

Request for Appeal

Note: Your **Request for Appeal and fee** must be submitted within 45 days of the date of the Reconsideration Decision received from the Director of Teacher Certification and Standards.

Note: Appeals are heard by the Provincial Evaluations Committee (PEC). The Committee is an objective and impartial formal appeal body that provides further assurance that decisions regarding teacher certification, salary classification and experience recognized are transparent and fair.

As an advisory appeal committee, PEC is responsible for holding appeal hearings for the purpose of assessing whether the department has made an error in interpreting and/or applying regulatory and policy requirements. The Committee makes a recommendation(s) respecting its findings following a hearing to the Director of Teacher Certification and Standards.

PLEASE USE CAPITAL LETTERS

A. Personal Data

Legal Name _____
Surname Given Name Middle Name

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

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

Email Address _____

B. Reasons for Request for Appeal

Please explain why you are requesting an appeal of the Reconsideration decision (use a separate sheet if necessary). Provide any background information necessary to clarify your reasons.

Request for Appeal

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C. Hearing

I would like my hearing to be conducted in English French

Do you plan to attend the hearing? Yes No

If yes, will you be accompanied by a representative? Yes No

If yes, provide the contact information below for the representative(s) who will accompany you to the hearing.

Name _____
Surname Given Name

Organization (if applicable) _____

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

Telephone Number _____ Email Address _____

PLEASE NOTE:
If you choose not to attend the hearing or have a representative make a presentation on your behalf, your case will be reviewed based on the written information and documentation contained in your certification file and submitted with your Request for Appeal.

Signature _____ Date _____

D. Request for Appeal Fee

The Request for Appeal fee is \$99.00 Canadian Funds (CAD). If your appeal is successful, the fee will be refunded.

Fee 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*

Submit the Request for Appeal and fee 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

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For Office Use Only:

PSP #: _____

Receipt #: _____

E. 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 Request for Appeal form

	<u>FEE AMOUNT</u>
Request for Appeal	\$99.00

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