

# Teacher Certification Application Form

## **!** IMPORTANT

The *Teacher Certification Application Form* can be completed online but must be printed and submitted with the necessary documents to be processed.

IT IS MANDATORY THAT THIS CHECKLIST ACCOMPANY THE COMPLETED AND SIGNED SCHOOL CLINICIAN APPLICATION FORM AND FEE PAYABLE IN CANADIAN FUNDS (CAD).

If you are an Internationally Educated Teacher, the Professional Certification Unit recommends that you complete the [Self-Evaluation form](#) to help you determine if you meet the requirements to qualify for a teaching certificate in Manitoba and decide whether you wish to proceed with submitting an application.

**Please enclose the following required documents:**

**Note: Please retain a copy of any original documents before submitting the original as all required documents are part of the application and will remain on file at the Professional Certification Unit. They will not be returned to the applicant or forwarded to employers.**

Signed, completed application form

Application fee payable in Canadian Funds (CAD)

- \$100 CAD for a Manitoba Bachelor of Education graduate
- \$100 CAD for Technical Vocational Teacher graduate in Manitoba (\*)
- \$150 CAD for a teacher certified in another province in Canada
- \$200 CAD for an internationally educated teacher

(\*) If you are certified as a Technical Vocational Teacher outside the province of Manitoba please contact the [Professional Certification Unit](#) for the application procedure.

An original current background check that consists of:

- A Criminal Record Check including a Vulnerable Sector Search**
  - Checks may be completed at your local Law Enforcement Agency in Canada.
  - Checks that are issued in an electronic format (such as results from the Winnipeg City Police), must be emailed to [MBProfCert@gov.mb.ca](mailto:MBProfCert@gov.mb.ca) with ALL required security information so that the Professional Certification Unit can access the check.
- A Manitoba Child Abuse Registry Check**
  - Information and application form are available [online](#).

NOTE: All background checks must be dated within three months of the date the Professional Certification Unit received the application and include all current and past full legal names that match your birth certificate and marriage certificate, divorce decree, or official name change document (if applicable). These checks become part of your file and are not returned.

Photocopy of Birth Certificate.

Photocopy of proof of Canadian Citizenship, Landed Immigrant Status, or valid Work Visa. If you were born in Canada your Birth Certificate is your proof of citizenship.

Photocopy of Marriage, Divorce, or Official Name Change Document (if applicable).

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Photocopy of every teaching certificate or teaching credentials in each jurisdiction held (if applicable)

For Technical Vocational teachers only, include a photocopy of your Journeyperson certificate or diploma.

## TRANSCRIPTS

### Post-Secondary Education Completed in Canada or the United States of America

An OFFICIAL transcript(s) mailed **DIRECTLY** to the Professional Certification Unit from each university where a degree or coursework was completed including all transfer credits.

#### Quebec Applicants:

- An OFFICIAL transcript mailed **DIRECTLY** from the CEGEP to the Professional Certification Unit of the Diploma of Collegial Studies (DEC).
- A photocopy of the Diploma of Collegial Studies (DEC).
- **If applicable**, an OFFICIAL transcript mailed **DIRECTLY** from the Ministère de l'Éducation to the Professional Certification Unit of the Diplôme d'études professionnelles (DEP).
- A photocopy of the Diplôme d'études professionnelles (DEP).

I have requested the **transcript(s)** of my post-secondary education completed in Canada or the United States of America be mailed **DIRECTLY** to the Professional Certification Unit.

For **Manitoba Bachelor of Education Graduates**: I will request a transcript of my Bachelor of Education degree, once it has been awarded, be sent directly to the Professional Certification Unit.

### Post-Secondary Education Completed Outside of Canada or the United States of America

Post-secondary education completed outside of Canada or the United States of America requires an ICAP **course-by-course** evaluation by the World Education Services (WES). This course-by-course evaluation must be mailed **DIRECTLY** to the Professional Certification Unit from WES. There is a fee payable to WES for this service.

