Please sign, scan, and return if you do not have Bachelor’s Degree:

**Admission for Early Childhood Candidate who does not have a Bachelor’s degree.**

AMS grants the AMS Associate Early Childhood Credential when the course graduate has a high school diploma or GED, but not a Bachelor’s degree. Country, state and local employment requirements vary widely and change periodically. In addition, employment requirements vary ain different types of schools (e.g. private, public/charter, faith-based, publicly-funded). In some locations or schools, an Associate credential may not qualify for full teaching responsibility.

Even if it is currently possible to qualify for a full teaching responsibility without a Bachelor’s degree, employment regulations may change in the future. The applicant is responsible for checking specific jurisdictions and schools for particular employment requirements.

Applicants for this AMS Early Childhood course who do not have a U. S. Bachelor’s degree from a regionally accredited U. S. college/university or its equivalent are required to sign a statement verifying that they have received the above information before they are considered for acceptance into this course.

AMS strongly encourages holders of the Associate Credential to obtain a Bachelor’s degree within 7 years of credentialing. AMS hopes you consider your credential as the beginning of your journey of lifelong learning.

I have read and understand my responsibility as an applicant for the Early Childhood course level of this teacher education program.

Applicant name (print) ­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program director Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_