

CERTIFICATION OF SCHOOL CLINICIANS IN MANITOBA

Six types of school clinician certificates exist in Manitoba:

Reading	Psychologist
Speech and Hearing	Physiotherapist
Social Work	Occupational Therapist

Details on how to apply for certification begin on page 3.

Citizenship Requirements

You must be a Canadian Citizen or a permanent resident as defined in the Immigration Act (Canada) or have a valid work visa.

Provisional Certification

Clinicians certified in Manitoba for the first time are issued provisional certificates, valid for three years. A School Clinician Certificate may be extended on the recommendation of a school superintendent.

Basic Qualifications for Provisional Certification

The following is a list of the basic qualifications required for each certificate. For a more specific list of courses/areas required, please obtain the guidelines from the Professional Certification Office.

- | | |
|------------------------------|--|
| Psychologist: | an approved Master's degree in School Psychology, or an equivalent area |
| Reading: | an approved Master of Education degree which includes the appropriate work in clinical reading and related areas; and

Two years of successful classroom teaching experience in which reading instruction has been an important responsibility or the equivalent clinical or remedial reading experience, or both. |
| Speech & Hearing: | the academic qualification needed to meet the licensing requirements of the Manitoba Speech & Hearing Association |
| Social Worker: | an approved Bachelor of Social work degree. |

Physiotherapist: an approved Bachelor of Physiotherapy degree; and the academic qualification needed to meet the licensing requirements of the Manitoba Association of Physiotherapists.

Occupational Therapist: an approved Bachelor of Occupational Therapy degree and the academic qualification needed to meet the licensing requirements of the Manitoba Association of Occupational Therapists.

Permanent Certification

In order to be eligible for a Permanent School Clinician Certificate (Psychologist, Reading, Speech & Hearing, Social Worker, Physiotherapist and Occupational Therapist), all of the following requirements must be met:

- a) two years of clinical experience in a Manitoba school or school related activity while holding a Provisional School Clinician Certificate; and
- b) the completion of the internship program at the University of Manitoba; and
- c) the recommendation of a supervising clinician and a school superintendent that the certificate be granted.

Classification for Salaries

There are seven basic classifications for salary purposes in Manitoba. The Professional Certification Unit assigns your classification when you are certified in Manitoba.

Broadly speaking, each classification represents an additional year of university education in degree programs beyond the Manitoba Senior 4 (Grade 12) level or its equivalent. Each classification has a minimum and maximum salary with the maximum being gained after a number of years of service. Salaries are negotiated between teachers and employers.

Application Procedure

To evaluate your request for a clinician certificate please read and follow the instructions given:

1. Complete and sign all required areas applicable on all forms included in the clinician application package. Mail the completed forms to the Professional Certification Unit.

Application procedure continued...

2. Official transcripts sent directly from a recognized university or universities showing all course work completed at both the graduate and undergraduate levels and degrees obtained. Applicants from the United States holding bachelor's degrees only are required to have an overall 2.5 grade point average in any degree program leading to certification.
3. An appraisal and certification fee of \$60.00. (Payment can be made by cheque or money order payable to the Minister of Finance or by credit card by filling out the Credit Card Service request form enclosed in the application package.)
Note: All cheques made payable to the Minister of Finance that are dishonoured by the payer's financial institution will be assessed a chargeback fee of \$20.00.
4. Speech & Hearing, Occupational Therapists or Physiotherapists must present evidence of registration with their association.
5. Provide a photocopy of proof of Canadian citizenship, such as a Canadian birth certificate or passport, or Canadian citizenship certificate or card; OR a photocopy of proof of permanent resident status as defined in the Immigration Act (Canada) or a valid work visa.
6. A confidential report from your last employer or, if no employment experience has been gained, a report from the person who supervised clinical studies in a degree program.
7. Provide verification of clinician experience gained as a clinician showing commencement and termination dates of employment. This form is to be signed by your former employer and must show days worked. (A form is provided in the application package.)
8. If you have changed your name, you must provide a photocopy of the document showing your change of name.
9. Provide an original and current (no more than 3 months old) Criminal Record Check completed at your local Law Enforcement Agency. The Professional Certification Unit is unable to process this check on your behalf.

Reminder:

1. Applications will be returned if incomplete or unsigned.
2. Copies of personal documents may be submitted. We reserve the right to request originals if these copies are unacceptable.
3. As the final decision regarding certification does not rest solely with The Professional Certification Office but may be referred to an advisory committee, please submit documents as soon as possible.

