

# School Clinician Application Form

## CERTIFICATION OF SCHOOL CLINICIANS IN MANITOBA

Six types of school clinician certificates exist in Manitoba:

Reading	Occupational Therapy
Audiology and Speech-Language Pathology	School Psychology
Social Work	Physiotherapy

### **Citizenship Requirements:**

You must be a Canadian Citizen or a permanent resident as defined in the Immigration Act (Canada) or have a valid work visa.

### **Provisional Certification:**

School Clinicians certified in Manitoba for the first time are issued Provisional School Clinician certificates, valid for three years. A School Clinician Certificate may be extended on the recommendation of a school superintendent.

### **Basic Qualifications for Provisional Certification:**

Reading:	An approved Master of Education degree which includes the appropriate work in clinical reading and related areas; and  Two years of approved teaching experience in which reading instruction has been an important responsibility or the equivalent clinical or remedial reading experience, or both.
Audiology and Speech-Language Pathology:	The academic qualifications needed to meet the licensing requirements of the College of Audiology and Speech Language Pathology of Manitoba.
Social Work:	A four year Bachelor of Social Work degree or an approved equivalent, and is a member of the Manitoba College of Social Workers
Occupational Therapy:	A four year Bachelor of Occupational Therapy degree or an equivalent degree and is a member of the College of Occupational Therapists of Manitoba.
School Psychology:	An approved Master's degree in School Psychology.
Physiotherapy:	A four year Bachelor of Physiotherapy degree or an equivalent degree and is a member of the College of Physiotherapists of Manitoba.

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## **Permanent Certification:**

In order to be eligible for a Permanent School Clinician Certificate (Reading, Audiology and Speech-Language Pathology, Social Work, Occupational Therapy, School Psychology and Physiotherapy), all of the following requirements must be met:

- a) two years of approved clinical experience in a Manitoba school or school related activity while holding a Provisional School Clinician Certificate; and
- b) the completion of the *Legal and Administrative Aspects of Schools for Clinicians* course at the University of Manitoba; and
- c) the recommendation of a supervising clinician and a school superintendent that the certificate be granted.

## **Classification for Salaries:**

There are seven basic classifications for salary purposes in Manitoba. The Professional Certification and Student Records Unit assigns your classification when you are certified in Manitoba.

Broadly speaking, each classification represents an additional year of university education in degree programs beyond the Manitoba Grade 12 (Senior 4) level or its equivalent. Each classification has a minimum and maximum salary with the maximum being gained after a number of years of service. Salaries are negotiated between teachers and employers.

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## APPLICATION PROCEDURE

To evaluate your request for a school clinician certificate please read and follow the instructions given:

**Complete and sign all required areas on all sections included in the School Clinician Application Form. Mail the completed forms and application fee to the Professional Certification and Student Records Unit (PCSRU).**

-- Appraisal and Certification Fee. Acceptable methods of payment are:

- 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)

### 1. Required Documents - Enclosed

- A. 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](http://www.edu.gov.mb.ca/k12/profcert/criminal_records.html). Your Criminal Record Check with the Vulnerable Sector Screening must include all current and past full legal names that match your proof of identification documents.
- B. An original and current (no more than 3 months old) Manitoba Child Abuse Registry Check. Information about the Manitoba Child Abuse Registry Check and the application form are available at: [www.gov.mb.ca/fs/childfam/child\\_abuse\\_registry.html](http://www.gov.mb.ca/fs/childfam/child_abuse_registry.html).
- C. Photocopy of Birth Certificate. If you do not have one please contact Vital Statistics.
- D. Photocopy of Proof of Canadian Citizenship or Landed Immigrant/Permanent Resident Status or a valid Work Visa (if applicable) or First Nation Status.
- E. Photocopy of Official Name Change Documents (if applicable). A photocopy of Marriage Certificate, Divorce Decree, Registration of Marriage or Vital Statistics Certificate of Name Change.

### 2. Required Documents - Transcripts and Experience

- Official transcripts sent directly from a recognized university or universities showing all course work completed at both the graduate and undergraduate levels and degrees obtained.
- Provide verification of clinician experience gained as a clinician showing commencement and termination dates of employment. This form is to be signed by your former employer and must show days worked. (The form is included in the application package.)

