

School Clinician Application Form

! IMPORTANT

The School Clinician Application Form can be completed online but must be printed and submitted with the necessary documents to be processed.

Please enclose the following required documents:

Note: Please retain a copy of any original documents before submitting the original as all required documents are part of the application and will remain on file at the Professional Certification Unit. They will not be returned to the applicant or forwarded to employers.

Signed, completed application form

Application fee payable in Canadian Funds (CAD)

- \$100 CAD for qualifying academic credentials completed within Manitoba
- \$150 CAD for qualifying academic credentials completed within Canada outside Manitoba
- \$200 CAD for qualifying academic credentials completed outside Canada

An original current background check that consists of:

- a. **A Criminal Record Check including a Vulnerable Sector Search**
 - i. Checks may be completed at your local Law Enforcement Agency in Canada.
 - ii. Checks that are issued in an electronic format (such as results from the Winnipeg City Police), must be **forwarded** to MBProfCert@gov.mb.ca with the **original results email** and **ALL** required security information so that the Professional Certification Unit can access the check.
- b. **A Manitoba Child Abuse Registry Check**
 - i. Information and application forms are available [online](#).

All background checks must be dated within six months of the date the Professional Certification Unit received the application and include all current and past full legal names that match your birth certificate and marriage certificate, divorce decree, or official name change document (if applicable). These checks become a part of your file and are not returned.

Photocopy of **Birth Certificate**.

Photocopy of proof of **Canadian Citizenship, Landed Immigrant Status, or valid Work Visa**. If you were born in Canada your Birth Certificate is your proof of citizenship.

Photocopy of **Marriage, Divorce, or Official Name Change Document** (if your name was changed).

Photocopy of a **valid association membership card** if you are applying for:

- Audiology and Speech Language Pathologist
- Occupational Therapist
- Physiotherapist
- Social Worker

Confidential report submitted **DIRECTLY** to PCU sent from your **last employer or supervising authority**. This report should be written in letter format, should speak to your working habits and whether the author would or wouldn't recommend you for employment. If no employment experience has been gained, the document must be submitted by the person who supervised your clinical studies in your degree program. The confidential report must be **physically signed** by the author.

Photocopy of a **certificate of completion** from one of the **approved sexual abuse prevention programs**:

- Respect in Schools – [Respect in School - Getting Started \(respectgroupinc.com\)](http://RespectinSchool-GettingStarted(respectgroupinc.com))
- Commit to Kids – [Commit to Kids](http://CommittoKids)

School Clinician Application Form

TRANSCRIPTS

Post-Secondary Education Completed in Canada or the United States of America

An OFFICIAL transcript(s) sent **DIRECTLY** to the Professional Certification Unit from each university where a degree or coursework was completed including all transfer credits.

Quebec Applicants:

- An OFFICIAL transcript sent **DIRECTLY** from the CEGEP to the Professional Certification Unit of the Diploma of Collegial Studies (DEC).
- A photocopy of the Diploma of Collegial Studies (DEC).
- **If applicable**, an OFFICIAL transcript sent **DIRECTLY** from the Ministère de l'Éducation to the Professional Certification Unit of the Diplôme d'études professionnelles (DEP).
- A photocopy of the Diplôme d'études professionnelles (DEP).

I have requested the **transcript(s)** of my Post-Secondary Education completed in Canada or the United States of America be sent **DIRECTLY** to the Professional Certification Unit

Post-Secondary Education Completed Outside of Canada or the United States of America

Post-Secondary education completed outside of Canada or the United States of America requires an ICAP **course-by-course** evaluation by the World Education Services (WES). This course-by-course evaluation must be mailed **DIRECTLY** to the Professional Certification Unit from WES. There is a fee payable to WES for this service.

I have requested the **ICAP course-by-course** evaluation by World Education Services of my post-secondary education completed outside of Canada or the United States of America.

CLINICIAN EXPERIENCE (if applicable)

I have asked my past employer(s) to complete the [Employer Verification of Clinician Experience](#) form and send the form **DIRECTLY** to the Professional Certification Unit.

FOR INTERNATIONALLY EDUCATED SCHOOL CLINICIANS ONLY

PCU reserves the right to request a language competency assessment if your academic credentials were not completed in English or French.

School Clinician Application Form

TRANSLATION OF DOCUMENTS (please check one box)

If any of your documents are in a language other than English or French they must be translated.

My documents are in English or French; therefore, translation of any of my documents is not required.

