



## All-State Audition Proctoring Protocol Certification

School \_\_\_\_\_

Teacher 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 \_\_\_\_\_