

Salary Reclassification and Specialist Certificate Request



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PLEASE USE CAPITAL LETTERS

Salary classification is established by [Manitoba Regulation 115/2015 \(Sections 29 to 31\)](#):

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 _____

PART ONE:

I am requesting a salary reclassification based on:

Degree or Diploma _____

Post-Secondary Institution _____

Date Degree Awarded _____

Requirements:

OFFICIAL TRANSCRIPTS

A degree/diploma obtained from a post-secondary institution within Manitoba, Canada or the United States of America require an official transcript to be mailed directly from the post-secondary institution to the Professional Certification Unit (PCU) once the degree/diploma has been awarded.

For a degree/diploma obtained from a post-secondary institution outside of Manitoba, Canada or the United States of America requires an **ICAP course-by-course evaluation by World Education Services (WES)**.

Please note, a transcript will not show a degree/diploma has been awarded until after the convocation date.

- I have requested an official transcript to be sent directly from the above mentioned post-secondary institution.
- I have requested WES to send an ICAP course-by course evaluation directly to PCU (if applicable).
- I understand that I do not qualify for a salary reclassification until PCU receives my official transcript showing my degree/diploma has been awarded and the credentials is evaluated for eligibility for a salary classification increase. I also understand that transcripts showing completed course work only and/or a letter of degree/diploma completion are not accepted for salary reclassification purposes.
- I understand that I am responsible for providing all required documents to complete my salary reclassification request.

PART TWO (If Applicable):

I am also requesting an evaluation of my degree for qualification for the following provincial specialist certificate(s):

- Certificate in School Leadership School Counsellor Certificate
- Special Education Teaching Certificate Special Education Coordinator Certificate
- I am not applying for a provincial specialist certificate

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PART TWO additional documents that may be required:

- If you are applying for a **School Counsellor or Special Education Teaching Certificate** and intend to use professional development contact hours to meet certificate qualifications for the elective requirement, a copy of the certificate of completion for each session attended must be provided.
 - Only those sessions with a reference number are accepted.
 - All activities must be arranged by a school division/district, Manitoba Education, or other government department, university, professional association, agency, or hospital.
 - Once professional development activities are registered with the Professional Certification Unit by a formal application from the above sources, a reference number is generated to identify the approved session.

- If you are applying for a **Special Education Coordinator Certificate** you must provide a statement from your current or former employer stating that you have completed a minimum of 5 years of experience in at least two of the following areas:
 - Special education classroom teaching, resource classroom teaching, or both
 - Approved clinical or special agency work at a professional level such as audiology and speech-language therapy, psychology, reading, school counselling or social work
 - Consultative or supervisory experience such as experience as a school administrator or a department head in a public or private school.

All specialist certificate guidelines are available through the [Professional Certification Unit website](#).

PART THREE:

- I understand my request will not be evaluated for eligibility for a salary classification increase or be processed until all documents are received by the Professional Certification Unit.

- I am submitting payment of the applicable **fee(s)**

Salary Reclassification	\$50
Provincial Specialist Certificate Fee	\$60 (per certificate)

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*

- I understand that it is my responsibility to confirm that my Manitoba employing authority has received the salary reclassification document.

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**

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.

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For Office Use Only:

PSP#: _____

Receipt#: _____

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 Salary Reclassification Request Form.

	<u>FEE AMOUNT</u>	<u>QUANTITY</u>	<u>TOTAL</u>
Salary Reclassification		_____	_____
Certificate in School Leadership		_____	_____
School Counselor Certificate		_____	_____
Special Education Teaching Certificate		_____	_____
Special Education Coordinator Certificate		_____	_____

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