

# Chapter Certification Form - FBLA SLC

Tennessee Career and Technical Student Organizations (CTSOs)

**SCHOOL NAME:** \_\_\_\_\_

**ADVISER NAME:** \_\_\_\_\_

This form is required to participate in the FBLA State Leadership Conference (SLC) activities, including, but not limited to, general sessions, workshops, and activities. One form needs to be completed per school; however, please identify which CTSSO chapter(s) will be attending from your school on this form.

**If the Chapter Certification Form is not received by the deadline, chapters may not participate in SLC activities until the form is received.**

All attendees representing my chapter have read and understood the following documents:

- [Conference Guide](#)

All attendees representing my chapter have completed the following document, and I will have access to them on-site for the duration of the event:

- [Multiple Release Form](#)

We certify that all staff and/or chaperones provided by the school district and attending the conference are approved by the school and school district. An advisor or chaperone will remain on-site with our students and be accessible for the duration of SCDC. All attendees will have a way to communicate with Chapter Advisors while on-site (Text, GroupMe, Google Classroom, etc.).

Our chapter has an emergency plan. This plan has been communicated with attending officers, advisors, and chaperones, as well as with the school administration.

\_\_\_\_\_  
Adviser Printed Name

\_\_\_\_\_  
Adviser Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Administrator Printed Name

\_\_\_\_\_  
School Administrator Signature

\_\_\_\_\_  
Date