I have requested the **ICAP course-by-course** evaluation by World Education Services of my post-secondary education completed outside of Canada or the United States of America.

## STATEMENT OF PROFESSIONAL STANDING FROM EVERY JURISDICTION

(province and/or country)

This requirement does not apply to Manitoba Bachelor of Education Graduates or Technical Vocational Teachers graduated in Manitoba.

I have requested a Statement of Professional Standing be mailed directly to the Professional Certification Unit from every licensing body or education ministry where I was certified to teach.

## TEACHING EXPERIENCE (if applicable)

This requirement does not apply to Manitoba Bachelor of Education Graduates or Technical Vocational Teachers graduated in Manitoba.

I have asked my past employer(s) to complete the [Employer Verification of Teaching Experience](#) form and mail the form **DIRECTLY** to the Professional Certification Unit.

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## Translation of Documents

(please check one box)

If any of your documents are in a language other than English or French they must be translated.

My documents are in English or French; therefore, translation of any of my documents is not required.

I have included an original notarized translation of my documents in English or French with a copy of the foreign language document(s).

The Professional Certification Unit reserves the right to request further documentation to assist in the evaluation of your credentials.

Manitoba teaching certification requirements are outlined in the [Teaching Certificates and Qualifications Regulation 115/2015](#) of the Education Administration Act.

Please visit [The Professional Certification Unit website](#) for more information on the academic and documentation requirements to obtain Manitoba School Clinician Certification.

Legal Name:

Surname

Given Name

Middle Name

Comments:

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**PLEASE USE CAPITAL LETTERS**

**For Office Use Only:  
PSP#:**

I am:

a Manitoba Bachelor of Education graduate. My Bachelor of Education degree will be awarded from

a Technical Vocational Teacher graduate in Manitoba (\*)

(\*) If you are certified as a Technical Vocational Teacher outside the province of Manitoba please contact the [Professional Certification Unit](#) for the application procedure.

a teacher certified in another province in Canada

an internationally educated teacher

## A. Personal Data

### Full legal name(s)

Legal Surname

Given Name

Middle Name

Previous Name(s)

Citizenship/Immigration Status

Date of Birth (Day/Month/Year)

Other Citizenship Status

Country of Birth

### Mailing Address

P.O. Box Number or Street Address

Postal/Zip or Country Code

City/Town

Telephone Number

Province/State

Alternate Telephone Number

Country

Email Address

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## B. Applicant Language Profile

I prefer to receive my correspondence in:                      English                  French

I prefer to receive my documents issued by PCU in:              English                  French  
(i.e. school clinician certificate, statement of qualifications, etc.)

## C. Indigenous Identity Declaration

**(Completion of this section is voluntary and optional.)**

For more information about Aboriginal Identity Declaration, please contact: Indigenous Excellence Division.

Murdo Scribe Centre

510 Selkirk Avenue

Winnipeg, Manitoba, Canada R2W 2M7

Telephone: 204-945-7886 (Toll Free: 1-800-282-8069, ext. 7886) Fax: 204-948-2010

Or visit the website at: <https://www.edu.gov.mb.ca/iid/abidentity.html>

Are you an Indigenous person, that is, First Nation              Yes                  No  
(North American Indian), Métis, or Inuk (Inuit)?

