



The National Association of Pastoral Musicians
Director of Music Ministry Division

Certification

Exam
Application

Name: _____ Date: _____

Address: _____

Phone number(s): _____

Mentor: _____ Concentration: _____

I wish to take exam(s) at the following site:

I wish to take the following exam(s): _____

Special needs for the exam: (i.e. organ=number of manuals, choral conducting=choir and voicing,
keyboard=page-turner, cantor=accompanist, etc.)

In order to take exams at a summer convention, this form must be received by May 1st of that year. Return completed form to:

**Dr. J. Michael McMahon
962 Wayne Ave., Suite 210
Silver Spring, MD 20910-4461**

National Association of Pastoral Musicians
962 Wayne Ave., Suite 210
Silver Spring, MD 20910-4461
Phone: (240) 247-3000 npmsing@npm.org

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