Application Must Be Typed or Neatly Printed in English.

Graduation Fee $150 — Fee includes Certificate Processing/Shipping and 1 Year MIA Membership.

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| **SECTION 1 – APPLICANT’S CONTACT INFORMATION (for Membership Services)** | | | | | | | |
| Applicant’s Name (Type name exactly as it should appear on Certificate) | | | | | | | Today’s Date (month/dd/yy) |
| Applicant’s Street Address | | | | City | | | |
| State/Province | | Zip / Postal code | | | Country | | |
| Applicant’s Phone Number(s) | | Applicant’s Email Address | | | | | |
| **SECTION 2 – TRAINING INFORMATION FOR CERTIFICATION** | | | | | | | |
| Name of MIA Teacher Education Program | | | | | | | |
| **Course Specifics** | | | | | | | |
| What was the Course Level?  Infant & Toddler (B-3 yr.)  Early Childhood (2 ½-6 yr.)  Elementary (6-12 yr.)  **Is this Course Level MACTE Accredited?**   Yes  No | | | | | | | |
| Class Start Date (month/dd/yy) | Class End Date (month/dd/yy) | | | | | Completed Hours | |
| Name of MIA Certified Practicum Site School | | | Date School Certified | | | | |
| Practicum Start Date (month/dd/yy) | Practicum End Date (month/dd/yy) | | | | | Completed Hours | |

CONTINUE TO NEXT PAGE FOR FIELD SUPERVISION RECORDS & TEP RECOMMENDATIONS

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| **SECTION 3 – FIELD SUPERVISION RECORD** | | |
| **Was applicant’s practicum Self-Directed?  Yes  No**  **Self-directed Practicum** requires **a total of** **six (6) signatures** by a field supervisor: three (3) on-site supervisory visits and three (3) additional supportive contacts (phone, Skype, etc.)  **Teacher Supervised Practicum** requires a minimum **three (3) signatures for visits** by a field supervisor. | | |
| Date (month/dd/yy) | Field Supervisor’s Name (Print) | Field Supervisor’s Signature |
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| **SECTION 4 – AFFIRMATIONS AND RECOMMENDATIONS** | | |
| **TEP Program Director and Field Supervisor Recommendations and Affirmations:** | | |
| “***We recommend for MIA Certification based on the following affirmation***  ***(applicant’s name as it is to appear on the certificate)***  ***and certify that the information in this application pertaining to Teacher Education Program and Field Supervisions is correct.*”**  ***“We affirm that this Adult Learner has successfully completed all assignments for the Academic Phase and Practicum Phase including, but not limited to: written assignments, albums, and observations and has attained the necessary level of proficiency for Certification.”***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Program Director’s Name (Print) Signature of Program Director Date (month/dd/yy)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Field Supervisor’s Name (Print) Signature of Field Supervisor Date (month/dd/yy) | | |
| **Applicant’s Confirmation** | | |
| ***“I understand that if I have supplied misspelled information, or provided inaccurate information, on this application, it could cause my application to be deferred or cause my name to be displayed incorrectly on my certificate. I understand that if my certificate is incorrect for any of these reasons, and I wish to have it corrected, I will need to submit a Certificate Replacement Form and Fee (includes shipping).”***  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Applicant’s Signature Date (month/dd/yy) | | |

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| **SECTION 5 – PAYMENT METHOD** | | | | |
| *Applications will not be processed until payment is received.*  *Payable in U.S. dollars and drawn on a U.S. bank only. Payment arrangement must be specified on application.* | | | | |
| **Check one:**  This form and payment are being submitted by the **Teacher Education Program (TEP)** and they have included a **Summary Cover Page**.  This form is being submitted individually with **payment of $150.00** | | | | |
|  | Person making payment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Check #\_\_\_\_\_\_\_\_\_\_  Money Order  PayPal  Online Payment  Credit Card | | | |
|  | Name on Credit Card | Credit Card Number | Exp. | CSC |
|  | *By providing your credit card information, you are authorizing MIA to charge your account the amount indicated above.*  If other form of payment is needed CONTACT MIA National Office [admin@mia-world.org](mailto:admin@mia-world.org) | | | |

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| **SECTION 6 –CERTIFICATE SHIPPING INFORMATION** | | | | |
| ***Teacher Certificates are shipped to TEP Director. Delivery to the teacher is the responsibility of the TEP Director.*** | | | | |
| Name of Teacher Education Program: | | Program Director Name | | |
| TEP Shipping Address | | | City | |
| State/Province | Zip code | | | Country |
| TEP Phone Number | TEP Email Address | | | |
| ***International Delivery Only*** *Delivery Carrier Preference  FedEx  UPS* | | | | |

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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 |