

# Music Teachers' Association of California

833 Market Street, Suite 900, San Francisco CA 94103, 800 834-3340 (CA only) or 415 978-9668  
www.mtac.org

## ADDITIONAL INSTRUMENT APPLICATION FORM

This form is to allow applicants or members to demonstrate their qualifications in an additional instrument. Proof of verifiable training in an instrument at a college level is required.

### **MTAC policy states the following:**

*Members may only enroll students in State Programs, including **Certificate of Merit**, within their State-approved discipline or instrument. For example, a teacher with a music degree in piano performance may enter only piano students in a State Program, unless the State has reviewed and approved the teacher's educational training in another discipline or instrument.*

*(MTAC Standing Rules and Operations, Section 1).*

## INSTRUCTIONS

### Step One

Please write your name, Branch and Member ID number and list the instrument you wish to add (*Only one instrument per form*).

### Step Two

Fill out the rest of this form, **carefully reading the instructions**. *It is your responsibility to provide the MTAC State Office all necessary documentation* (official transcripts, FCERs, letters, etc). The State Office reserves the right to require additional documentation for verification purposes.

- If you have a music degree in your Additional Instrument, please arrange for official transcripts to be sent directly from the academic institution to verify your qualification in the instrument.
- If foreign degrees are to be used for points on this form, a Course-by-course **Foreign Credential Evaluation Report (FCER)** from a NACES-approved evaluation agency is required. **No other documentation will be accepted as a substitute**. For qualifying evaluation agencies, visit [naces.org](http://naces.org) or contact the State Office for more information.

### Step Three

Please indicate that you agree to all of the terms outlined at the bottom of the application listed and sign.

### Step Four

If you are *not* submitting this form as a new applicant to MTAC (you are already a current MTAC member), you will need to include an “**Additional Instrument Application Fee**”. Current fee rates may be found online on the “**Fees and Dues List**” at [mtac.org](http://mtac.org), or you may contact the MTAC State Office for information.

*Please submit all materials to: MTAC Membership Office, 833 Market Street, San Francisco, CA 94103*

### **IMPORTANT NOTICE REGARDING CERTIFICATE OF MERIT AND OTHER MTAC STATE PROGRAMS**

To be eligible for *Certificate of Merit* and other MTAC programs, this application and all supporting documents, including official transcripts and Foreign Credential Evaluation Reports, **must be accurately completed and submitted** to the MTAC State Office by the appropriate deadline (**July 31<sup>st</sup> for Certificate of Merit; October 15th for most other State Programs**; please refer to the “**MTAC Membership Application Schedule**” at [mtac.org](http://mtac.org) for all deadlines).

*If you are applying close to the deadline, we recommend that you expedite and ensure that all materials are received by the above dates. MTAC cannot make exceptions for materials that are late or lost in the mail.*

**Applications and/or payments that are completed incorrectly will be returned; correct forms and payments must be submitted by the required deadlines.**

*All application materials submitted become the property of MTAC and will not be returned.*

# ADDITIONAL INSTRUMENT APPLICATION FORM

*Please read carefully*

◆ Forms submitted incorrectly will be returned      ◆ Incorrect information and documentation will not count for credit

Name: \_\_\_\_\_ Branch (if any): \_\_\_\_\_ ID #: \_\_\_\_\_

Additional Instrument: \_\_\_\_\_

| <b>Instrument Study</b>   |       | <i>(College/university or private instruction at college level)</i> |        |
|---|-------|---|--------|
| <b>Point Values:</b> One year = 6 points; Semester course = 3 points; Quarter course = 2 points   |       |   |        |
| <i><b>A minimum of 12 points is required for approval of Additional Instrument</b></i>  |       |   |        |
| <i>The following rules for allowable points and verification apply:</i>   |       |   |        |
| <ul style="list-style-type: none"> <li>To count for credit, private instruction must be at a college level; instruction taken during elementary through high school will not count for credit.</li> <li>If the instruction is not verified by official academic transcript (<i>hardcopies from the institution only; electronic versions or student copies are not accepted</i>), written verification of instruction from your private instructor is required. Letters must include dates of instruction, original signatures, level of accomplishment and instructor's contact information. <i>Form letters prepared by the applicant are not acceptable.</i> Instruction that is not of a reasonable level of advancement will not be accepted for credit.</li> <li>Foreign academic education <i>must</i> be verified with a course-by-course "<b>Foreign Credential Evaluation Report</b>" from a NACES-approved evaluation agency.</li> </ul> |       |   |        |
| Teacher or School   | Dates | Course Name and Number  | Points |
|   |       |   |        |
|   |       |   |        |
|   |       |   |        |
|   |       |   |        |
|   |       |   |        |
|   |       |   |        |
|   |       |   |        |

- I. I verify that I will provide written verification for every point claimed on this form.  Yes  No**
- II. I verify that I have contacted the necessary academic institution(s) and have arranged for official transcripts OR I have arranged for an FCER to be sent directly to the MTAC State Office.  Yes  No**
- III. I declare that I have filled this form out accurately and truthfully to the best of my ability. I understand that the MTAC may verify this information, and that untruthful or misleading answers are cause for rejection of this application.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please send form and payment (if required) to: **MTAC Membership, 833 Market Street, # 900, San Francisco CA 94103**

-----OFFICE USE ONLY-----

Date received in State Office: \_\_\_\_\_ Check \$: \_\_\_\_\_ Additional Check \$: \_\_\_\_\_ Date Approved: \_\_\_\_\_  
 Member ID Number: \_\_\_\_\_ Check #: \_\_\_\_\_ Additional Check #: \_\_\_\_\_  
 Fee Required? \_\_\_\_\_ Returned? \_\_\_\_\_