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

Signature:_______________________________________________________________
Address __________________________________________________________________
City/State/Zip __________________________________________________________________
Phone________________________ E-mail________________________________________