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 |

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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 | Montessori Institute of America6107 SW Murray Blvd. #306Beaverton, OR 97008 |