

**APPLICATION FOR AN EXTENSION OF PROVISIONAL
PROFESSIONAL TEACHING CERTIFICATE OR
PERMANENT PROFESSIONAL TEACHING CERTIFICATE**



(Please print)

Surname Given Name(s) PSP number

Home Mailing Address - including Postal Code

Home Phone Number Email address

My provisional certificate will expire on: _____
(Expiry date of certificate)

I am presently employed by the: _____

Name of Employer Name of School

Note: Have your employer fill out page two if you are employed as a teacher in Manitoba.

Please provide:

- An original and current (no more than 3 months old) Criminal Record Check accompanied by a Vulnerable Sector Screening also known as a Record Suspension of (Pardoned) Sex Offender Records completed at your local Law Enforcement Agency. Residents of Winnipeg may submit checks completed using the Winnipeg Police Service Online Criminal Record Check at: www.edu.gov.mb.ca/k12/profcert/criminal_records.html.
- An original current Manitoba Child Abuse Registry Check, less than 3 months old. Information about the Manitoba Child Abuse Registry Check and the application are available at: www.gov.mb.ca/fs/childfam/child_abuse_registry.html (CARC).
- If you are applying for an extension please provide a transcript of current course work or confirmation of enrolment.
- If you are applying for a permanent certificate please provide the required documents for permanent certification provided to you with your Provisional Certificate.

I hereby apply to have my Provisional Professional Teaching Certificate: **Extended** ☐

I hereby apply to have my Provisional Professional Teaching Certificate made: **Permanent** ☐

Date of Request Signature of Applicant

PART II - To be completed by the Manitoba employer if currently employed as a teacher in Manitoba:

Date: _____

Name of employee for recommendation

Surname	Given Name(s)	PSP number
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If all other requirements have been met, I recommend that the applicant be granted:

- A **Permanent** Certificate ☐
- An **Extension** of Provisional Professional Teaching Certificate ☐

I recommend that this request **not be** granted for the following reasons:

Printed Name of Recommending Authority	Signature of Recommending Authority
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 Name of School Division/District/Department

Forward completed application to:

Professional Certification Unit
 402 Main Street N. , Box 700
 RUSSELL MB R0J 1W0

FAX: 1-204-773-2411
 PHONE: 1-800-667-2378 or 1-204-773-2998

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.