

Employer Recommendation for Extension of Provisional or Permanent School Clinician Certification



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To be completed by an authorized official of the employing authority providing recommendation:

School Clinician
for Recommendation _____
Surname Given Name Middle Name

Cert. No. _____ School Division/School District _____

- I recommend that an extension of a Provisional School Clinician Certificate be granted.
 I recommend that a Permanent School Clinician Certificate be granted

Supervising Clinician _____
Name (Please Print)

Signature _____ Date _____

Superintendent _____
Name (Please Print)

Signature _____ Date _____

To be completed by authorized personnel of the employing authority to verify full days worked for each individual year of employment:

Please Note: This submitted experience is for certification purposes only.

MM DD YYYY to MM DD YYYY	Total Full Days:	PCU Office Use
For example <u>July 1, 2017</u> to <u>March 15, 2018</u>	55 days	
_____ to _____		
_____ to _____		

Authorized Personnel _____
Name (Please Print)

Position _____ Email Address _____
Please Print

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**

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