

Professional Certification Name Change Request



New Legal Name _____
Surname Given Name Middle Name

Mailing Address _____
P.O. Box/Street City/Town Province Postal Code

Date of Birth _____ Telephone No. _____ PSP or
Day/Month/Year Cert. No. _____

Email Address _____

Previous Name(s) _____

List all professional certificates held _____

Requirements:

- Photocopy of applicable name change document for example: **Marriage, Divorce, or Official Name Change Document.**
- \$25.00 fee per professional certificate type payable by:**
 - Cheque payable to the Minister of Finance
 - Money Order payable to the Minister of Finance
 - Visa or MasterCard (see form attached)

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

- I understand that I am responsible for providing all the necessary documentation and that my application will not be processed until all required documents are received by the Professional Certification Unit.
- I understand that it is my responsibility to notify my Manitoba employing authority of any change in name.

Signature _____ Date _____

Return to:

**Professional Certification Unit
PO Box 700, 402 Main Street N.
RUSSELL MB R0J 1W0**

**Telephone 1-204-773-2998
In Manitoba 1-800-667-2378
Fax 1-204-773-2411**

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 and notification. 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 ph. 1-800-667-2378 or 1-204-773-2998.

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For Office Use Only:

PSP#: _____

Receipt#: _____

Visa or MasterCard Service Request Form

If you wish to use your Visa or MasterCard for method of payment, this form must be completed and submitted with the Professional Certification Name Change Request.

	<u>FEE AMOUNT</u>	<u>QUANTITY</u>	<u>TOTAL</u>
Professional Certification Name Change (\$ 25 per professional certificate type)	_____	_____	_____

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 _____

Print