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: . . . . . . . . . . . . . . . . . . . . . .

Please print the name and USA(J)MO Number of your student participating in the 2016 USA(J)MO below:

<table>
<thead>
<tr>
<th>Name</th>
<th>USA(J)MO number</th>
</tr>
</thead>
</table>

This form must be completed and returned by scanning & email (usamoinfo@maa.org) or fax (202-379-7852) to the MAA AMC Office immediately following the administration of the USA(J)MO. Both the USA(J)MO School Exam Manager and the school Principal or Vice Principal must sign this form. The Exam 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 Exam Manager:
I certify that I administered the USA(J)MO on Wednesday, April 20, 2016 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 Proctor, were followed.

I understand and accept for our school that any exception to these procedures as outlined on the USA(J)MO Exam Manager Letter 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 Exam 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______________________

1) TOTAL number of pages faxed or mailed including the Certification Form as the cover page ______

2) I will overnight all of my student answer forms including this certification form   YES ☐   NO ☐