



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.

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 _____