I have included an original notarized translation of my documents in English or French with a copy of the foreign language document(s).

The Professional Certification Unit reserves the right to request further documentation to assist in the evaluation of your credentials.

Manitoba School Clinician certification requirements are outlined in the [Teaching Certificates and Qualifications Regulation 115/2015](#) of the Education Administration Act.

Legal Name:

Surname

Given Name

Middle Name

Comments:

School Clinician Application Form

PLEASE USE CAPITAL LETTERS

For Office Use Only: PSP#: _____
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I am applying to be a:

I am:

- a School Clinician with educational qualifications from a Manitoba approved university
- a School Clinician with educational qualifications from another province in Canada
- an Internationally Educated School Clinician

A. Personal Data

Full legal name(s)

Legal Surname

Given Name

Middle Name

Previous Name(s)

Citizenship/Immigration Status

Date of Birth (Day/Month/Year)

Other Citizenship Status

Country of Birth

Mailing Address

P.O. Box Number or Street Address

Telephone Number

City/Town

Alternate Telephone Number

Province/State

Email Address

Country

Postal/Zip or Country Code

School Clinician Application Form

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D. Post-Secondary Education History (continued)

Degree Program

Degree Awarded Yes No Graduation Date

Post-Secondary Institution

Country

Language of Instruction

Degree Program

Degree Awarded Yes No Graduation Date

Post-Secondary Institution

Country

Language of Instruction

Degree Program

Degree Awarded Yes No Graduation Date

Post-Secondary Institution

Country

Language of Instruction

E. Teaching Certificate(s), if applicable

List all jurisdiction(s) in which you have ever held a teaching certificate or authorization to teach.

See the Required Documents listed above for requirements pertaining to the copy of the teaching certificate or other authorization document and Statement of Professional Standing.

Jurisdiction	Copy of Certificate(s) or Authorization(s) Enclosed	Official Statement(s) of Standing Requested

School Clinician Application Form

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F. Clinician Experience Checklist, if applicable

PCU can complete the evaluation of your academic credentials without your clinician experience.

For your past clinician experience to be evaluated for recognition in Manitoba, your current/past employers **must** complete the [Employer Verification of Clinician Experience](#) form and **send the form DIRECTLY** to PCU.

Past clinician experience cannot be used to substitute academic requirements. Experience is collected so that Manitoba employers may use the approved years of clinician experience for salary purposes.

Please list all clinician experience below starting with the first job you held (do not include practicum experience).

Employer	Location	From Month/ Year	To Month/Year	Total Months/ Years

School Clinician Application Form

G. Declaration

ALL declaration questions must be answered. Please answer Yes or No. For every time you answer Yes, please provide a complete explanation that includes the full identification of the registration/ licensing authority/organization concerned. Provide this information on a separate page(s).

- | | | | |
|-----|---|-----|----|
| 1. | Have you ever applied anywhere for authorization and/or certification to work within your profession/occupation and had your application denied? | Yes | No |
| 2. | Has your authorization and/or certification to work within your profession/occupation ever been suspended or cancelled in another jurisdiction? | Yes | No |
| 3. | Have you ever—for any reason other than to avoid paying renewal fees—voluntarily surrendered your authorization and/or certification to work within your profession/occupation? | Yes | No |
| 4. | Have you ever—in advance of an investigation or disciplinary proceeding—either voluntarily or involuntarily restricted your professional/occupational practice? | Yes | No |
| 5. | Have you ever been found guilty of professional misconduct or been found to be incompetent or incapacitated in relation to your profession/occupation? | Yes | No |
| 6. | Has there ever been, or is there now, an investigation or proceeding in respect to your professional conduct, competence, or capacity in relation to your profession/occupation, including in your education program(s)? | Yes | No |
| 7. | Have any terms, conditions or limitations ever been placed on your authorization and/or certification to work within your profession/occupation in any other jurisdiction? | Yes | No |
| 8. | Have you ever been asked by a professional/occupational education program provider to withdraw from a professional/occupational education program? | Yes | No |
| 9. | Have you ever been personally prevented from carrying on your occupation as a clinician as a result of any criminal, civil, or disciplinary proceeding in any jurisdiction? | Yes | No |
| 10. | Have you ever agreed to a settlement or a resignation to avoid any proceeding or disciplinary action with respect to your professional conduct, competence, or capacity, in relation to either a clinical position or your professional/occupational certification? | Yes | No |
| 11. | Have you ever been terminated or had restrictions imposed on your employment as a clinician by an employing school district, education authority, or other organization in respect of your conduct, competence, or capacity? | Yes | No |
| 12. | Have you ever been subject to an investigation or proceeding relating to working with children or students in capacities other than within your profession/occupation? | Yes | No |
| 13. | Have you ever been found guilty of professional misconduct or been found to be incompetent or incapacitated in relation to another profession? | Yes | No |
| 14. | Has there ever been, or is there now, an investigation or proceeding in respect to your professional conduct, competence, or capacity in relation to another profession? | Yes | No |

