



**UTAH INTERSCHOLASTIC ATHLETIC ADMINISTRATORS ASSOCIATION**

199 East 7200 South  
Midvale, Utah 84047

**APPLICATION FOR  
ASSISTANT LTI & CERTIFICATION COORDINATOR**

**1. PERSONAL**

Name:

Date of Application:

U.S. Citizen: Yes No

Present Address:

Phone Number:

School:

Cell:

E-mail address

Current Certification held:

**2. EDUCATION**

Name of Institution	City	State	Date		Degree	Major	Minor
			From	To			

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**3. WORK EXPERIENCE** (Beginning with current position)

Name of Institution	City	State	Kind of Work	Date	
				From	To

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#### 4. NIAAA LTI & PROFESSIONAL DEVELOPMENT EXPERIENCE

LTI Class Taught	Date	Location
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#### LTI Classes Completed

501	508	611	616	621	630	701	710A	720	790
502	510	612	617	622	631	703	710B	721	799
503	511	613	618	625	633	705	714	723	602C
504	608	614	619	626	640	707	715	724	
506	610	615	620	627	700	709	719	726	

#### 5. EXPERIENCE AND INVOLVEMENT WITH THE UIAAA

(Beginning with most recent experience)

#### 6. EXPERIENCE AND INVOLVEMENT WITH THE NIAAA

(Beginning with most recent experience)

7. **TECHNOLOGY** (experience related to the position)

8. **REFERENCES**

Name \_\_\_\_\_ Official Position \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Information \_\_\_\_\_

To the best of my knowledge, the information given in this application is true and correct.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**EQUAL OPPORTUNITY EMPLOYER**