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| **All fields are required to be filled in.** If a field does not apply to you, type in **N/A.**  **Application Must Be Typed or Clearly Printed in English.**  Certificates and website presence will not be issued until application is approved and payment is received. | | | | | | | |
| **SECTION 1 – TEACHER EDUCATION PROGRAM CONTACT INFORMATION** | | | | | | | |
| Today’s Date (month/dd/yy) | | | **\* Items that will appear on MIA website.** | | | | |
| Legal Name of Organization | | | | | | | |
| **\*** Name of Training Program (Type name exactly as it should appear on Certificate) | | | | | | | |
| **\*** Program Address | | | | | | **\*** City | |
| **\*** State/Province | | | **\*** Zip code | | | **\*** Country | |
| **\*** Name of Owner/Director | | **\*** Program Phone Number | | | | **\*** Program Website | |
| **\*** Program Facebook Page | | | | | | **\*** Program Email Address | |
| Date Program Established | If this application is for SATELLITE SITE, what is the Name of Main Site? | | | | | | |
| **SECTION 2 – PROGRAM DIRECTOR’S CONTACT INFORMATION AND PROGRAM SHIPPING ADDRESS**  This information will NOT appear on the MIA website but may be used by MIA for contact purposes. | | | | | | | |
| Program Director’s Name | | | | | | | |
| Program Director’s Email Address (if different from TEP email address) | | | | Director’s Business Phone No. | | | Director’s Cell Phone No. |
| Shipping Address of TEP (If different from above) | | | | | City | | |
| State/Province | | | Zip code | | | Country | |
| TEP’s representative for MIA voting purposes:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

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| **SECTION 3 – COURSE LEVEL INFORMATION** | | | | | |
| COURSE LEVEL(S) SEEKING **INITIAL** MIA CERTIFICATION | | PROGRAM DIRECTOR OR LEVEL COORDINATOR | | COURSE LEVEL(S) SEEKING  **RENEWAL** MIA CERTIFICATION | |
| New — Infant & Toddler  (Birth to 3 Years) | |  | | Renewal — Infant & Toddler  (Birth to 3 Years)  **Membership #** \_\_\_\_\_\_\_\_\_\_\_\_ | |
| New — Early Childhood  (3 to 6 Years) | |  | | Renewal — Early Childhood  (3 to 6 Years)  **Membership #** \_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Are your Course Levels MACTE Accredited?**  (Complete **ALL** that apply.) | | | | | |
|  | **YES, this level is MACTE accredited** | | **NO, but we are in process** | | **NO** |
| Infant & Toddler  (Birth to 3 Years) | Issue Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | We applied on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) | | **\_\_\_\_\_** |
| Early Childhood  (3 to 6 Years) | Issue Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | We applied on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) | | **\_\_\_\_\_** |

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| **SECTION 4 – ATTACHMENTS REQUIRED FOR EACH COURSE LEVEL Choose INITIAL OR RENEWAL** |
| **INITIAL CERTIFICATION** OF COURSE LEVEL (B-3 yr., 3-6 yr.) |
| **CHECK LIST** |
| Schedule of Trainings (MACTE version accepted)  Practicum Site List (one for each training course level)  Faculty Summary Form (one for each training course level - MACTE version accepted)  Copies of all Bachelor Degrees and Montessori Certificates for **Program Director, Level Coordinators, and all Course Instructors/Field Supervisor.**  **One-page** description of how your Course Level meets following principles:   1. Evidence of Candidate Learning - How your course level meets the needs of the Adult Learner (evaluate the Adult Learner, connect Adult Learner with practicum sites, future employment, etc.) to produce competent, caring, and qualified graduates 2. Evidence of Program Capacity - How your course level meets the program capacity (size of building, number of classrooms, ratio of Course Instructor to Adult Learners, supply of materials & technology, etc.), demonstrates sound management practices, and finds ways to improve 3. Evidence of Faculty Learning and Inquiry - How your course level maintains documentation on all administrative and instructional staff (resumes, copies of credentials, record of professional development, portfolios, evaluations, etc.)   Resource material can be found in *MIA Certification Standards & Procedures* (available upon request [info@mia-world.org](mailto:info@mia-world.org) ) and *MACTE Guide to Accreditation* (available in Document Library on website [www.macte.org](http://www.macte.org) ) |
| **RENEWAL CERTIFICATION** OF COURSE LEVEL (B-18 mo., 3-6 yr.) |
| **CHANGES HAVE OCCURRED** in Program Director, Level Coordinators, or any Course Instructors/Field Supervisor.  **Attachments Check List**  Faculty Summary Form (MACTE version accepted)  Copies of all Bachelor Degrees and Montessori Certificates for **new** Program Director, Level Coordinators, or any Course Instructors/Field Supervisor. **(Required)**  Practicum Site List  Schedule of Trainings (MACTE version accepted)  **NO CHANGES HAVE OCCURRED** in Director or any Course Instructors or Field Supervisors.  **Attachments Check List**  Practicum Site List  Schedule of Trainings (MACTE version accepted) |

