



National Music Education Center Teacher Certificated Application

Please Print Legibly Using Black Ink Only

FZT-A-T-

IT IS THE POLICY OF NATIONAL MUSIC EDUCATION CENTER TO PROVIDE EQUAL OPPORTUNITIES TO ALL APPLICANTS WITHOUT REGARD TO ANY LEGALLY PROTECTED STATUS SUCH AS RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY STATUS.

Name: _____ **Major:** _____
Address: _____

Phone: _____ **Email:** _____

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Application for: A: Professional Certificated ☐

B: Faculty Certificated ☐

C: Advanced Studies Certificated ☐

D: Academician Certificated ☐

Education Information:

Name of School	Number of Years	Degree

Teaching and Study Experience:

Teacher's Name: _____ Start Year: _____ To: _____

Address: _____

Phone: _____ E Mail: _____

Teacher's Name (if any) _____ Start Year: _____ To: _____

Phone: _____ E Mail: _____

Work Experience:

Current Employer Name: _____ Start Year: _____ To: _____

Address: _____

Phone: _____ E Mail: _____



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Former Employer Name: _____ Start Year: _____ To: _____

Address: _____

Phone: _____ E Mail: _____

Honors: (If you received any honors, please list it.)

Please List One NMEC Teacher References:

Teacher's Name: _____ Member Coda: _____

Address: _____

Phone: _____ E Mail: _____

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUTHFUL AND ACCURATE. I UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION WILL BE THE BASIS FOR REJECTION OF MY APPLICATION.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Applicant's Signature: _____

YOU MUST SIGN AND DATE THE APPLICATION