



All-State Audition Proctoring Protocol Certification

School _____

Teacher Name (Print) _____

Observer Name (Print) _____

Observer Name (Print) _____

Observer Name (Print) _____

Observer Name (Print) _____

Audition Area (submit a form for each teaching area)

_____ Band

_____ Choir

_____ Jazz

_____ Orchestra

I certify that the auditions held at said school were conducted in accordance with the NMMEA protocols and that all rules were followed. Additionally, I certify that auditions were performed by said student with no outside assistance during the audition.

Teacher Signature _____

Observer Signature _____

Observer Signature _____

Observer Signature _____

Observer Signature _____