



National Interscholastic Athletic Administrators Association

Personal Data Form

For

Registered Athletic Administrator—RAA

Registered Athletic Administrator Personal Data Form

Please print/type all entries

_____ Dr. _____ NIAAA Membership # (If Applicable) _____
_____ Mr. _____
_____ Mrs. _____
_____ Ms. _____ Birth Date: _____

Name _____
Last Name First Name Middle

Present Position _____

School _____

Business Address _____
Street Address City State Zip

Home Address _____
Street Address City State Zip

Business Phone (____) ____ - ____ Home Phone (____) ____ - ____

Fax Phone (____) ____ - ____ E-Mail Address _____

Basic Eligibility

A CANDIDATE MUST HAVE COMPLETED AND PROVIDE DOCUMENTATION FOR ALL REQUIREMENTS LISTED BELOW:

1. Bachelor's Degree, or higher, from an accredited institution.
2. Approval of Personal Data Form (PDF).
3. Completion of NIAAA Leadership Training Institute Courses LTC 501 and LTC 502. College and University course work will not be accepted unless the curriculum incorporates the entire content of the required Leadership Training Course.
4. Candidate must provide a copy of both course completion certificates with this form.
5. Obtain the verifying signature of a sponsor (athletic administrator, principal, superintendent, graduate school professor, state athletic/activities association staff).
6. Read the NIAAA *Code of Ethics*.

* *Candidates who, due to extenuating individual circumstances, do not satisfy all of the prerequisites may request an exemption from the Certification Committee. Such an appeal in writing must accompany 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 certificate or degree diploma)

A. College Degrees

	<u>Institution</u>	<u>City/State</u>	<u>Date Completed</u>
Bachelors (BA, BS, etc.)	_____	_____	_____
Masters (MA, MS, etc.)	_____	_____	_____
Educational Specialist/ Administrative Credential	_____	_____	_____
Doctorate (Ph.D., Ed.D., etc.)	_____	_____	_____

Section II - NIAAA Leadership Training Institute

(You must provide a copy of a certificate of completion)

A. Completion of LTC 501 (Philosophy, Leadership Organizations, and Professional Programs)

Location _____ Date Completed _____
City, State *Month, Year*

B. Completion of LTC 502 (Principles, Strategies and Methods)

Location _____ Date Completed _____
City, State *Month, Year*

CODE OF ETHICAL AND PROFESSIONAL STANDARDS

Prologue: Why a Code of Ethics for Athletic Administrators?

The athletic administrator is, an educational-leader who oversees one of the most visible and scrutinized aspects of the school community. Athletic administrators understand that athletics as an extension of a dynamic educational program. As a result, this serves as a guide to support the day-to-day decision making of an athletic administrator. It clarifies the mission, values and principles of educational-athletics and how they translate into everyday decisions and actions.

The Interscholastic Athletic Administrator is committed to the student-athlete:

- Develops and maintains a comprehensive education-based athletic program which seeks the highest development of all participants, and which respects the individual dignity, self-worth, and safety of every student-athlete.
- Considers the health and well-being of the entire student body as fundamental in all decisions and actions.
- Supports the principle of due process, protects the civil and human rights of all individuals, and endeavors to understand and respect the values and traditions of the diverse cultures represented in the respective school community.
- Strives to provide inclusive education-based athletic programs which provide participation opportunities for student-athletes of all abilities and backgrounds.-

The Interscholastic Athletic Administrator is committed to education-based athletics:

- Organizes, directs and promotes an interscholastic athletic program that is an integral part of the total educational program and enhance the learning process.
- Cooperates with the staff and school administration in establishing, implementing and supporting school policies.
- Promotes high standards of ethics, sportsmanship and personal conduct by encouraging administration, coaches, staff, student-athletes, and community to commit to these high standards.
- Acts impartially in the execution of basic policies and in the enforcement of the local, district, state and national governing body's rules and regulations.

The Interscholastic Athletic Administrator is committed to the profession:

- Fulfills professional responsibilities with honesty, integrity and a commitment to equity and fairness.
- Upholds the honor of the profession in all relations (both personal and digital) with students, colleagues, coaches, contest officials, members of the media, administrators, and the public.
- Improves the professional status and effectiveness of the interscholastic athletic administrator through participation in local, state and national professional development programs including, but not limited to, the NIAAA Leadership Training Institute and Certification Program.
- Avoids using their position for personal promotion. Leads by helping others achieve their goals.

I have read the NIAAA Code of Ethical and Professional Standards and pledge that the information on this application is accurate.

Signature

Date

Printed Name and Title of Person Verifying this Form:

*Athletic Administrator, Principal, Superintendent, Graduate School
Professor, State Athletic/Activities Association Staff*

Title

Signature of Sponsor

Business Phone

Date

Processing Fee: \$75.00 _____ NIAAA Member \$160.00 _____ NIAAA Non-member

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

Check one: Check/Money Order Enclosed Visa Master 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