If you are a Canadian Educated School Clinician proceed to Page 4.

If you are an Internationally Educated School Clinician proceed to page 5.

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PLEASE USE CAPITAL LETTERS

## REQUIRED DOCUMENTS CHECKLIST FOR CANADIAN EDUCATED SCHOOL CLINICIANS

If you are and Internationally Educated School Clinician proceed to page 5.

### **IMPORTANT**

IT IS MANDATORY THIS CHECKLIST BE COMPLETED AND MAILED WITH THE COMPLETED AND SIGNED SCHOOL CLINICIAN APPLICATION FORM AND THE CANADIAN FUNDS (CAD) FEE.

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

### 1. Required Documents - Enclosed

- |   |                          |
|---|--------------------------|
| Signed School Clinician Application Form  | <input type="checkbox"/> |
| Clinician Application Fee   | <input type="checkbox"/> |
| A. Original and current (no more than 3 months old) Criminal Record Check with Vulnerable Sector Screening  | <input type="checkbox"/> |
| B. Original and current (no more than 3 months old) Manitoba Child Abuse Registry Check   | <input type="checkbox"/> |
| C. Photocopy of Birth Certificate   | <input type="checkbox"/> |
| D. Photocopy of Proof of Canadian Citizenship or Landed Immigrant/Permanent Resident Status or valid work visa (if applicable), or First Nation Status                          | <input type="checkbox"/> |
| E. Photocopy of Official Name Change Documents (if applicable)  | <input type="checkbox"/> |
| F. Audiology & Speech Language Pathologists, Occupational Therapists, Physiotherapists or Social Workers must provide a photocopy of the association membership card.           | <input type="checkbox"/> |
| G. A confidential report from your last employer or, if no employment experience has been gained, a report from the person who supervised clinical studies in a degree program. | <input type="checkbox"/> |

### 2. Requested Documents

Requested

- |  |                          |
|--|--------------------------|
| A. Official Transcripts sent directly from a recognized university or universities showing all course work completed at both the graduate and undergraduate levels and degrees obtained. | <input type="checkbox"/> |
| B. Verification of Clinician Experience (PDF)  | <input type="checkbox"/> |

Legal Name:

Surname

Given Name

Middle Name

Comments

Once completed proceed to page 7.

# School Clinician Application Form

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## REQUIRED DOCUMENTS CHECKLIST FOR INTERNATIONALLY EDUCATED SCHOOL CLINICIANS

### IMPORTANT

IT IS MANDATORY THIS CHECKLIST BE COMPLETED AND MAILED WITH THE COMPLETED AND SIGNED SCHOOL CLINICIAN APPLICATION FORM AND THE 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 School Clinician Application Form**

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**Clinician Application Fee**

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### I am enclosing the following documents:

Enclosed

- A. Original and current (no more than 3 months old) **Canadian Criminal Record Check accompanied by a Vulnerable Sector Screening** if you hold valid Canadian Citizenship, Landed Immigrant status or a valid Work Visa. ☐
- B. Original and current (no more than 3 months old) **Manitoba Child Abuse Registry Check** if you hold valid Canadian Citizenship, Landed Immigrant status or a valid Work Visa. ☐
- C. Photocopy of **Birth Certificate** ☐
- D. Photocopy of **proof of Canadian Citizenship, Landed Immigrant Status or a valid Work Visa** ☐
- E. Photocopy of **official name change documents** (if applicable)  
(Marriage Certificate or Divorce Certificate or Certificate of Name Change) ☐
- F. Audiology & Speech Language Pathologists, Occupational Therapists, Physiotherapists or Social Workers must provide a photocopy of the association membership card. ☐
- G. A confidential report from your last employer or, if no employment experience has been gained, a report from the person who supervised clinical studies in a degree program. ☐

### I have requested that the following documents be sent to PCSRU:

Requested

- A. **Verification of Clinician Experience (PDF)**

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**Translation of documents not in English or French** (check one box)

My documents are in English or French therefore, translation of the 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). ☐

## **I have requested an assessment of my Post-Secondary Education from World Education Services (WES):**

The Professional Certification and Student Records Unit (PCSRU) requires that you obtain a course-by-course evaluation of your post-secondary education completed outside of Canada from WES and requests that the evaluation report be sent directly to PCSRU. The cost of the services is \$245.00 CAD (Canadian Funds) payable to WES.

