



## Application for Barbershop Harmony Society Director Certification

Instructions – PLEASE PRINT LEGIBLY or TYPE. Fill out this application and send to the Vice Chair of Director Certification: Dave Gelb, 210 Lafferty Drive/Vincennes, IN 47591/812-882-5131/[dgelbbbs@avenuebroadband.com](mailto:dgelbbbs@avenuebroadband.com)

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Member # \_\_\_\_\_ Chapter \_\_\_\_\_ District / Affiliate \_\_\_\_\_

Your status (circle one): Front line director   Associate/Assistant   Director in Waiting   Other

**Educational background (non barbershop):** (College(s), fields of study, degrees, dates, etc.)

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**Experience Barbershop Directing:** (name of chorus(es), years of experience, accomplishments, etc.)

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**Directing experience (non barbershop):** (type of ensemble, years of experience, accomplishments, etc.)

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**BHS Teaching Experience:** (schools taught, courses taught, location, dates, etc.)

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**Accomplishments (barbershop and non barbershop related):** (honors, awards, recognition, etc.)

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## Checklist for Barbershop Harmony Society Director Certification Certified Director

Use this checklist as a guide to track your progress towards becoming a **Certified Director**

Completed	Grandfathered	Class	Date Completed / Passed
<input type="checkbox"/>	<input type="checkbox"/>	Directing Techniques 1 – Class completion or proficiency equivalent	_____
<input type="checkbox"/>	<input type="checkbox"/>	Directing Techniques 2 – Class completion or proficiency equivalent	_____
<input type="checkbox"/>	<input type="checkbox"/>	Directing Techniques 2 – Video Proficiency	_____
<input type="checkbox"/>	<input type="checkbox"/>	Sound Management – Class completion or proficiency equivalent	_____
<input type="checkbox"/>	<input type="checkbox"/>	Making a Sound Difference – Class completion	_____
<input type="checkbox"/>	<input type="checkbox"/>	Making a Sound Difference – Proficiency Exam	_____
<input type="checkbox"/>	<input type="checkbox"/>	Theory 1 – Class completion or proficiency equivalent	_____
<input type="checkbox"/>	<input type="checkbox"/>	Theory 2 – Class completion or proficiency equivalent	_____
<input type="checkbox"/>	<input type="checkbox"/>	Theory 3 – Class completion or proficiency equivalent	_____
<input type="checkbox"/>	<input type="checkbox"/>	Theory 3 – Theory 3 Exam	_____
<input type="checkbox"/>	<input type="checkbox"/>	History of Barbershop – Class completion or Test passed	_____
<input type="checkbox"/>	<input type="checkbox"/>	You Be the Judge – Class completion or Test passed	_____
<input type="checkbox"/>	<input type="checkbox"/>	Leadership – Class completion	_____
<input type="checkbox"/>	<input type="checkbox"/>	Leadership – Written test	_____
<input type="checkbox"/>	<input type="checkbox"/>	How to Teach What You Know – Class completion	_____
<input type="checkbox"/>	<input type="checkbox"/>	How to Teach What You Know – Written test	_____
<input type="checkbox"/>	<input type="checkbox"/>	Vocal Techniques – Class completion	_____
<input type="checkbox"/>	<input type="checkbox"/>	Vocal Techniques – Audio proficiency	_____
<input type="checkbox"/>	<input type="checkbox"/>	CDWI Workshop – Workshop completion	_____
<input type="checkbox"/>	<input type="checkbox"/>	Names of CDWI trainers: _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Competition – Participation	_____
		Name of Chapter: _____	_____

**Notes (List any special considerations that the Certification panel should be aware of):** \_\_\_\_\_

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## Checklist for Barbershop Harmony Society Director Certification **Master Director**

Use this checklist as a guide to track your progress towards becoming a **Master Director**

Completed	Grandfathered	Class	Date Completed / Passed
<input type="checkbox"/>	<input type="checkbox"/>	Directing Techniques 3 – Class completion	_____
<input type="checkbox"/>	<input type="checkbox"/>	Directing Techniques – Video proficiency	_____
<input type="checkbox"/>	<input type="checkbox"/>	Choral Methods – Class completion	_____
<input type="checkbox"/>	<input type="checkbox"/>	Choral Methods – Video proficiency (should not be the same video as Directing Techniques)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Directors Arranging – Class completion	_____
<input type="checkbox"/>	<input type="checkbox"/>	Directors Arranging – Arrangement component	_____
<input type="checkbox"/>	<input type="checkbox"/>	Next Level Workshop – Workshop completion	_____
<input type="checkbox"/>	<input type="checkbox"/>	Name of Next Level Trainer: _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Teaching component: Name / Location / Subject matter taught _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Competition – Date competed	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Performance – Date chorus score reached at least 81	_____
		or	
		<input type="checkbox"/> Performance – Video submission reviewed by Board of Review	_____
<input type="checkbox"/>	<input type="checkbox"/>	Board of Review – Date reviewed	_____

**Notes (List any special considerations that the Certification panel should be aware of):** \_\_\_\_\_

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