

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

 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

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