

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

_____ Registered 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 (_____) _____

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