NOTE: *All documents and forms should be sent to:*

The Professional Certification Unit
402, Main Street
Box 700
Russell MB R0J 1W0

The Manitoba Teachers' Society

The Manitoba Teachers' Society is a professional organization, which is concerned with the welfare and professional advancement of Manitoba teachers and school clinicians. For information regarding the benefits of membership and teaching conditions in Manitoba, please contact:

Manitoba Teachers' Society
191 Harcourt St.
Winnipeg MB R3J 3H2
Phone: (204) 888-7961

The personal information being collected is under the authority of Manitoba Regulation 515/88 of the Education Administration Act and will be used for ongoing verification of certification and notification. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the Program Director at the Professional Certification Unit.

CHECKLIST

Documents Required for School Clinician Certification



	Enclosed	To Follow	Not Applicable
Acceptable Photo Copies			
Birth Certificate			
Change of Name (Marriage Certificate, etc.)			
Proof of Canadian Citizenship or Landed Immigrant Status or Valid Work Visa if born outside of Canada.			
Summary of course descriptions for those courses which are submitted for certification (for all course work completed outside of Manitoba)			
Speech & Hearing/Occupational Therapists or Physiotherapists – verification of registration with your Manitoba association.			
Official Documents			
Official transcripts of all degrees			
Recommendation from last employer or supervisor			
Completed Criminal Record Check			
FORMS			
Claim for Experience			
Official Verification of previous Clinician experience			
Evaluation and certification fee of \$60.00 (Payment can be made by cheque or money order payable to the Minister of Finance or by credit card by filling out the credit Card Service request form enclosed)			

If you already hold a Manitoba Teaching certificate, you are not required to submit a Birth Certificate or Social Insurance Number. Some transcripts may already be on file.

THE ONUS IS ON THE APPLICANT TO PROVIDE OFFICIAL VERIFICATION OF QUALIFICATIONS AND EXPERIENCE.

VERIFICATION OF CLINICIAN EXPERIENCE

To be completed by employer:

Full Name Of Clinician:	
Full Address:	
	Postal Code:

**The employing authority must complete the following:
Please list by number of days worked in each school year (July-June).**

THIS WILL VERIFY that the above clinician was employed:

from	day/	mo/	yr/	to	day/	mo/	yr/	total full days

NOTE: 1 FULL DAY EQUALS A MINIMUM OF 5 ½ HOURS.

Please verify the following by circling **Yes or No**

- | | | | |
|----|--|-----|----|
| 1. | The minimum qualifications for certification were necessary for employment; | YES | NO |
| 2. | The employee was under the supervision of a recognized educational authority or qualified clinical authority; | YES | NO |
| 3. | The employing authority was supported by public funds or was eligible for public funds; | YES | NO |
| 4. | Clinical services rendered were relevant to programs offered in the public school system or to the diagnosis and treatment of children with social, emotional, learning and communication disorders; | YES | NO |
| 5. | Brief Job Description (Indicate age of children) | | |

NOTE: Nursery School and /or pre-Kindergarten experience is acceptable only if all of the above criteria have been met.

NAME AND ADDRESS OF EMPLOYING AUTHORITY (Please Print)

Signature of Employer	Position:	Date:
Name of Employing Authority (please print)		
Address:		
Postal Code:	Telephone No.:	

Return to: Professional Certification Unit
402 Main Street, P.O. Box 700
Russell MB R0J 1W0
Canada

Ph: 1-204-773-2998
Fax: 1-204-773-2411

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CLINICIAN EXPERIENCE CHECKLIST



To be completed by Clinician

NAME _____

ADDRESS _____

_____ POSTAL CODE _____

PHONE NUMBER _____

Please list all clinical experience below starting with the first job held:

Dates (month/year)		Employer	Location	Number of Years/Days	Office Use Only
From	To				

NOTE: This experience must be verified officially by your employer to Professional Certification.

_____ Date

_____ Signature of clinician applicant

Return to: Professional Certification Unit
402 Main Street, P. O. Box 700
Russell MB R0J 1W0

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CREDIT CARD SERVICE REQUEST FORM

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

PROFESSIONAL CERTIFICATION UNIT			
TYPE OF SERVICE	FEE AMOUNT	QUANTITY	TOTAL
Clinician	60.00		
TOTAL			

Method of Payment

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

For Office Use Only:																		
Authorization Number:																		
Name:															Receipt Number			