

DIRECTOR OF MONTESSORI TEACHER EDUCATION PROGRAM

Name: _____

Home Address: _____

City, State, Zip: _____

Phone _____ Fax _____

Email _____

1. **EDUCATION.** College and above: list all degrees, institution, and the date of conference. Montessori: list all certifications, site of training, and date of certification.

2. **EXPERIENCE IN MONTESSORI TEACHING.** List schools, dates of employment, and whether full or part time.

3. **PROGRAM INFORMATION.**

Applying for:

Infant & Toddler Early Childhood Elementary I (6-9) Elementary II (9-12)

Elementary II (6-12) Adolescent Administration

Date to begin: _____

Duration and proposed dates: _____

Total hours of instruction: _____ evening _____ daytime

College credits: _____ (number) available from _____ (institution)

PLEASE SUBMIT A COPY OF TOTAL CURRICULUM TO BE USED. WRITTEN ACADEMIC ASSIGNMENTS AND LECTURES SHOULD BE INCLUDED.

4. **INSTRUCTORS.**

Philosophy: _____

Practical Life: _____

Sensorial: _____

Language: _____

Cultural Subjects: _____

Math: _____

Please attach resume or vitae for each instructor *of the subject(s) that pertain to your program level*, with copies of degrees and Montessori certificates.

5. **LOCATION OF TRAINING.**

Name of training location: _____

Address: _____

Date Internship School Status Granted by MEPI: _____

6. **ANNUAL FEE.**

Annual payment of \$100.00 per program level should be submitted to the MEPI Business Office at PO Box 2199, Gray GA 31032. Phone/Fax 478-986-2768. Email mepi@alltel.net.

Credit Card Payment Information

(Circle one) Mastercard Visa AMEX

Credit Card Number _____ Expiration date of card _____

Name as it appears on card _____ Signature _____

Submit MEPI student fees along with this form to the MEPI Business Office at PO Box 2199, Gray GA 31032.