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| logo with borderAMS Credential Services Form  For Replacement Credentials, Credential Upgrades, Transcripts, and Verification Letters |

*This form was designed to be completed in Microsoft WORD. Click on the gray box to begin typing. Return to AMS via e-mail or fax.*

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

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| **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 | | | |
| **DOCUMENT(S) REQUESTED** *Please indicate all that apply* | | | | | | | | | | | |
| **Credential Replacement (AMS/NCME only): $40** for current AMS members; **$80** for non-members. Per document.  Replacement Certificate | | | | | | | | | | | |
| **Transcripts & Verification (AMS/NCME only): $45** for current AMS members; **$85** for non-members. Per document.  Transcript (not possible for every credential)  Verification of credential letter for employment or state agency **(describe purpose below)**  OtherLetters: Letters in support of AMS/NCME credentials for other purposes **(describe purpose below)**  **Describe purpose or attach additional information**: | | | | | | | | | | | |
| **Credential Upgrades (AMS only): $75** (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**) | | | | |
| **DELIVERY INFORMATION** | | | | | | | | | | | |
| **Send to a third party address** (transcripts & letters only) – please provide an e-mail address below | | | | | | | | | | | |
| Recipient Name | | Organization (optional) | | | | | | E-mail address | | | |
| **PAYMENT INFORMATION** | | | | | | | | | | | |
| 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 via your AMS account.  AMS does not accept checks. | | | | | | | | | | | |