



UTAH INTERSCHOLASTIC ATHLETIC ADMINISTRATORS ASSOCIATION

199 East 7200 South
Midvale, Utah 84047

APPLICATION FOR NIAAA LIAISON/CERTIFICATION COORD

July 1, 2017 – June 30, 2020

1. PERSONAL

Name: _____ Date of Application: _____

U.S. Citizen: Yes No

Present Address: _____

Phone Number: _____ Business: _____ Cell: _____

E-mail address _____

Current Certification held: _____

2. EDUCATION

Name of Institution	City	State	Date		Degree	Major	Minor
			From	To			

3. WORK EXPERIENCE (Beginning with current position)

Name of Institution	City	State	Kind of Work	Date	
				From	To

4. EDUCATIONAL ADMINISTRATIVE EXPERIENCE

Name of School	City	State	Administrative Position	Date From	To
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5. NON-EDUCATIONAL ADMINISTRATIVE EXPERIENCE

Name of Business	City	State	Administrative Position	Date From	To
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6. EXPERIENCE AND INVOLVEMENT WITH THE UIAAA

(Beginning with most recent experience)

7. EXPERIENCE AND INVOLVEMENT WITH THE NIAAA

(Beginning with most recent experience)

8. TECHNOLOGY

9. REFERENCES

Name	Official Position	Relationship	Contact Information
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To the best of my knowledge, the information given in this application is true and correct.

Applicant's Signature _____ **Date** _____

EQUAL OPPORTUNITY EMPLOYER