

Statement of Professional Standing Request



Legal Name _____
Surname Given Name Middle Name

Mailing Address _____
P.O Box/Street City/Town Province Postal Code

Date of Birth _____ Telephone No. _____ PSP or
Day/Month/Year Cert. No. _____

Email Address _____

**Teacher Certification Agency you would like your
Statement of Professional Standing mailed to (if applicable):**

(If this section is completed the original will be mailed to the agency and a copy mailed to you. If left blank the original will be enclosed in a sealed envelope with your copy.)

Name _____

Mailing Address _____
P.O Box/Street City/Town Province Postal Code

Requirements:

- \$50.00 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 I am responsible for providing all the necessary documentation and that my application will not be processed until all required documents are received by the Professional Certification Unit.

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.

Statement of Professional Standing Request

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 Statement of Professional Standing Request.

	<u>FEE AMOUNT</u>	<u>QUANTITY</u>	<u>TOTAL</u>
Statement of Professional Standing Request	_____	_____	_____

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