Form updated 1/24/2022

Form 3 **School Name** _____ **School Year**_____

Certification of Athletic Staff Member Schools

For: DIAA member schools.

Due date: To be completed beginning of sport season.

Required by: DIAA Regulation 1008/1009 7.0 and 8.3

Purpose: Staff directory and verification of requirements.

Complete by sport season **Sport Season** **Fall** | **Winter** | Spring

Employed in position last year	Name (include AD's, coaches and trainers)	Sport	Title	Employed	Volunteer	Rules Clinic	CPR		Concussion in Sports		Heads Up Football Training
							Issue Date	Expired Date	Issue Date	Expired Date	Issue Date
Yes	Jane Doe	Girls Basketball	Assistant Coach	x		Yes	9/19/19	9/19/20	8/30/19	8/30/21	7/30/19

Principal Signature _____ **Date** _____