

Suzuki Association of the Americas
SAA Certificate of Achievement Level 1 Application

Last Name: _____ First Name: _____

Address: _____

Phone: _____ Email Address: _____

SAA Membership # _____ SAA Active Member since: _____

Application for Level 1 Certificate of Achievement in _____ (instrument area)

Required SAA-approved Teacher Development Courses Completed & Registered

Course	Location	Trainer	Dates
ECC			
Unit 1			
Unit 2			
Unit 3			
Unit 4			
SPA			

Suzuki Teaching Experience

Location/Program/Studio	Dates	Levels Taught	No. of Students



Student Performance Videos

Student #1

Piece/movement: _____ Composer: _____

Book Level: _____ Years studied with me: _____

Student #2

Piece/movement: _____ Composer: _____

Book Level: _____ Years studied with me: _____

I represent and warrant that all information provided above is current and correct and that the students shown in the accompanying video material have studied with me for two years or from the beginning of study.

Signature: _____

Print Name: _____ Date: _____

Materials to Submit

- Completed application form (this document)
- Short essay on SAA's Aspirational Code of Ethics, 250-350 words
- DVD or USB flash drive with video of one Teaching Segment and two Student Performances
- Application fee of \$85 US/Can.



Statement of Commitment

My signature below indicates my commitment to support and incorporate SAA's Aspirational Code of Ethics in my teaching.

Signature: _____

Print Name: _____ Date: _____

Statement of Understanding

My signature below affirms my agreement that all information included in this application is accurate and valid. I understand that if any information included in any part of this application is found to be false or inaccurate, the application will be considered void and the Certificate of Achievement will be revoked.

I understand that the Certificate of Achievement is provided by the Suzuki Association of the Americas to recognize approved applicants for their achievements demonstrated by meeting the requirements of this application. It is one significant step on my path of life-long learning and continuing study and development. The Certificate may not be used for any other purpose or representation to any individual, agency or entity, or to the applicant him/herself.

I understand that the evaluation of this application may result in a recommendation of further study, and that resubmission of all or part(s) of this application may be required. I further represent and warrant that I have obtained all necessary consents and authorizations from the student and the student's parents to allow me to submit the video material as part of this application.

Signature: _____

Print Name: _____ Date: _____

Payment

\$85 application fee Check Visa MasterCard Other

Card # _____ CVV _____ Exp. Date: _____

Name on card: _____

**Send all materials to:
SAA, PO Box 17310, Boulder CO 80308, USA**

