

NIAAA Certification Program Application

Please print or type all entries

Identification Information:

NIAAA Membership # (If Applicable) _____ Date of Birth _____

I am applying for the following type of certification:

_____ Registered Athletic Administrator – RAA

_____ Certified Athletic Administrator – CAA

Preferred Test Site: _____ Date _____

The NIAAA office must receive this application a minimum of 30 days prior to the scheduled CAA exam date. Upon receipt of this application, candidates will be sent the Personal Data Form, which must be completed and sent to the NIAAA office at least 21 days prior to the scheduled CAA exam.

_____ Certified Master Athletic Administrator – CMAA

Contact Information:

Dr. Mrs. Ms. Mr. Name _____

Last Name

First Name

Middle

Present Position _____ Years in Athletic Administration _____

School _____ E-Mail Address _____

Office Address _____

Street

City

State

Zip

Home Address _____

Street

City

State

Zip

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

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

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

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

Card Security Code _____ (call your merchant for location of code on card.)

Signature of Card Holder _____ Date _____

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

Return this completed form to:

NIAAA Certification Committee
9100 Keystone Crossing, Suite 650
Indianapolis, Indiana 46240

Telephone: (317) 587-1450

Fax: (317) 587-1451

