



College of  
Registered Nurses  
of Manitoba

# Registered Nurse (Extended Practice) 2018

Application Package

Extended Practice Register Applicant Instructions

---

Application for RN(NP) Exam

---

Application for Registration on the Graduate Nurse Practitioner Register

---

Application for Registration on the Extended Practice Register

---

Entry into the Exam Room Policy



# Extended Practice Register Applicant Instructions 2018

## Communication

Our primary mode of communication with applicants is via email. Please provide a valid email address on your application form and check your email, including your junk folder on a regular basis. Once an application has been reviewed, you will receive a confirmation email from Registration Services regarding all requirements needed to complete the application process.

In order to practise as a registered nurse extended practice RN(NP) or nurse practitioner in Manitoba and to use the designation RN(NP) or NP, a person must meet the requirements to be registered with the College of Registered Nurses of Manitoba on the register of practicing RNs and the register of RN(NP)s. If you are not currently registered as an RN with the College you will need to also complete the Application for Registration on the Practicing Register 2018 for registration as an RN. Assessment for registration as an active practicing RN(NP) requires the College to open a file for you to begin your application process. Any documentation received before an application file has been opened and assigned an applicant number will not be retained by the College. Your eligibility to register as an RN(NP)/NP will be evaluated following successful completion of the following requirements:

### 1. Application

Complete the Application for Registration on the Extended Practice Register and return it with the non-refundable application processing fee of \$52.50 (\$50.00 plus \$2.50 GST). Your completed application should be sent once only by fax or mail to prevent duplicate payments or charges.

### 2. Verification of Current Registration as an Advanced Practice Nurse in Another Jurisdiction

Copy and complete the upper portion of the Request for Verification of Registration and submit to the jurisdiction in which you are currently registered as an advanced practice nurse. They must complete the form and must return it directly to the College. Verifications of Registration are valid for one year from the date they were completed or sooner if an expiry date is indicated on the verification form. **Faxes, photocopies and scanned copies will not be accepted.**

### 3. Nursing Education Documents

In Manitoba, the University of Manitoba: master of nursing program (nurse practitioner major) meets the educational requirements for eligibility to write one of the approved NP exams. Registered nurses who

hold a master of nursing degree from the University of Manitoba (non-nurse practitioner major) can fulfill the educational requirements for registration on the extended practice register by successfully completing the advanced graduate diploma: advanced nursing practice at Athabasca University.

Outside of Manitoba, a program meets the educational requirements if it allows for eligibility to write one of the approved NP exams or to establish initial registration as an NP in another Canadian jurisdiction. You must arrange for a course completion letter to be sent to the College by your educational institutions, specifying the name of the program and date of completion.

If you are a graduate of an advanced practice program outside of Canada, complete and send the International Qualifications Assessment Service (IQAS) Application Form and Assessment Release Form to IQAS for a basic assessment. Follow the directions on the form and include the required documents and fee. Your assessments must be mailed by IQAS directly to the College office. You must indicate that you are applying for registration on the extended practice register.

Additional information and forms are available at <http://work.alberta.ca/>

If you completed the College's Assessment of Prior Learning and Clinical Competence, please indicate date of successful completion.

#### 4. Results from one of the accepted language tests

If English or French is not your first language\*, you must not apply until you are able to provide evidence of having achieved acceptable scores on one of the English or French language tests accepted by the College. For the purpose of opening a file, you may include a copy of the test results that you received, but must arrange for the College to receive a copy of the official results directly from the testing company within one month from the date of the application. Language fluency test results are valid for two years from the date of the test.

\* *English or French is only considered to be your first language if it is either:*

- a) The language you primarily use for reading, writing, listening and speaking and it is the language you first learned and understood in childhood, or
- b) it is the language you primarily use for reading, writing, listening and speaking and it is the language you know best and are most comfortable with

Applicants who have been registered in a Canadian jurisdiction with equivalent language proficiency requirements within the two years prior to the date of the application for registration are considered to have met the language fluency requirement.

#### 5. Proof of Identification (photo)

Acceptable forms of identification include: photocopy of passport, permanent resident card, driver's license or other government-issued picture identification and a copy of marriage/ divorce certificate (if applicable to verify a name change).

#### 6. Examination

Applicants must successfully pass an examination approved by the board of directors of the College. Upon successful completion of requirements 1 through 5, applicants will be notified of their eligibility to write. Applicants must apply to write and pass any one of the approved exams to meet the requirements of RN(NP) registration and be registered with the College. Applicants who have previously written and passed any of the approved exams should contact Registration

Services at the College for additional information.

