



MONTESSORI INSTITUTE OF AMERICA

REQUEST FOR REPLACEMENT OF MIA CERTIFICATE

Instructions: All fields are required to be filled in. If a field does not apply to you, type in N/A. Any additional explanation can be stated in "Information known about certificate"

Note: This form is to be used to request a replacement of **one (1) MIA certificate.**

Application Must Be Typed, or Neatly Printed, in English.

SECTION 1 - INFORMATION REGARDING CERTIFICATE

Today's Date (month/dd/yy) Name of Person applying for replacement certificate:

Name on certificate: (as it appeared on the original certificate)

Reason to reissue of certificate:

Information known about certificate

SECTION 2- TYPE OF CERTIFICATE

Teacher Certificate Age Level Name of Training Program

Name of Program Director

Address of Training Center: (Certificate will be shipped for Program Director's signature.)

City Province/State Zip/Postal Code Country

TEP (training program) Age Level Name of Training Program

Name of Program Director

Address of Training Center:

City Province/State Zip/Postal Code Country

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|--|--|--|---------|
| <input type="checkbox"/> <u>Practicum Site</u> | Age Level | Name of Training Program | |
| Name of Program Director | | | |
| Address of Training Center: | | | |
| City | Province/State | Zip/Postal Code | Country |
| SECTION 3 - AFFIRMATIONS | | | |
| "As the person requesting the replacement certificate, I affirm that: | | | |
| <ul style="list-style-type: none"> • the information provided in this application is true and accurate. • if the information regarding a Teacher certificate cannot be verified, additional information may be requested." | | | |
| Name (Print) | Signature | Date (month/dd/yy) | |
| SECTION 4 - PAYMENT INFORMATION | | | |
| Payable in US dollars and drawn on a U.S. bank only. | | | |
| This form, for one (1) replacement certificate, is being submitted individually with payment of \$75.00 . | | | |
| Person making payment: | | | |
| <input type="checkbox"/> Check # _____ | <input type="checkbox"/> PayPal / Stripe | <input type="checkbox"/> MIA Website Payment | |
| <input type="checkbox"/> 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 in the application. | | | |
| SHIPPING METHOD: International Delivery Only Delivery Carrier Preference <input type="checkbox"/> FedEx <input type="checkbox"/> UPS | | | |

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| SEND OR EMAIL APPLICATION TO: | |
| QUICKEST METHOD: | MAILING ADDRESS: |
| Scan and Email Application to: | Montessori Institute of America |
| admin@mia-world.org | 6107 SW Murray Blvd. #306 |
| Subject Line: Replacement Certificate | Beaverton, OR 97008 |