Manitoba

PERMANENT CERTIFICATION/EXTENSION - CLINICIAN

PART I - To be completed by the clinician

(1)_____
Surname Given Name(s) PSP number

(2)_____
Home Address - including Postal Code

(3) Provisional School Clinician Certificate: Type:_____ Number_____

(4) Position held in the past 2 years: _____

_____

_____
Name of Employer

(5) I hereby apply to have my certificate made **Permanent** _____

I hereby apply to have my certificate **Extended** _____

_____
Date of Request Signature of Applicant

****

PART II Date _____

Permanent Certification recommended _____

Extension of Certificate recommended _____

Request **is not** recommended for the following reasons: (If insufficient space, please attach another page) _____

_____

_____ _____
Signature/Supervising Clinician Signature of School Superintendent

_____ _____
Printed Name of Supervising Clinician Printed name of School Superintendent

Completed recommendation forward to:

PROFESSIONAL CERTIFICATION UNIT
402 MAIN STREET, BOX 700
RUSSELL MB R0J 1W0

FAX: 1-204-773-2411
PH: 1-800-667-2378 or 1-204-773-2998

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