Request for Re-evaluation of Teaching Experience



Note: for use by applicants seeking re-evaluation of teaching experience as a result of the August 31, 2023 amendments to <u>Teaching Certificates and Qualifications Regulation M.R. 115/2015.</u>

PLEASE USE CAPITA	L LETTERS	3				
Legal Name						
	Surname		Given Name		Middle Name	
Mailing Address						
	P.O Box/Street		City/Town	Prov	vince	Postal Code
D ((D) ()					PSP or	
Date of Birth Telephone No					Cert. No.	
Email Address						
List the experience bel (use a separate sheet	ow to be re-e	evaluated by :	the Profession		,	
Employing Authority		From Month/ Year	To Month/ Year	Country	Previously submitted to PCU	Employer will submit to PCU
For Example School ABC		July 1, 2021	June 30, 2023	COUNTRY		
Employing Authoritie form for experience no			omit the <u>Emplo</u>	yer Verification	of Teaching E	Experience
PCU reserves the right	to request a	dditional info	ormation.			
Signature					Date	
Submit the signed Re	quest for Re	e-evaluation	of Teaching E	Experience form	n to:	

reg.amend.exp@gov.mb.ca

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, notification and data analysis. 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.