what qualifications and experiences make you a strong candidate.

In the box to the right share your thoughts on service, industriousness and professional development.

Personal interest, qualifications, and experiences: 	Thoughts on service and professional development:
---	---

If selected to interview, endorsements must be provided by your local school administrator. If not applicable, then the leadership of your state athletic administrators association is required.

Mail completed application to: **Mike Blackburn, CMAA, NIAAA Executive Director, 9100 Keystone Crossing, Suite 650, Indianapolis, IN 46240**
 or, email to: mblackburn@niaaa.org