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| logo with border  AMS AFFILIATION APPLICATION  (Initial, Renewal, MIE)  Program Contact Information  (Submit separate application for each course level)  *Form revised February 2021* |

*This form was designed to be completed in WORD using font size 10. Place your cursor at the beginning of the gray box to begin typing; click on the box to enter an X. The shading will disappear in the printing process.*

Type of Application:  Initial Affiliation  Renewal of Affiliation

Type of Program (check all that apply):  College or University  Free-Standing  Held in a School

Teaching Site: Holds part of classes at a teaching site (2018 Handbook p. 145)  Yes  No

Length of course (i.e., 12, 18, 24, 36 month, including academic and practicum phase)

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| **PROGRAM CONTACT INFORMATION** | | | | | | |
| Legal name of Institution/Program | | | | | | AMS program membership # |
| Name of Program if different from above | | | Director | | | |
| Co-Director (If applicable) | | | Level Coordinator (If applicable) | | | |
| Phone | | Fax | | Cell | | |
| Email | | | Website | | | |
| Contact person if different from above | | | Email | | | |
| Mailing Address : Street City State Zip Country | | | | | | |
| Office Address if different from above: Street City State Zip Country | | | | | | |
| Physical location(s) seeking AMS Affiliation:  If held in a school, the school must be an AMS member. Is the school currently and AMS member? YES NO   * If yes, provide school AMS Member #:   List full address (including school name, and address of teaching site, if applicable): | | | | | | |
| Physical location(s) presently affiliated – List all that apply with name and address, including school name info, if applicable | | | | | | |
| Primary language of adult learners | | | Primary language of Instruction | | | |
| Date of AMS Affiliation Handbook used: | (For Renewal ONLY) Expiration Date of Current Affiliation : | | | | Date of MACTE Guide used: | |

Level seeking affiliation or renewal of affiliation with AMS (check one – a separate application is required for each course level):  Infant & Toddler  Early Childhood

Elementary I  Elementary I-II  Elementary II  Secondary I  Secondary I-II

Administrator  Montessori Inclusion Endorsement

Level(s) presently affiliated with AMS (check all that apply):  None  Infant & Toddler

Early Childhood  Elementary I  Elementary I-II  Elementary II  Secondary I

Secondary I-II  Administrator  Montessori Inclusion Endorsement

**DIRECTOR STATEMENT:** I attest that the teacher education program meets the basic eligibility requirements for AMS Affiliation. All information in this application is a true and accurate. All supporting documentation has been or will be included in AMS Appendix B of the MACTE Self-Study.

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| Director’s signature | Date submitted |

**Submit this form with the appropriate initial application or renewal application fee to** [**affiliation@amshq.org**](mailto:affiliation@amshq.org) **with a copy to** [**melina@amshq.org**](mailto:melina@amshq.org)

*For all affiliation submissions, after two reviews by the AMS office and two reviews by the TEAC readers, programs may need to wait twelve months before submitting new application(s), documentation and new fees.  In the interim, AMS-affiliated programs will no longer be affiliated by AMS, unless they have been granted a good cause extension by AMS and MACTE (when applicable).*