

# Music Teachers National Association Application for Renewal of Professional Certification

Name \_\_\_\_\_ MTNA Member Number, if applicable \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Area(s) of music performance in which you are MTNA certified:

1. \_\_\_\_\_ 2. \_\_\_\_\_

**SECTION I: Validation**

Candidates for Renewal of MTNA Professional Certification must fulfill their requirements for professional renewal each year by completing and submitting the Documentation of Professional Renewal Activities Form (submit 3 renewal activities points) or submitting an Administrative Verification Form (full or part time college faculty only).

**SECTION II: Renewal Fees: All fees are nonrefundable**

	MTNA Member	Nonmember
Renewal Fee	\$25 (per area)	\$30 (per area)
Delinquent Renewal Fee—per year of delinquency ( <i>After July 1</i> )	\$5 (per area)	\$10 (per area)
Total Fees	\$	\$

**Payment Method:**

\_\_\_\_ Check (payable to MTNA Certification Program, Inc.) \_\_\_\_ Visa \_\_\_\_ MasterCard  
 \_\_\_\_ American Express

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_  
(3–4 digit code on front or back of credit card)

Signature \_\_\_\_\_

Billing Address Same As Above

Credit Card Billing Information (if different than above)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Submit the following materials in one package:

1. Completed certification renewal application form.
2. Renewal fee. Include late fee if applicable.
3. Appropriate validation materials (see Section I above).

**Mail to:** MTNA Professional Certification Program, 1 W. 4th St., Ste. 1550, Cincinnati, OH 45202.

**You will receive notification from MTNA when the renewal process has been completed.**



**ADMINISTRATIVE VERIFICATION FORM**  
**for the**  
**RENEWAL OF MTNA PROFESSIONAL CERTIFICATION**



To be completed by the College/University Faculty Candidate:

Candidate's Name \_\_\_\_\_

Performance Area \_\_\_\_\_ MTNA Member # \_\_\_\_\_

Title \_\_\_\_\_ College/University \_\_\_\_\_

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**INSTRUCTIONS:** Please verify that you have met the requirements for fulfilling the following official MTNA Professional Certification Standards by checking YES or NO beside each statement. If a NO(s) is checked please state your reason(s) under "COMMENTS" below.

**YES**  **NO**      I affirm that I am currently classified by the college/university as a part-or full-time faculty member.

**Standard IV: Professionalism and Partnerships**

**YES**  **NO**      **A. Contributing to the Profession**  
I contribute to the professional growth of my colleagues, studio, school, professional associations and the profession at large.

**YES**  **NO**      **B. Building Partnerships**  
I understand and appreciate the unique position that the family unit, colleagues and the community play in the musical education of students. I actively seek opportunities to build and nurture partnerships with them.

**Standard V: Professional and Personal Renewal**

**YES**  **NO**      **A. Evaluating Professional Growth**  
I continually evaluate my personal teaching philosophy. I regularly assess my teaching and professional growth to expand my knowledge and improve my teaching.

**YES**  **NO**      **B. Continuing Education**  
I enhance my understanding of current pedagogical materials and methods, technology and business management through continuing education.

**COMMENTS:**

I hereby verify by my signature that all of the above statements are true and accurate.

Signature: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_