

Special Education Coordinator Application Form



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PLEASE USE CAPITAL LETTERS

Legal Name _____

Surname

Given Name

Middle Name

Mailing Address _____

Street

City/Town

Province

Postal Code

Date of Birth _____

Telephone No. _____

PSP No. or
Cert. No. _____

Day/Month/Year

Email Address _____

Signature _____

Date _____

A Special Education Coordinator may be given when the candidate:

- Holds a Valid Manitoba Special Education Teaching Certificate
- Completes five (5) years of approved experience in two or more of the following areas:
 - Regular classroom teaching,
 - Resource or special class teaching, or both,
 - Approved clinical or special agency work at a professional level such as psychology, reading, social work, speech and hearing, and school counseling,
 - Consultative or supervisory experience such as school administrator or department head.

REQUIREMENTS FOR PROCESSING:

- Completed, signed and dated Special Education Coordinator Certificate Application Form
- an official statement from a current and/or former employer(s) that a minimum of five (5) years of experience in at least two of the above areas of responsibility have been completed.
- Payment of fee by:
 - Cheque or Money Order payable to the Minister of Finance or
 - Visa or MasterCard (form attached)

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

To make payment with a Visa or MasterCard, this form must be completed and submitted with the Special Education Coordinator Application Form.

	<u>FEE AMOUNT</u>	<u>QUANTITY</u>	<u>TOTAL</u>
Special Education Coordinator Certificate		_____	_____

Method of Payment

Visa MasterCard

Card Number

Expiry Date

Month/Year

Cardholder Name
(as it appears on the card)

Please Print

Cardholder Signature

[Print Forms](#)

NOTE: If the card has been submitted by telephone, the cardholder's signature MUST be submitted by mail or fax. Visa or MasterCard information cannot be accepted by email for security reasons.