

CERTIFICATION FORM (CIRCLE) APRIL 14, 2020 or APRIL 15, 2020

Please fill out one form for each student you have participating in the USAMO or USAJMO 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 USAMO or USAJMO ID Number of your student below:

 Name USAMO/USAJMO ID Number

This form must be completed and returned by scanning and emailing to the MAA AMC Office at usamoinfo@maa.org immediately following the administration of the USAMO or USAJMO. Both the USAMO/USAJMO 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 student who qualified for the USAMO or USAJMO;
- 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 USAMO/USAJMO on (please circle) Tuesday, April 14, 2020 or Wednesday, April 15, 2020 from 12:30 pm - 5:00 pm EDT. The 4.5-hour time limit was strictly enforced. The student(s) was/were continuously supervised. All other rules for administering the USAMO and USAJMO, 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 2020 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 USAMO/ USAJMO Competition Manager _____

Day and Date of Signature _____

Daytime Phone Number _____ Emergency/After Hours Phone Number _____

Email _____

Name of Institution _____ CEEB Code _____

Institution Address _____

Institution City, State _____ Zip _____

Day and Date USAMO or USAJMO was administered _____

Start Time _____ End Time _____

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