

CREDIT CARD SERVICE REQUEST FORM

If you wish to use your credit card for method of payment, this form must be completed and accompany your request.

Name: _____ Phone: _____ Date: _____

Address: _____

PROFESSIONAL CERTIFICATION UNIT & STUDENT RECORDS			
TYPE OF SERVICE	FEE AMOUNT	QUANTITY	TOTAL
Statement of Standing (required if applying for certification in another province. May also be required if applying for certification out of the country.	30.00		
Verification of Experience in Manitoba	25.00		
Normal School Marks	20.00		
Duplicate Certificate	25.00		
Level I/II Administrator certificate	60.00		
Special Education Certificate	60.00		
Clinician Certification	60.00		
Reclassification	30.00		
Teacher Exchange Processing Fee	50.00		
TOTAL			

Method of Payment

Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>
Credit Card Number	Expiry Date
Cardholder Name	Signature