

MN Music Teachers Association  
 Affiliated with Music Teachers National Association



**APPLICATION FOR CERTIFICATION**

Certified members are members holding a doctorate, masters, or bachelor's degree in music, a pedagogy certificate, an artist diploma, or completion of music courses (listed on back), or satisfactory completion of the examinations for the MTNA Professional Certificate.

<b>Name</b> (Title, First Name, Middle Init., Last Name)			<b>Birthdate</b>	
<b>Street Address</b>			<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
(       )	<b>City/State</b>	<b>Zip</b>		
<b>Home Phone</b>	<b>Fax</b>	<b>E-mail Address</b>		
<b>Business Address (if different from above)</b>			(       )	
<b>Business Address (if different from above)</b>			<b>Business Phone</b>	
<b># of Yrs Residency in MN</b>	<b>Membership/Certification elsewhere</b>		<b>Certification Date</b>	

**Please print your name exactly as you would like it to appear on your Certification Certificate:**

---

***DOCUMENTATION MUST ACCOMPANY THIS APPLICATION.***

Submit a college transcript that shows the highest degree earned.

Transcript being submitted from \_\_\_\_\_

**Teaching**

Principle teaching subject(s) \_\_\_\_\_  
 (3 maximum; piano, voice, strings, flute, etc.)

Teaching experience in main subject (music only):

Place (home, school, college, studio)	Dates	# of Students
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Levels (Circle the levels of students you teach.)                      **Beginners**                      **Intermediate**                      **Advanced**

**Education**

List colleges, universities, and other schools you have attended. If you did not receive a degree or diploma from one or more of these institutions, write "none" in the last column. ***Documentation must accompany this application.***

Name of School	Location (City & State)	Yrs Attended (Dates)	Name of Degree or Diploma
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Applied Music Courses** (Please complete if you **DO NOT** have a music degree.)

Complete this portion only if you have a pedagogy certificate or completion of the following courses: *Applied Music*, 6 semesters or 9 quarters; *Music Theory*, 2 semesters or 3 quarters; *Music History/Literature*, 2 semesters or 3 quarters; *Pedagogy*, 1 semester or 2 quarters. Give information concerning all instruction received for credit.

Instrument/ Voice	Teacher	Institution/Location (City & State)	Yrs Attended (Dates)	College Credits
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Number of Years of Study \_\_\_\_\_

**Receipt of Application**

You will be notified when your application for certification is received. Six to eight weeks may be required for completing the certification process.

**Mail application to:**

Sue Freeman-Dopp  
 MMTA Membership Certification Chair  
 2821 Highlands Road  
 Brooklyn Park, MN 55443  
 (763) 493-5152  
 Sue.dopp@schmittmusic.com

**For Certification Committee Use Only**

**Teachers Choice for Instrument/Voice**

1 <sup>st</sup> Subject	2 <sup>nd</sup> Subject	3 <sup>rd</sup> Subject
_____	_____	_____

**Certified**

Yes/No	Category	Date	Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Approved Area of Certification \_\_\_\_\_ Level \_\_\_\_\_

Certification Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

**Date Log**

Certification Chair Received \_\_\_\_\_ To Central Office \_\_\_\_\_