

APPLICATION FORM

APPLICATION FOR: CERTIFICATE IN SCHOOL LEADERSHIP

NOTE: If you also wish to apply for a salary reclassification, you must submit a separate Salary Reclassification Application. You may print this form from the following web site:

http://www.edu.gov.mb.ca/k12/profcert/pdf_docs/reclass_form.pdf

If you do not have access to the Internet, you may have a copy sent to you by contacting the Professional Certification and Student Records Unit. Contact information is provided below.

PLEASE PRINT

Name:		PSP NO:
Address:		
City / Town:		
Postal Code:		
Telephone No:		

Complete and return the application form when remitting the certification fee by cheque or money order payable to the Minister of Finance. Payment may be made by credit card by completing the *Credit Card Service Request Form* and returning it with your application.

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

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.

SUBMIT YOUR APPLICATION AND CERTIFICATION FEE PAYMENT TO:

Professional Certification and Student Records Unit
Box 700
Russell MB R0J 1W0

Toll free 1-800-667-2378 (in Manitoba)
1-204-773-2998
Fax 1-204-773-2411

CREDIT CARD SERVICE REQUEST FORM

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

TYPE OF SERVICE	FEE AMOUNT	QUANTITY	TOTAL
CERTIFICATE IN SCHOOL LEADERSHIP	\$60.00		
See also Salary Reclassification application Include the salary reclassification application, when applying for a salary reclassification http://www.edu.gov.mb.ca/k12/profcert/pdf_docs/reclass_form.pdf	\$50.00		
TOTAL			

Method of Payment

☐ Visa ☐ MasterCard

Card Number _____

Expiry Date _____
Month / Year

Cardholder Name
(as it appears on the card) _____
Please Print

Cardholder Signature _____

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