

# 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 \_\_\_\_\_

Certificate Number \_\_\_\_\_ 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.

MMMM D, YYYY to MMMM D, YYYY	Total Full Days	PCU Office Use
For example: July 1, 2017 to March 15, 2018	55 days	
to		
to		
to		

Authorized Personnel \_\_\_\_\_ Name (please print) \_\_\_\_\_

Position \_\_\_\_\_ Please Print \_\_\_\_\_ Email Address \_\_\_\_\_

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

**Return to:**

Professional Certification Unit  
P.O. Box 700, 402 Main Street N.  
Russell, Manitoba, Canada R0J 1W0

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

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