

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, 600 Vine St., Ste. 1710, 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 _____

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 _____