

**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

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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