Applicant's Initials _____

School Clinician Application Form

Criminal Record Declaration

Please answer Yes or No. For every time you answer Yes, please provide a complete explanation of the offence that includes the full identification of the police/court authority concerned. Provide this information on a separate page(s).

The presence of a record of charges or convictions does not necessarily exclude you from clinician certification. Each case will be reviewed on an individual basis to determine its relevance to the requirements of the profession.

- | | | | |
|----|---|-----|----|
| 1. | Have you ever been found guilty of a criminal offence? | Yes | No |
| 2. | Have you ever been found guilty of any offence relevant to your suitability to practice the profession? | Yes | No |
| 3. | Are there any criminal charges pending against you? | Yes | No |
| 4. | Have you ever been placed on a child (or other) abuse registry in any other jurisdiction? | Yes | No |

Providing false or incomplete information may be considered professional misconduct and grounds for rejection of your application.

Applicant's Initials _____

School Clinician Application Form

Final Declaration

I declare that all information given on this registration form is true, correct, and complete to the best of my knowledge. I understand that no qualifications assessment can be made until Manitoba Education and Early Childhood Learning receives all required documents and that additional information may be required.

I authorize Manitoba Education and Early Childhood Learning to contact the educational institutions I attended and to receive any and all information from those institutions, teacher registration/licensing bodies and police services that relate to my application for certification in Manitoba. I understand that this information may be used by Manitoba Education and Early Childhood Learning to determine if I will be certified.

I consent to Manitoba Education and Early Childhood Learning making inquiries and exchanging information with any jurisdiction or registration authority.

I agree that if there are any changes to the information I have provided to Manitoba Education and Early Childhood Learning in this application between the time of the submission of the application and registration, I will immediately advise Manitoba Education and Early Childhood Learning and provide the new information.

I authorize the release of information regarding my salary classification, clinician experience, and qualifications to school boards, private schools, or provincial or federal authorities for employment purposes.

I declare that all documentation submitted by me in relation to my application has not been changed or altered in any way.

I agree that Professional Certification Unit reserves the right to request further documentation if required and may request original documents if the photocopies provided are not acceptable.

Signature _____
(Original ink signature required)

Date

This personal information is being collected under the authority of Manitoba Regulation 115/2015 made under The Education Administration Act, and will be used for ongoing verification of certification, notification, and data analysis. Personal information is protected under The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact Professional Certification Unit, Box 700, Russell MB R0J 1W0 phone: 1-800-667-2378 or 1-204-773-2998.

School Clinician Application Form

PLEASE USE CAPITAL LETTERS

For Office Use Only:

PSP #: _____

Receipt #: _____

H. Application Fee

Please select the applicable non-refundable application fee payable in Canadian Funds (CAD)

\$100 CAD for qualifying academic credentials completed within Manitoba

\$150 CAD for qualifying academic credentials completed within Canada outside Manitoba

\$200 CAD for qualifying academic credentials completed outside Canada

Fee payable by:

- Cheque payable to the Minister of Finance
- Money Order payable to the Minister of Finance
- Visa or MasterCard (see form below)

**All cheques dishonoured by the applicant's financial institution will be assessed a charge-back fee of \$20.00 CAD*

I. Visa or MasterCard Service Request

NOTE: Visa or MasterCard information CANNOT be accepted by email for security reasons. If credit card information has been provided by telephone, the cardholder's signature MUST be included below.

Method of Payment

Visa (Visa debit is not accepted)

MasterCard

Card Number

Expiry Date (Month/Year)

Cardholder Name (as it appears on the card), please print

Cardholder Signature _____

(Original ink signature required)

J. Delivery

Mail the completed, signed *School Clinician Application Form*, required documents, and application fee to:

Professional Certification Unit
P.O. Box 700
402 Main Street N.
Russell, Manitoba, Canada R0J 1W0