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| **SECTION 5 – DIRECTOR’S AFFIRMATION** |
| **“As TEP Director, I affirm that:**   * All statements and information provided herein are true and accurate. * If I have supplied misspelled or inaccurate information on this application, it could cause the application to be deferred or cause information to be displayed incorrectly on the certificate and on the MIA website, due to no fault of MIA or its representatives. * Each of the Practicum Site(s) listed on the attached **Approved Practicum Site List** were visited and approved by an authorized representative of this TEP or an MIA approved On-Site Reviewer. * I understand that an MIA representative may periodically visit this Teacher Education Program for the purpose of verification, in accordance with MIA guidelines.” * I have read the MIA Certification Standards & Procedures and I understand that I will conduct all my trainings in accordance to MIA standards. * This TEP’s certification is for a period of one year from the date of certification and must be renewed yearly. A TEP certification includes MIA membership. * I understand that the Montessori Institute of America (MIA) name and logo are the property of MIA. The Montessori Institute of America (MIA) name and logo may not be used without MIA’s permission except for the purposes of advertising and promotion of the TEP’s trainings. * *I have read and signed the MIA Code of Ethics (copy appears as part of this application). I agree to conduct myself in accordance with the MIA Code of Ethics and I agree to encourage our educators and faculty to do so as well.*”   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Director’s Name (Print) Director’s Signature (month/dd/yy) |

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| * Application is considered complete when ALL requested information, attachments, supporting documentation, and payment have been received. * Payment information to be detailed on Summary Cover Page. * Certificate is shipped at the end of the reviewing month, after application is complete and has been declared approved. |

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| **SEND OR EMAIL APPLICATION TO:** | |
| **QUICKEST METHOD:** | **MAILING ADDRESS:** |
| Scan and Email Application to:  [CertificationReview@mia-world.org](mailto:CertificationReview@mia-world.org) | Montessori Institute of America  6107 SW Murray Blvd. #306  Beaverton, OR 97008 |

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| **SECTION 6 – MIA CODE OF ETHICS** |
| **Code of Ethics**   1. **Commitment to the Profession**   Those in the profession make efforts to raise professional standards and conditions, to encourage others in the profession, and to promote Montessori education to worthwhile individuals.  The Montessori educator shall strive to   * Build, or engage in, strong communities of like-minded groups through collaboration to provide a basis for positive change; * Represent their self with clarity and true intent and be responsible for all actions; * Treat others with respect, fairness and good faith, and provide conditions that safeguard others rights and welfare.  1. **Commitment to the Adult Learner**   In fulfillment of the obligation to the adult learner, the educator shall strive to • Encourage independent action on the part of the Adult Learner in the pursuit of learning;   * Protect the opportunity for Adult Learner participation in educational programs which reflect, and create, a diverse educational environment without discrimination in regard to bias of ethnicity, sex, creed, language or national origin; * Protect the right of the Adult Learner to learn in a safe and healthy learning environment * Maintain confidentiality of information secured in the course of their profession   **III. Commitment to the Community**  Those involved with Montessori education share in the responsibility for interpreting Montessori policy to the community, great and small, and in promoting positive change. In fulfilling these goals, the educator shall strive to   * Act responsibly toward the communities in which they teach in order to benefit the communities they are serving. * Build strong communities through collaboration to provide a basis for positive change. * Promote the social, economic, and educational empowerment of all individuals and communities to preserve fundamental principles and rights. * Represent MIA in a positive, professional manner with integrity and not misrepresent its policies, and shall strive to distinguish private views from official MIA policy. |
| ***I have read and I agree to conduct myself in accordance with the MIA Code of Ethics and I agree to encourage our educators and faculty to do so as well.*”**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Director’s Name (Print) Director’s Signature (month/dd/yy) |