

Teacher Certification Application Form

For Teachers Certified in
Another Province in Canada



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PLEASE USE CAPITAL LETTERS

REQUIRED DOCUMENTS CHECKLIST

IMPORTANT

IT IS MANDATORY THIS CHECKLIST BE COMPLETED AND MAILED WITH THE COMPLETED AND SIGNED TEACHER CERTIFICATION APPLICATION FORM AND THE \$150.00 CANADIAN FUNDS (CAD) FEE.

Please include all the ENCLOSED (see below) documents and make arrangements for the REQUESTED (see below) documents to be sent DIRECTLY to the Professional Certification and Student Records Unit (PCSRU) on your behalf.

Signed Teacher Certification Application form for Teachers Certified in Another Province in Canada

☐

\$150.00 (CAD) Application Fee

☐

1. Enclosed Documents

Enclosed

- A. Original and current (no more than three months old) **Criminal Record Check accompanied by a Vulnerable Sector Screening.** ☐
- B. Original and current (no more than three months old) **Manitoba Child Abuse Registry Check** ☐
- C. Photocopy of **Birth Certificate** ☐
- D. Photocopy of **Proof of Canadian Citizenship or Landed Immigrant Status or Work Visa** (if applicable) or **First Nation Status** ☐
- E. Photocopy of **Official Name Change Documents** (if applicable) ☐
- F. Photocopy of **Teaching Certificate or Teaching Credentials in each Jurisdiction held** ☐

2. Requested Documents

Requested

- A. **Official Transcripts** from each university where a degree or coursework was completed including all transfer credits ☐
- B. **Quebec Applicants** provide an official transcript of diploma of Collegial Studies (DEC) from **CEGEP** ☐
- C. Official **Statement(s) of Professional Standing** from each jurisdiction ☐
- D **Verification of Teaching Experience** (PDF) ☐

Legal Name

Surname

Given Name

Middle Name

Comments

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Education and Training
Professional Certification
and Student Records Unit

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For Office Use Only:

A. Personal Data

PSP #: _____

☐ Male ☐ Female Title _____

Please provide full legal name(s)

Legal Name

Surname

Given Name

Middle Name

Previous Name(s) _____

Birth Date

Day/Month/Year

Country of Birth

Citizenship/

Immigration Status

Other Citizenship Status

Permanent Mailing Address

Box Number or Street Address

City/Town

Province/State

Country

Postal/Zip or
Country Code

Telephone Number

Alternative

Telephone Number

Email Address

Alternate Canadian Address

Box Number or Street Address

City/Town

Province

Postal Code

Telephone Number

B. Applicant Profile

Mother tongue

I prefer to receive my correspondence in: ☐ English ☐ French

Languages
spoken

Languages you
can teach

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B. Applicant Profile Continued (Completion of this section is voluntary)

Are you an Aboriginal person, that is, First Nation (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 Aboriginal cultural-linguistic identity? Please select up to two
choices:

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Anishinaabe (Ojibway/Saulteaux) | <input type="checkbox"/> Dene (Sayisi) | <input type="checkbox"/> Inuktitut |
| <input type="checkbox"/> Dakota | <input type="checkbox"/> Ininiw | <input type="checkbox"/> Michif |
| <input type="checkbox"/> Other-please specify: _____ | | <input type="checkbox"/> Oji-Cree |

For more information about Aboriginal Identity Declaration, please contact:

Aboriginal Education Directorate
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: <http://www.edu.gov.mb.ca/abedu/index.html>

Secondary Education History (for statistical purposes only)

Diploma _____ Graduation Year _____

Secondary School _____ Province _____

C. Post-Secondary Education History

Degree Program _____

Degree Completed ☐ Yes ☐ No Graduation Year _____

University _____

Province/Country _____ Language of Instruction _____

Teacher Certification Application Form

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C. Post-Secondary Education History Continued

Degree Program _____

Degree Completed ☐ Yes ☐ No Graduation Year _____

University _____

Province/Country _____ Language of Instruction _____

Degree Program _____

Degree Completed ☐ Yes ☐ No Graduation Year _____

University _____

Province/Country _____ Language of Instruction _____

Degree Program _____

Degree Completed ☐ Yes ☐ No Graduation Year _____

University _____

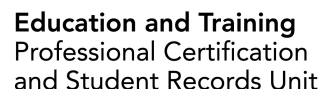
Province/Country _____ Language of Instruction _____

D. Teaching Certificate(s)

Please list all types of teaching certificate(s) held and identify the province/country that issued the certificate.

Certificate	Province/Country
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

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E. Teaching Experience Checklist

[illegible]

Your teaching experience must be verified by all past employers. Employers must complete the [Verification of Teaching Experience \(PDF\)](#) form from the following website:

This form must be mailed to Professional Certification and Student Records Unit.

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F. 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 the 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 the 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

Applicant's Initials

Teacher Certification Application Form

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.....



F. Declaration Continued

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
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 jurisdiction? ☐ Yes ☐ No

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

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F. Declaration Continued

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 Training receives all required documents and that additional information may be required.

I authorize Manitoba Education and Training 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 Training to determine if I will be certified.

I consent to Manitoba Education and Training 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 Training in this application between the time of the submission of the application and registration, I will immediately advise Manitoba Education and Training and provide the new information.

I authorize the release of information regarding my salary classification, teaching experience and my 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.

Signature _____

Date _____

(must be handwritten)

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 and Student Records Unit, Box 700, Russell MB R0J 1W0 ph. 1-800-667-2378 or 1-204-773-2998.

If you wish to pay by Visa or
MasterCard, DO NOT USE THE
PRINT BUTTON NOW, continue to
the next page.

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For Office Use Only:

G. Application Fee

PSP #: _____

Receipt #: _____

The non-refundable application fee is \$150.00 Canadian Funds (CAD).

Your Method of Payment

Cheque*	(Payable to the Minister of Finance)
Money Order	(Payable to the Minister of Finance)
Visa or MasterCard	(Complete Section H. Visa or MasterCard Service Request)

** All cheques that are dishonoured by the applicants financial institution will be assessed a charge-back fee of \$20.00 CAD*

H. Visa or MasterCard Service Request

If you wish to use your Visa or MasterCard for method of payment, this form must be completed and accompany your application.

Method of Payment

☐ Visa ☐ MasterCard

Card Number

Expiry Date

Month/Year

Cardholder Name

(as it appears on the card)

Please Print

Cardholder Signature

**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.**

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I. Delivery

Mail all required documents* with your application form, Required Documents Checklist and application fee to:

**Professional Certification and Student Records Unit
P.O. Box 700
402 Main Street N.
Russell, Manitoba, Canada
R0J 1W0**

IMPORTANT

Ensure that all requested documents that others must provide (see Required Documents Checklist) are delivered to Professional Certification and Student Records Unit (PCSRU).

** PCSRU reserves the right to request further documentation if required and may request original documents if the photocopies you provided are not acceptable.*