



# MONTESSORI INSTITUTE OF AMERICA

## Substantive Change Application Cover Sheet

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**

Today's Date (month/dd/yy)	Effective Date (month/dd/yy) of Change
<b>SECTION 1 - TEP INFORMATION</b>	
Legal Name of Organization	Program Website (Website must be translated in English)
Program Name (if different than above)	Program Facebook Page
Program Physical Address	Program Email Address
City	State / Province
Zip Code	Country
Program Shipping Address (if different than above)	
City	State / Province
Zip Code	Country
Name of Owner / Director	Date (month/dd/yy) Program Established
<b>SECTION 2 - COURSE LEVEL SEEKING CHANGE</b>	
<input type="checkbox"/> Infant-Toddler (B-3) <input type="checkbox"/> Early Childhood (3-6)	

CONTINUE TO NEXT PAGE

## Substantive Change Summary Cover Page

SECTION 3 - EXPLANATION OF CHANGE(S)	
<input type="checkbox"/> Change in legal name <input type="checkbox"/> Ownership <input type="checkbox"/> Change in Staff or Director	
<input type="checkbox"/> Relocation of Training Site <input type="checkbox"/> Addition of a Training Site	
Reason for Change(s)	
SECTION 4 - DIRECTOR'S AFFIRMATION	
"I affirm that this application for Substantive Change is a true and complete description of the change(s)."	
Program Director's Name (Print)	Program Director's Signature
TEP Owner/Director's Name	Signature Date (month/dd/yy)

### SEND OR EMAIL APPLICATION TO:

QUICKEST METHOD:

Scan and Email Application to:

[Certification.Review@mia-world.org](mailto:Certification.Review@mia-world.org)

MAILING ADDRESS:

Montessori Institute of America  
6107 SW Murray Blvd. #306  
Beaverton, OR 97008