

# Employer Recommendation for Extension of Provisional Certification

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**Name of Teacher for Recommendation**

Surname

Given Name

Middle Name

PSP or Certificate Number of Teacher

I confirm that there have been no disciplinary or misconduct issues relating to the above teacher and I recommend that the teacher be granted a one-time extension of their Provisional Professional Teaching Certificate.

School Division or School District

Approved Person or Superintendent

Approved Person or Superintendent Signature

Date

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**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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