

# FORM A – EXAMINATION CERTIFICATION 2005 AIME

The Examination Manager and the Principal, Vice Principal, or Headmaster must sign this form. Return it with your student Answer Forms.

**Certification by the Principal, Official or person with comparable title:**

- a) I certify that the exam package(s) were retained in their sealed condition within a half hour of the start of the examination;
- b) I accept for our school the rules and procedures described on this page and page 2, and accept that failure to follow these rules and procedures may result in **DISQUALIFICATION** from official standing of all scores from our school.

Signature \_\_\_\_\_ Time \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**Certification by the Examination Manager:**

I certify that the 2005 American Invitational Mathematics Examination was given today, Tuesday, March 8, 2005; that all students who took it did so at the same time and place; that only invited students took it; that the 3-hour time limit was strictly enforced; that the test envelope was sealed until the time of the test; that no student had access to the test questions in advance; that the students were continually supervised by a certified teacher while they were taking the test; that I am returning those materials as required in Section V; and that all other rules for administering the test were followed.

YES  NO If no, describe the exceptions on a separate sheet of paper.

I also certify that I understand and accept the following for our school. The Committee on the American Mathematics Competitions reserves the right to:

1. Disqualify all scores from our school if it is determined that the required security procedures were not followed.
2. Re-examine students if, after an inquiry, there is a reasonable basis to believe that the scores do not validly represent the ability of the students. (The procedures for disqualification, follow-up inquiries and re-examination are similar to those for the AMC 10 and AMC 12, as outlined in the AMC 10/12 Teachers' Manual.)

Signature of AIME School Manager \_\_\_\_\_

Date \_\_\_\_\_ School Telephone # \_\_\_\_\_

Name of School \_\_\_\_\_

State \_\_\_\_\_

School Identification Number (CEEB) \_\_\_\_\_

The AIME was administered on ..... **March 8, 2005** ..... **YES** please circle **NO**

Starting Time \_\_\_\_\_ Ending Time \_\_\_\_\_

Please also complete the **OLYMPIAD INFORMATION Form B**, found on Page 6.