Note: First Nations (North American Indian) include Status and Non-Status Indians. If “Yes”, mark the square(s) that best describe(s) you now:

Yes, First Nation (North American Indian)

Yes, Métis

Yes, Inuk (Inuit)

Which best describes your Indigenous cultural-linguistic identity? Please select up to two choices:

Anishinaabe (Ojibway/Saulteaux)

Dakota

Oji-Cree

Dene (Sayisi)

Ininiw

Other-please specify:

Inuktitut

Michif

## D. Post-Secondary Education History

Degree Program

Degree Awarded    Yes                  No                  Graduation Date

Post-Secondary Institution

Country

Language of Instruction

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## D. Post-Secondary Education History (continued)

Degree Program

Degree Awarded    Yes    No    Graduation Date

Post-Secondary Institution

Country

Language of Instruction

Degree Program

Degree Awarded    Yes    No    Graduation Date

Post-Secondary Institution

Country

Language of Instruction

Degree Program

Degree Awarded    Yes    No    Graduation Date

Post-Secondary Institution

Country

Language of Instruction

## E. Teaching Certificate(s), if applicable

List all jurisdiction(s) in which you have ever held a teaching certificate or authorization to teach.

See the Required Documents listed above for requirements pertaining to the copy of the teaching certificate or other authorization document and Statement of Professional Standing.

Jurisdiction	Copy of Certificate(s) or Authorization(s) Enclosed	Official Statement(s) of Standing Requested

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## F. Teaching Experience Checklist, if applicable

This requirement does not apply to Manitoba Bachelor of Education Graduates or Technical Vocational Teachers graduated in Manitoba.

For your past teaching experience to be evaluated for recognition in Manitoba, your current/past employers must complete the [Employer Verification of Teaching Experience](#) form and mail the form directly to the Professional Certification Unit. The Professional Certification Unit can complete your evaluation of your academic credentials without your teaching experience.

Note: Evaluation of teaching experience acquired outside Manitoba requires a copy of a valid teaching certificate from the jurisdiction where the experience was acquired. A Statement of Professional Standing or additional documents may be required pending the Professional Certification Unit being able to establish certification dates.

Any past teaching experience cannot be used to substitute academic requirements. The Professional Certification Unit collects experience so that Manitoba employers may use the approved years of teaching experience for salary purposes.

**Please list all teaching experience below starting with the first job you held (do not include teacher practicum).**

Employer	Location	From Month/ Year	To Month/Year	Total Months/ Years

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## G. Declaration

**ALL** declaration questions must be answered. Please answer Yes or No. For every time you answer Yes, please provide a complete explanation that includes the full identification of the registration/ licensing authority/organization concerned. Provide this information on a separate page(s).

- |  |     |    |
|--|-----|----|
| 1. Have you ever applied anywhere for authorization and/or certification to teach and had your application denied?   | Yes | No |
| 2. Has your authorization and/or certification to teach ever been suspended or cancelled in another jurisdiction?  | Yes | No |
| 3. Have you ever—for any reason other than to avoid paying renewal fees—voluntarily surrendered your authorization and/or certification to teach?  | Yes | No |
| 4. Have you ever—in advance of an investigation or disciplinary proceeding—either voluntarily or involuntarily restricted your teaching practice?  | Yes | No |
| 5. Have you ever been found guilty of professional misconduct or been found to be incompetent or incapacitated in relation to your teaching profession?  | Yes | No |
| 6. Has there ever been, or is there now, an investigation or proceeding in respect to your professional conduct, competence, or capacity in relation to your teaching profession, including in your teacher education program?                             | Yes | No |
| 7. Have any terms, conditions, or limitations ever been placed on your authorization and/or certification to teach in any other jurisdiction?  | Yes | No |
| 8. Have you ever been asked by a teacher education program provider to withdraw from a teacher education program?  | Yes | No |
| 9. Have you ever been personally prevented from carrying on your occupation as a teacher as a result of any criminal, civil, or disciplinary proceeding in any jurisdiction?   | Yes | No |
| 10. Have you ever agreed to a settlement or a resignation to avoid any proceeding or disciplinary action with respect to your professional conduct, competence, or capacity, in relation to either a teaching position or your professional certification? | Yes | No |
| 11. Have you ever been terminated or had restrictions imposed on your employment as a teacher by an employing school district, education authority, or other organization in respect of your conduct, competence, or capacity?                             | Yes | No |

