



# APPLICATION FOR TEACHER CERTIFICATION

Application Must Be Typed or Neatly Printed in English.

Graduation Fee \$150 (Fee includes Certificate Processing/Shipping and 1 Year MIA Membership)

SECTION 1 – APPLICANT’S CONTACT INFORMATION (for Membership Services)			
Applicant’s Name (Type name exactly as it should appear on Certificate)			Current Date
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			
<b>Course Specifics</b> What was the Course Level? <input type="checkbox"/> Infant & Toddler (B-3) <input type="checkbox"/> Elementary I (6-9) <input type="checkbox"/> Early Childhood (2 ½-6) <input type="checkbox"/> Elementary II (9 - 12)			
Is this Course Level MACTE Accredited? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Class Start Date	Class End Date	Completed Hours	
Name of MIA Certified Practicum Site School			Date School Certified
Practicum Start Date	Practicum End Date	Completed Hours	
<b>MIA Field Supervision Record</b> Teacher Supervised Practicum requires a minimum <b>two (2) visits</b> by a field supervisor. Self-directed Practicum requires a minimum <b>three (3) visits</b> by a field supervisor. <b>Was applicant’s practicum Self-Directed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date	Field Supervisor’s Name (Print)		Field Supervisor’s Signature
	1.		
	2.		
	3.		
	4.		
	5.		

CONTINUE TO NEXT PAGE FOR TEACHER EDUCATION PROGRAM RECOMMENDATIONS



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### SECTION 5 – CERTIFICATE SHIPPING INFORMATION

*This section is for individual certificate shipping only.*

*Teacher Education Programs may include shipping information on Summary of Submissions Form*

***Teacher Certificates are shipped to TEP Director. Delivery to the teacher is the responsibility of the TEP Director.***

Name of Teacher Education Program:		TEP Director Name
Street Address		City
State/Province	Zip code	Country
Phone Number	Email Address	

***International Delivery Only*** Delivery Carrier Preference  FedEx  UPS

#### SEND OR EMAIL APPLICATION TO:

##### QUICKEST METHOD:

Scan and Email Application to:

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

##### MAILING ADDRESS:

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

#### FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Review Period Received		Pmt. Received.	
Approved Date		Approved By:	
<b>MIA MEMBER NO.</b>		<b>MIA CERTIFICATE NO.</b>	