

CERTIFICATION FORM FOR (CIRCLE) APRIL 19, 2017 OR APRIL 20, 2017

Please fill out one form for each student you have participating in the USA(J)MO and indicate the number of pages scanned and emailed or faxed for each problem:

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Please print the name and USA(J)MO Number of your student participating in the 2017 USA(J)MO below:

 Name USA(J)MO number

This form must be completed and returned by scanning & emailing (usamoinfo@maa.org) or faxing (202-379-7852) to the MAA AMC Office immediately following the administration of the USA(J)MO. Both the USA(J)MO School Competition Manager and the school Principal or Vice Principal must sign this form. The Competition Manager must wait until all aspects of the exam process of the school have been completed.

For the Principal or Vice Principal:

I Certify that

- a) the exam was given only to qualified students;
- b) I accept that failure to follow these rules and procedures could result in DISQUALIFICATION from official standing of all scores from our school

Signature _____ Time _____

Title _____ Date _____
(must be comparable to Principal or Vice Principal)

For the USA(J)MO School Competition Manager:

I certify that I administered the USA(J)MO on (please circle) Wednesday, April 19, 2017 or Thursday, April 20, 2017 from 12:30 pm–5:00 pm EDT or equivalent in my time zone. The 4.5-hour time limit was strictly enforced. The student(s) was/were continually supervised. All other rules for administering the USA(J)MO, as detailed in the Information for Proctors, were followed.

I understand and accept for our school that any exception to these procedures as outlined in the *2017 Invitational Competitions Manual* and the *Information for Proctors* section, unless explicitly authorized in writing in advance, may be cause for disqualification, possibly extending beyond the current year.

Signature of USA(J)MO Competition Manager _____

Day and Date of Signature _____

Your telephone # at School (_____) _____ Emergency/after hours # (_____) _____

Email _____

Name of School _____ CEEB # _____

School Address _____

School City, State _____ Zip _____

Day and Date USA(J)MO was administered _____

Start Time _____ End Time _____

Total number of pages faxed or emailed including the Certification Form as the cover page _____.