

The Commissioner of Teacher Professional Conduct



Certified Teacher or Clinician Self-Report Form

IMPORTANT: For optimal use of this PDF form, download it to your digital device and complete it using Adobe Acrobat Reader or another Adobe Acrobat product. A free copy of Adobe Acrobat Reader can be downloaded at <https://get.adobe.com/reader/>.

Purpose of this Form

This form collects information required for a certified Manitoba teacher or clinician to self-report any charge or conviction as prescribed by section 8.10(4) of The Education Administration Act to the Commissioner of Teacher Professional Conduct.

Part 1 – Teacher or Clinician Information

Name of Teacher or Clinician:

Professional School Personnel (PSP) Number:

Teacher or Clinician's Mailing Address:

Teacher or Clinician's Email Address:

Date Hired:

Name of Employer:

Name of School:

Date of Suspension, Termination, or Resignation (if applicable):

Part 2 – Criminal Charge or Conviction

Education Administration Act – Teacher or Clinician's self report of charge or convictions

8.10(4) A teacher must report to the commissioner without delay if they have been charged or convicted of an offence relating to the sexual or physical abuse of a child.

Please check all applicable boxes:

Charged

Convicted

Sexual abuse of a child

Physical abuse of a child

Provide a clear and detailed description of the charge(s) and/or conviction(s) under the Criminal Code (Canada) relating to the physical or sexual abuse of a child or children along with the current status of the charge(s) and/or conviction(s).

Part 3 – Information about your employer (if applicable)

Have you informed your employer of your charge or conviction? Yes No

Has your employer taken action against you due to your charge or conviction? Yes No

If yes, please check **all** applicable boxes:

Administrative leave

Suspension

Termination of a contract or employment

Mutual agreement for termination of a contract or employment

Other, please specify:

Have you contacted your legal counsel, business agent, or union representative about your charge or conviction? Yes No

Please submit all supporting documents and materials alongside the completed self-report form. The Commissioner of Teacher Professional Conduct may in the future request additional information, documents, or materials.

Declaration

I, _____, attest that the information provided in this form is true, accurate and complete to the best of my knowledge and understand that the personal information being collected is for the purposes described at the beginning of this form.

This declaration is dated _____ .

Save the completed form and press the submit button below. Alternatively, you can print it and send a scanned copy by email at tcs@gov.mb.ca. If you are unable to email your employer report form, send it by mail to 309-1181 Portage Ave., Winnipeg, MB R3G 0T3 or by fax at 204-945-1625.