Applicant's Initials \_\_\_\_\_



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|--|-----|----|
| 12. Have you ever been subject to an investigation or proceeding relating to working with children or students in capacities other than teaching?                            | Yes | No |
| 13. Have you ever been found guilty of professional misconduct or been found to be incompetent or incapacitated in relation to another profession?                           | Yes | No |
| 14. Has there ever been, or is there now, an investigation or proceeding in respect to your professional conduct, competence, or capacity in relation to another profession? | Yes | No |

## Criminal Record Declaration

Please answer Yes or No. For every time you answer Yes, please provide a complete explanation of the offence that includes the full identification of the police/court authority concerned. Provide this information on a separate page(s).

The presence of a record of charges or convictions does not necessarily exclude you from teacher certification. Each case will be reviewed on an individual basis to determine its relevance to the requirements of the teaching profession.

- |  |     |    |
|--|-----|----|
| 1. Have you ever been found guilty of a criminal offence?  | Yes | No |
| 2. Have you ever been found guilty of any offence relevant to your suitability to practice the profession? | Yes | No |
| 3. Are there any criminal charges pending against you?   | Yes | No |
| 4. Have you ever been placed on a child (or other) abuse registry in any other jurisdiction?               | Yes | No |

**Providing false or incomplete information may be considered professional misconduct and grounds for rejection of your application.**

Applicant's Initials \_\_\_\_\_

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## Final Declaration

I declare that all information given on this registration form is true, correct and complete to the best of my knowledge. I understand that no qualifications assessment can be made until Manitoba Education and Early Childhood Learning receives all required documents and that additional information may be required.

I authorize Manitoba Education and Early Childhood Learning to contact the educational institutions I attended and to receive any and all information from those institutions, teacher registration/licensing bodies and police services that relate to my application for certification in Manitoba. I understand that this information may be used by Manitoba Education and Early Childhood Learning to determine if I will be certified.

I consent to Manitoba Education and Early Childhood Learning making inquiries and exchanging information with any jurisdiction or registration authority.

I agree that if there are any changes to the information I have provided to Manitoba Education and Early Childhood Learning in this application between the time of the submission of the application and registration, I will immediately advise Manitoba Education and Early Childhood Learning and provide the new information.

I authorize the release of information regarding my salary classification, teaching experience and qualifications to school boards, private schools, or provincial or federal authorities for employment purposes.

I declare that all documentation submitted by me in relation to my application has not been changed or altered in any way.

I agree that Professional Certification Unit reserves the right to request further documentation if required and may request original documents if the photocopies provided are not acceptable.

Signature \_\_\_\_\_  
(Original ink signature required)

Date

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 phone: 1-800-667-2378 or 1-204-773-2998.

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PLEASE USE CAPITAL LETTERS

**For Office Use Only:**

## H. Application Fee

PSP#:

Receipt#:

Please select the applicable non-refundable application fee payable in Canadian Funds (CAD)

\$100 CAD for a Manitoba Bachelor of Education graduate

\$100 CAD for a Technical Vocational Teacher graduate in Manitoba (\*)

\$150 CAD for a teacher certified in another province in Canada

\$200 CAD for an internationally educated teacher

(\*) If you are certified as a Technical Vocational Teacher outside the province of Manitoba please contact the [Professional Certification Unit](#) for the application procedure.

Fee payable by:

- Cheque payable to the Minister of Finance
- Money Order payable to the Minister of Finance
- Visa or MasterCard (see form below)

*\*All cheques dishonoured by the applicant's financial institution will be assessed a charge-back fee of \$20.00 CAD.*

## I. Visa or MasterCard Service 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 \_\_\_\_\_

(Original ink signature required)

## J. Delivery

**Mail the completed, signed *Teacher Certification Application Form*, required documents, and application fee to:**

Professional Certification Unit

P.O. Box 700

402 Main Street N.

Russell, Manitoba, Canada R0J 1W0