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|  | **APPLICATION*****Montessori Early Childhood Certification Program*** |

Application Information

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| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Cell Phone: |  | Work Phone: |  |

|  |  |
| --- | --- |
| Email Address: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you at least 18 years of age? | YES[ ]  | NO[ ]  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Are you a citizen of the United States? | YES[ ]  | NO[ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

##  Education

|  |  |  |  |
| --- | --- | --- | --- |
| High/Home School\*: |  | Graduation date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| College/University: |  | Years attended: |  1 2 3 4 5+ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Did you graduate? | YES[ ]  | NO[ ]  | Graduation date: (Month/Year) |  | Degree **and** Major: |  |

|  |  |  |
| --- | --- | --- |
| Is your degree from another country other than the United States? | YES\*[ ]  | NO[ ]  |

**\*If yes**, to obtain a credential from AMS you **must submit an equivalency evaluation of your degree** at the time of your credential recommendation.

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| --- | --- | --- |
| Have you received State Teacher Certification? | YES[ ]  | NO[ ]  |

|  |  |
| --- | --- |
| Montessori Workshops/Seminars |  |

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**\*Home schooled applicant:** In order for an AMS Associate credential to be issued, AMS must be able to **verify that the adult learner graduated from a school with recognized accreditation, or received a GED**.

## Employment

**Please list the last three places of employment beginning with the most recent employer first.**

Name of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Reference forms will be sent to you after we process your application.

## Please do not submit any references with this application.

##  Three letters of reference are required for acceptance in the program.

##

How did you learn about our program?

[ ]  Internet/ADMTEI Website/Facebook \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Referred by a friend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Referred by a school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  American Montessori Society (AMS)

[ ]  Flyer/Brochure (Where?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Previous Lecture/Seminar (Where/When?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## An Application Fee of $100 must accompany this application.

The application fee may be paid by check/money order to ADMTEI,

 PayPal on the application page of [www.admtei.org](http://www.admtei.org) or credit card (please call the office).

**The application fee is non-refundable**.

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to enrollment, I understand that false or misleading information in my application may result in my release.

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |