Manitoba

APPLICATION FOR PERMANENT CERTIFICATE/EXTENSION OF PROVISIONAL CERTIFICATE

PART I - To be completed by the teacher: (Please print)

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

(2) _____
Home Address - including Postal Code

(3) My provisional certificate will expire on: _____

(4) I am presently employed by the:

_____ _____
Name of Employer Name of School

(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 - To be completed by the employer: Date _____

If all other requirements have been met, I recommend Permanent Certification _____

Extension of Provisional Certification_____

I recommend that this request **not be** granted for the following reasons: (If insufficient space, please attach another page)

_____

_____ _____
Printed Name of Recommending Authority Signature of Recommending Authority

_____
Name of School Division/District/Department

Forward completed application 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

This personal information is being collected under the authority of the Education Administration Act 515/88 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, Professional Certification Unit.