I have completed post-secondary education outside Canada and have requested transcripts from the following universities and colleges to be sent directly to WES.

Degree Program	Post-Secondary Institution	Date Ordered
Degree Program	Post-Secondary Institution	Date Ordered
Degree Program	Post-Secondary Institution	Date Ordered
Degree Program	Post-Secondary Institution	Date Ordered

**Legal Name**

Surname

Given Name

Middle Name

**Comments**

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**For Office Use Only:**

Clinician Type: \_\_\_\_\_

PSP #: \_\_\_\_\_

## A. Personal Data

☐ Male ☐ Female Title \_\_\_\_\_

**Please provide full legal name(s)**

Legal Name: \_\_\_\_\_  
Surname Given Name Middle Name

Previous Name(s): \_\_\_\_\_

Birth Date \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Day/Month/Year:

Citizenship/Immigration Status: \_\_\_\_\_ Other Citizenship Status: \_\_\_\_\_

## Mailing Address

PO Box Number or Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternative Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

## B. Applicant Profile

Mother tongue: \_\_\_\_\_

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:

Indigenous Inclusion 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 \_\_\_\_\_



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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. Clinician Experience Checklist

Please list all clinical experience below starting with the first job held.

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

### IMPORTANT

This experience must be verified officially by your employer to the Professional Certification and Student Records Unit. Employers must complete the Verification of Clinician Experience (PDF) form from the following website: [www.edu.gov.mb.ca/k12/profcert/pdf\\_docs/expclnfrm.pdf](http://www.edu.gov.mb.ca/k12/profcert/pdf_docs/expclnfrm.pdf)

The form completed by your employers must be mailed directly to Professional Certification and Student Records Unit.

Comments

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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 work within your profession/occupation and had your application denied? ☐ Yes ☐ No
2. Has your authorization and/or certification to work within your profession/occupation 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 work within your profession/occupation? ☐ Yes ☐ No
4. Have you ever - in advance of an investigation or disciplinary proceeding, either voluntarily or involuntarily restricted your professional/occupational 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 profession/occupation? ☐ 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 profession/occupation, including in your education program(s)? ☐ Yes ☐ No
7. Have any terms, conditions or limitations ever been placed on your authorization and/or certification to work within your profession/occupation in any other jurisdiction? ☐ Yes ☐ No
8. Have you ever been asked by a professional/occupational education program provider to withdraw from a professional/occupational education program? ☐ Yes ☐ No
9. Have you ever been personally prevented from carrying on your occupation as a clinician 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 clinical position or your professional/occupational certification? ☐ Yes ☐ No

Applicant's Initials

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## F. Declaration Continued

11. Have you ever been terminated or had restrictions imposed on your employment as a clinician 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 within your profession/occupation? ☐ 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 clinician 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.**

Applicant's Initials

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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.

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For Office Use Only:

## G. Clinician Application Fee

PSP #: \_\_\_\_\_

Receipt #: \_\_\_\_\_

The non-refundable Canadian Funds (CAD) application fee is (please check one):

- ☐ \$100 for School Clinicians with educational qualifications from an approved Manitoba university
- ☐ \$150 for School Clinicians with educational qualifications from a Canadian jurisdiction other than Manitoba
- ☐ \$200 for Internationally Educated School Clinicians

### **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

Applications will be returned if incomplete or unsigned.

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 Required Documents - transcripts and verification of clinician experience (see Required Documents Checklist) are forwarded to the 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.*

### The Manitoba Teachers' Society

The Manitoba Teachers' Society is a professional organization, which is concerned with the welfare and professional advancement of Manitoba teachers and school clinicians. For information regarding the benefits of membership and teaching conditions in Manitoba, please contact:

Manitoba Teachers' Society  
191 Harcourt St.  
Winnipeg MB R3J 3H2  
Phone: (204) 888-7961

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