



## NCAA Transgender Student-Athlete Participation Policy Eligibility Review Form - Instructions

In accordance with the [NCAA Board of Governors January 2022 update to the NCAA Transgender Student-Athlete Participation Policy](#), a school must, on behalf of a trans woman student-athlete intending to compete in an NCAA women's sport, establish eligibility of the student-athlete by completing and faxing this form along with all required supporting documentation identified below to the NCAA at **317-917-6989**.

**Applicability.** This form is only valid for purposes of determining eligibility for competition during the academic year of submission, including NCAA championships. Established eligibility requirements apply to all NCAA competition, including competition in both the traditional and nontraditional segments and NCAA championships. This may require the submission of eligibility documentation on multiple occasions. Please see the [eligibility documentation review process](#) for additional information.

**Medical Exception Reminder.** This form is distinct from and not a substitute for the [NCAA Medical Exception Documentation Reporting Form](#) which must be separately submitted by the institution and approved by the NCAA before any student-athlete using any anabolic agent, hormone and metabolic modulator, or peptide hormone, growth factor, related substances and mimetics is allowed to participate in competition.

**Submission Requirements.** In order to receive a timely eligibility review, a school must submit the following:

1. **Completed Eligibility Review Form.** A school must include a fully completed and executed eligibility review form, including sections one and two.
2. **Serum Testosterone Level.** A school must include a copy of lab results confirming that, as of a date that is no more than four weeks (28 days) prior to the first applicable date of competition (e.g., student-athlete's first competition in the applicable playing season segment or the first championship selection date in the applicable sport), the student-athlete's total serum testosterone level was within the allowable level for the sport in which the student-athlete intends to compete. A summary of current sport-by-sport testosterone level requirements and a schedule of NCAA championship selection dates can be found here: [fall sports](#), [winter sports](#) and [spring sports](#).

**Submitting the Form.** The completed form (Sections 1 and 2) and serum testosterone level lab results must be faxed to NCAA at 317-917-6989.

**NCAA Transgender Student-Athlete Participation Policy  
Eligibility Review Form: Section One**

*\*See instructions for additional information about submission.*

**SECTION ONE.** Student-athlete information and school contact for eligibility communication. To be completed by student-athlete’s school.

**School Name:**

Student-Athlete Information.			
<b>Name:</b>		<b>Date of Birth:</b>	
<b>Sport:</b>			

Applicable Season for Reporting Purposes. (Select One and Complete Applicable Date)		
<b>Traditional Segment.</b>	<b>Date of SA’s First Competition:</b>	
<b>Nontraditional Segment.</b>	<b>Date of SA’s First Competition:</b>	
<b>NCAA Championship.</b>	<b>Championship Selection Date:</b>	

School Contact Information for Eligibility Communication*.			
<b>Contact Name:</b>		<b>Contact Title:</b>	
<b>Contact Email:</b>		<b>Contact Phone:</b>	

\* All questions, communications and eligibility determinations pertaining to this form and the related eligibility of the student-athlete identified above will be directed to the identified school contact. In recognition of the sensitive nature of the content provided in and with this form, and the material variations in how member schools may elect to manage and retain such information, we encourage you to consider the needs and expectations of the school and the student-athlete when identifying an appropriate school contact.

\* *NOTE: This form and the information provided herein is intended to be used by the NCAA solely for the purpose of evaluating and determining eligibility to participate in NCAA competition. Some of the information required to be provided in this form may constitute protected information as the same is described in applicable state, federal and international privacy regulations. We encourage you to consult with legal, risk management and other applicable personnel as necessary to evaluate the applicability of any such laws and related requirements.*

**NCAA Transgender Student-Athlete Participation Policy  
Eligibility Review Form: Section Two**

*\*See instructions for additional information about submission.*

**SECTION TWO.** Medical professional confirmation of hormone suppression treatment. To be completed by the attesting medical professional.

Student-Athlete Information.			
<b>Name:</b>		<b>Date of Birth:</b>	
<b>School Name:</b>			

Treating Medical Professional Information.			
<b>Name:</b>		<b>Medical Specialty:</b>	
<b>Business Address:</b>			

**Medical Professional Attestation.** By completing this form and as evidenced by my signature below, I confirm the accuracy of all of the following statements:

1. I am the licensed medical professional identified above;
2. I have participated as a medical professional in the gender affirming treatment plan of the student-athlete identified above *or* I am the submitting school's athletics health care provider and I am familiar with the student-athlete's gender affirming treatment plan; *and*
3. The identified student-athlete has, as of the date identified below, received hormone suppression treatment for at least one calendar year.

<b>Medical Professional Signature:</b>		<b>Date:</b>	
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\* Please complete and return this form to the school identified above in accordance with any instructions provided by the school.

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