



National Storytelling Network Accreditation For Non-Degree Storytelling Instruction

CONTACT INFORMATION

Full Name:		Date:		
Storyteller, Business, or Marketing Name:				
Preferred Address:				
City:		State/Province:		
Postal Code:		Country:		
Email Address:		Preferred Phone:		
Storytelling Program/Organization Website:				
Are you or your organization a current member of NSN?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

SECTION A STORYTELLING EXPERIENCE / EDUCATION

Provide labeled attachments if space is needed. For example, Attachment Section A, item 3.

1. List instructor's teaching and performing credentials, non-academic and/or academic.

2. List recent continuing education related to storytelling. Include workshops, books, and media sources.

3. State the program or organizational mission for teaching storytelling.

4. State the program or organizational teaching philosophy.

**SECTION B
REFERENCES**

Provide at least four (4) references: two (2) from established storytellers and two (2) from students. Attach reference letters that address storytelling skills as well as instructional skills.

Full Name:		Relationship:	
Email Address:		Phone:	
Full Name:		Relationship:	
Email Address:		Phone:	
Full Name:		Relationship:	
Email Address:		Phone:	
Full Name:		Relationship:	
Email Address:		Phone:	

Section D

LOGISTICS AND POLICIES

Label attachments, for example: *Attachment Section D, item #3.*

1. Attach samples of marketing materials used in the past 12 months.
2. Attach business policies including costs to students, refund policies, etc.
3. Attach a statement of the program/organizational policies involving ethics.
4. Other attachments for consideration are optional: video of class and/or student performances, written materials, podcasts, recordings, etc.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I hold the National Storytelling Network and the NSN Committee Reviewers harmless for any actions taken on my behalf.

If this application leads to Accreditation from the National Storytelling Network, I understand that false or misleading information in my application or interview may result in a change in the accreditation status.

Signature: _____ Date: _____

Submit your information with this application to:

National Storytelling Network
ATTN: Accreditation Committee
8900 N.E. Flintlock Road
Kansas City, MO 64157
<https://storynet.org>

Contact the Accreditation Committee Chair for questions and comments.

accreditation@storynet.org