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| **MONTESSORI ACCREDITATION COUNCIL FOR TEACHER EDUCATION**  **APPLICATION FOR ACCREDITATION**  Initial Application  Renewal Application | | | | | |
| **Program Contact Information** | | | | | |
| Legal Name of Institution/Program:  Name of Program (if different):  Name of Program in Additional Language(s) (if applicable):  Permanent Address\*:  Mailing Address (if different from permanent address):  Program Phone:  Website Address:  Public Email: | | | | | |
| \*The program's permanent address will be used by MACTE on official correspondence ([click here to preview an example of the permanent address placement](https://www.macte.org/wp-content/uploads/2020/09/Example-of-Use-of-Permanent-Address.pdf)). The program is required to choose a single address to be considered its permanent address. The permanent address can be different from the address(es) where the program's instruction occurs (ex. primary location, branch campus or additional location). | | | | | |
| **Program Director(s)**  Name:  Email Address:  Telephone: | **Additional Contact #1:**  Name:  Title:  Email Address:  Telephone: | | | | **Additional Contact #2:**  Name:  Title:  Email Address:  Telephone: |
| **Level(s) Information** | | | | | |
| **Course Level(s) seeking Accreditation:**  Infant Toddler  Early Childhood  Elementary I  Elementary I-II  Elementary II  Secondary I  Secondary I-II  Administrator | | | | | |
| **Course Levels(s) already Accredited:**  Infant Toddler  Early Childhood  Elementary I  Elementary I-II  Elementary II  Secondary I  Secondary I-II  Administrator | | | | | |
| **Online Education Utilization** | | | | | |
| Does the program offer over 10% of a level's academic hours via online education?  Yes  No  **If Yes**, select the expected percentage of total academic hours that will be offered online.  10-50% Online  More than 50% Online (**Note:** MACTE does not accredit 100% online programs.) | | | | | |
| **Program Location(s) of Academic Instruction** | | | | | |
| **Primary Location of Academic Instruction** *(This is the location that will be included in Sections 1-4 of a level's Self-Study and where the initial/renewal on-site visit will occur.)* | | | | | |
| Same as Permanent Address  If different, complete the table below.   |  |  | | --- | --- | | **Level(s)** | **Address** | |  |  | | | | | | |
| **Additional Location Information** | | | | | |
| Does the program offer instruction to cohorts at other locations?  Yes  No  **If Yes,** complete the table below. For each location that is not yet accredited, also include the corresponding Substantive Change 8 Application(s) and fee(s) when submitting this *MACTE Accreditation Application*. If the location is already accredited, a renewal of additional location fee is owed per location.   |  |  |  | | --- | --- | --- | | **Level(s)** | **Address** | **Site Coordinator Information** (Name, Email, Phone) | |  |  |  |   **Note:** If the program’s location structure does not have a primary location (except as needed when completing the *Self-Study)*, please contact the MACTE office to discuss the option for our records and website to not list locations as 'primary' or 'additional.' | | | | | |
| **Teaching Site Information** | | | | | |
| A teaching site is an **auxiliary location** of a program’s primary or additional location that the program uses for a portion of a cohort’s in-person instruction (ex. using another location for the science portion of the academic instruction). Use of a teaching site allows the program to meet the needs of different course components during the ***same*** course cycle, but it is ***not*** the only location an adult learner attends for their in-person instruction.  Does the program offer 10% or more of a location's academic hours at a Teaching Site?  Yes  No  **If Yes,** complete the table below.   |  |  |  |  | | --- | --- | --- | --- | | **Address of Teaching Site** | **Level(s)** | **# of Academic Hours at Site** | **Address of Related Location** | |  |  |  |  | | | | | | |
| **Substantive Changes (Renewal applications only)** | | | | | |
| If this renewal application is submitted 18 months or fewer before a level's renewal or good cause extension date, Substantive Changes 1-6 can be incorporated into the renewal *Self-Study* at no additional cost. If submitting this application earlier than 18 months before the renewal or good cause extension date, please reach out to the MACTE accreditation team to discuss whether a separate substantive change submission will be required.  Will there be substantive changes in your renewal *Self-Study*?  Yes  No | | | | | |
| **If Yes, Substantive Change(s):**  List the level(s) and select the substantive change(s) below and **include the corresponding substantive change application(s)** when submitting this *MACTE Accreditation Application*. **Note:** Substantive Changes 7 and 8 require a separate substantive change submission outside of the renewal *Self-Study*. | | | | | |
| Level(s) with changes: | | | | | |
