

OMTA
*College Faculty Certificate
Verification of Teaching Status*

Date _____

This is to certify that _____

who is applying for certification by Oklahoma Music Teachers Association in the area(s) of

has been employed as a faculty member at this college/university for _____ year(s).

The applicant has been hired with a (check one):

_____ full-time tenured or tenure-track appointment

_____ full-time term or adjunct appointment

_____ part-time adjunct appointment (indicate FTE) _____

Subjects/areas taught by the applicant: _____

Name of college or university _____

Address _____

City/State/Zip _____

Name of Dean or Department Head _____

Signature _____

Send three copies of this form and the application for OMTA membership to the Vice President for Membership/Certification.