**PROGRAM APPLICATION**

**National Standards Board for**

**Music Ergonomics**

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| --- | --- |
| Date of Submission |  |
| Program Name |  |
| Category of Certification being applied for | Specific Instrument  Individual Certified Music Ergonomist  Certified Music Ergonomist Education program |
| Address |  |
|  |  |
| Telephone |  |
| Website |  |
| Program Director |  |
| Email |  |
| Federal Tax ID# ((Certification programs only) |  |

**ALL OF THE ITEMS BELOW SHOULD BE PUT INTO A SIMILAR FORM FORMAT AS THE FORM ABOVE.**

1. **Mission and Goals**
   * State the Mission and Goals of your program
2. **~~General~~ Description of Program**
   * Describe the general course of study of your program ~~using narrative and/or flow charts or figures~~
   * ~~Explain how your course of study is consistent with your mission and goals~~
3. **History of your prorgram**
   * Summarize the history of your organization or program~~: including the following information:~~
     + Year the organization was founded
     + ~~The Lineage, history, and founding philosophy of the program~~
     + Founder’s ~~of the program, including the founder’s~~ training, experience and background
     + Type of ~~IRS~~ business (example: sole proprietorship, corporation, LLC, or non-profit)
     + Year the program began training students
     + Year the program had its first graduate
     + Number of graduates to date
4. **Checklist of Program Curriculum**
5. **This should be a checklist of basic subjects offered**
6. **Current Program Instructors**
   * In the table below or on a separate piece of paper, list the names and titles of instructors for your program

|  |  |
| --- | --- |
| Instructor | Title |
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* + Attach a resume and summary of the professional ~~credentialing and~~ qualifications of the program director and each instructor
* A resume (accent over the e) and summary of the professional credentialing and qualifications of the program director and instructors
* An example of your program’s student application/registration form
* Copy of your program’s state business license
* Signed agreement to comply with the NSBME Code of Ethics statement (PROVIDE IT HERE)
* Copy of your program’s Code of Ethics for graduates
* Copy of your Corrective Action Policy (DESCRIBE)
* Copy of your Grievance Procedure (DESCRIBE)
* Copy of your program certificate given to graduates upon completion
* ~~Three written recommendations from student or graduate employment sites and contact~~
* Statement that individuals entering the program and upon completion acknowledge their understanding of continuing education requirements to maintain certificate credential

1. **Accreditation Standards**

Provide a description of how you feel your program complies with and meets the NSBME Accreditation Standards for the level of certification you are seeking.

Link to standards for each level here