| 1: Change in Name  2: Change in Mission or Objectives  3: Change in Director and/or >50% of Faculty  4: Change in Time Structure  5A: Revision of Syllabus | | | | 5B: Addition of Online Education  5C: Addition of Age Range *(adding EL I-II to an EL I level or SEC I-II to an SEC I level)*  5D: Addition of Delivery Method  6: Change in Ownership | |
| **Affiliation Information** | | | | | |
| Each Montessori teacher education program is required to initiate the affiliation process with one of MACTE’s recognized organizations (MRO) or group of independent programs prior to submission of the *MACTE Accreditation Application* to the MACTE office. MACTE aids programs in the development of the *Self-Study* but does not offer assistance in starting a teacher education program. MROs can guide programs in the initial development stages prior to MACTE accreditation. It is important to have the foundation of the teacher education program established in the following areas before seeking accreditation: curriculum, faculty, course syllabi, and a training location.  The program is applying for affiliation with:  Member number and expiration date, if applicable:  If the program director of this program is also the director of another Montessori educator preparation program(s), please provide name(s) and affiliation:  Program(s):  Affiliation: | | | | | |
| **Target On-Site Visit (Month/Year)**  This date must be at least nine months after the expected first *Self-Study* submission date. For further on-site visit requirements, refer to the MACTE Guide to Accreditation.  **IMPORTANT**: MACTE does not guarantee that the program’s on-site visit will occur on this date, it is intended only to assist the MACTE office in anticipating future on-site visits. | | | | | |
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| **Program Administration Information** | | | | | |
| **Type of Program (select each that applies):** | | | | | |
| College/University **OR**  Free-Standing Institution | | Public **OR**  Private | | | Non-Profit **OR**  For Profit |
| If part of an accredited college or university program:  Program & Department:  Title IV  If Free-Standing Institution:  Within a single purpose Montessori teacher education program  As a separate enterprise within a multi-purpose education organization  Describe the other enterprise below: | | If public:  Name of affiliated institution:    If Private:  Name of registered ownership: | | | |
| If operating in the U.S., state of registration and date registered: | | | | | |
| **Accreditation History** | | | | | |
| Within the last two years, have any of the program’s accreditations been denied or revoked?  Yes  No  If **Yes**, please name the accrediting agency, reason of denial or revocation, and date of denial or revocation: | | | | | |
| **Program Director’s Statement** | | | | | |
| **Our program meets the basic eligibility requirements stated in the MACTE Guide to Accreditation and all information contained in this *MACTE Accreditation Application* is true and accurate.**  **By Submitting this application, we attest that:**   1. the Montessori teacher education program offers post-secondary instruction designed to: 2. develop expertise in the educational system designed by Dr. Maria Montessori, including its philosophies, teacher roles, and design of curricula and environment 3. assure basic knowledge of child development 4. lead to certification in Montessori teaching with a specified child age range within the period from birth through age 18 5. the program affirms and complies with MACTE’s Quality Principles and Criteria 6. the program is affiliated with an organization, consortium, or group of independent programs recognized by MACTE for administration of its accreditation process.   **For Initial Programs**  **The program understands that:**   1. the submission of this application and application fee is valid for two years. If the *Self-Study* is not submitted in the portal within two years of being granted portal access, resubmission of the application and application fee is required 2. if the program receives accreditation, all enrolled adult learners at the time accreditation is received must be registered with MACTE 3. NOTE: If an adult learner graduates **before** accreditation is received, their credential will not be considered from a MACTE accredited program and they will not be eligible to be registered with MACTE.   **For Renewal Programs**  **The program understands that:**   1. this application and application fee are valid for the length of the renewal process 2. the deadline to submit the renewal level’s *Self-Study* is six months before the renewal date. Failure to submit by this date may result in a $500 late submission fee. Refer to Section G.2 in MACTE’s Guide to Accreditation for additional information on the renewal timeline 3. a good cause extension must be requested at least six months before the renewal date.   Email this application to [accreditation@macte.org](mailto:accreditation@macte.org). (Date Electronically Submitted      /     /     ) | | | | | |
| Program Director Name    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature/Date      Electronic Signature/Date (type name above) | | | Chief Executive Name    Title    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature/Date    Electronic Signature/Date (type name above) | | |