

# Verification of Salary Classification and Experience

School Division/School use only



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PLEASE USE CAPITAL LETTERS

Provide full legal name and one or all identification (PSP No., Cert. No. DOB).

FAX to the Professional Certification Unit 1-204-773-2411

Division/School Name	Division/School No.
Return Fax No.	

Signature \_\_\_\_\_ Date \_\_\_\_\_

Full Name of Teacher/Clinician (include previous name)	Identification	
	PSP No.	
	Cert. No.	
	DOB	
	PSP No.	
	Cert. No.	
	DOB	
	PSP No.	
	Cert. No.	
	DOB	
	PSP No.	
	Cert. No.	
	DOB	
	PSP No.	
	Cert. No.	
	DOB	
	PSP No.	
	Cert. No.	
	DOB	

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.