|  |
| --- |
| logo with borderAMS Credential Services Form  Credential Upgrades  Form Updated May 2022 |

*This form was designed to be completed in Microsoft WORD. Click on the gray box to begin typing.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CONTACT INFORMATION** | | | | | | |
| Name | | | | AMS Member Number | Current Member?  Yes  No | Date |
| Street Address | | Apt. | | City | State/Province | ZIP/Postal Code |
| Country | Phone number | | Phone type  Home  Work  Cell | | Email Address | |

*Return to AMS via e-mail to* [*credentials@amshq.org*](mailto:credentials@amshq.org)*.*

*AMS does not accept physical documents of any kind.*

|  |
| --- |
| **DOCUMENT(S) REQUESTED** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Credential Upgrades (AMS only): $85** (must be current AMS member); includes new certificate  **From Associate Credential to Full Credential (Infant & Toddler, Early Childhood only)**  ***Must enclose official original college transcript showing degree awarded*** | | | | |
| **ORIGINAL CERTIFICATE INFORMATION** | | | | |
| **COURSE LEVEL** (check all that apply) | **NAME OF TEACHER EDUCATION PROGRAM** | | **DATE** | **AMS/NCME** |
| **Infant & Toddler** *(Birth – 3)* |  | |  |  |
| **Early Childhood** *(2½ – 6)* |  | |  |  |
| **Elementary** *(6 – 9, 6 – 12, or 9 – 12)* |  | |  |  |
| **Secondary** *(12 – 15 or 12 – 18)* |  | |  |  |
| **Administrator** |  | |  |  |
| **Your name as it appeared on your original credential certificate:** | | **Your name for new certificate:** (**Upgrades only**) | | |
| Once AMS staff have had a chance to review the request you’ve submitted, you will be invoiced via our website, [www.amshq.org](http://www.amshq.org), at which point you may complete payment. **All open invoices must be paid within 4 weeks otherwise you must redo the process.**  AMS does not accept checks. | | | | |