For those choosing to write the CNPE exam, information regarding the exam location and time will be emailed to candidates approximately two weeks prior to the exam sitting. Exam results will be emailed to candidates approximately six weeks after the exam, once received from the test provider. Exam results are not released in person or over the phone.

To see our list of approved exams, please see Registration Policy [R-4: Examinations](#).

#### 7. Professional Liability Protection:

If you do not yet have a College registration number, you will need to wait for an email from the College with your ID number so you can provide this number to the insurance provider. You are required to obtain RN(NP) professional liability protection through the Canadian Nurses Protective Society (CNPS). You have two options to obtain professional liability protection:

- 1) **Purchase a membership with the Association of Registered Nurses of Manitoba.** The Association is now the jurisdictional member of CNPS for Manitoba. By purchasing a membership with the Association, you will receive professional liability protection from CNPS. If you choose this option, confirmation of your professional liability protection will be communicated directly to the College by the Association on your behalf. Please contact the Association directly if you have questions related to professional liability protection or other membership benefits. Visit [arnm.ca](http://arnm.ca) to purchase professional liability protection.
- 2) **Purchase professional liability protection directly from CNPS.** If you choose to obtain professional liability protection through CNPS directly, confirmation of your protection will be communicated to the College by CNPS on your behalf. It may take up to two business days from the date you obtain professional liability protection for the College to receive confirmation. Please contact CNPS directly if you have any questions about purchasing individual coverage or other CNPS services. Visit [cnps.ca](http://cnps.ca) to purchase professional liability protection.

If you already have professional liability protection through CNPS as an RN, you will need to upgrade your insurance to RN(NP).

In the event that there are inconsistencies in any of the information that is provided to the College during the application process, the College reserves the right to require that additional supporting documentation be provided. This may result in your having to arrange for the College to receive information over and above that which is outlined above. The College may make improvements or changes to the information described at any time without notice.

---

Registration fees will vary depending on the time of year in which you register. Please contact our registration team for specific fees.

**If you have any questions, please contact our registration team at**

890 Pembina Highway  
Winnipeg, MB R3M 2M8

P 204-774-3477  
TF (Manitoba) 800-665-2027  
F 204-775-7117

[registration@crnm.mb.ca](mailto:registration@crnm.mb.ca)



**College of  
Registered Nurses  
of Manitoba**

890 Pembina Highway  
Winnipeg, MB R3M 2M8

P 204-774-3477  
TF (Manitoba) 800-665-2027  
F 204-775-7117

registration@crnm.mb.ca

# Application for RN(NP) Exam 2018

Submission of this application does not guarantee registration. Therefore, do not make life or career decisions based on the probability that you may be registered. Plan ahead for the time it will take to receive and review all required documents and complete our evaluation.

I understand that this is an application form only and that I must meet the criteria for registration outlined in *The Registered Nurses Act (C.C.S.M. c. R40) and Regulations* and set out in the sheet attached to this application form. I understand that in order to practise nursing in Manitoba, I am required by law to hold a license with the College of Registered Nurses of Manitoba (the College) before I commence employment as a registered nurse (RN), including any orientation.

OFFICE USE ONLY	Date	Signature
Approved for CNPE		
Date Received _____ Reference No. _____ Payment Amount _____ <input type="checkbox"/> CDN <input type="checkbox"/> US		
Batch No. _____ Date Entered _____ Date Completed _____ Completed by _____		
Item Code: CNPE - GLACCOUNT: 20330-00 / CNPE_ADMIN - GLACCOUNT: 20335-00 / APP_CNPE - GLACCOUNT: 32160-10		

## Applicant Information:

*(to be completed by the applicant)*

_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	
Former/Alias/Other Names Used	Address	
_____	_____	_____
City/Town	Province/State	Country
_____	_____	_____
Postal/Zip Code	Phone No.	Date of Birth (yy/mm/dd)
_____		
Email		

Is English or French the language you learned at home as a child and/or the language you primarily use for reading, writing, listening and speaking? YES  NO

1. Have you previously written an approved RN(NP) exam (CNPE, PNCB-Pediatric, AANPCP-Adult Gerontology)? YES  NO

If yes, please indicate date(s) and province/state:

Date: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Date: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Date: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

2. Please indicate your advanced nursing education:

Name of School	City, Province/ State and Country	Language of Instruction	Course Completion Date (mm/yy)	Education Credential

If applicable please indicate date of successful completion of the College's Assessment of Prior Learning and Clinical Competence: \_\_\_\_\_

3. I am applying for the examination on:

Date	Exam
<input type="checkbox"/> Oct. 10, 2018 ( <i>Deadline to apply: Aug. 29, 2018</i> )	<input type="checkbox"/> CNPE (English) <input type="checkbox"/> CNPE (French)

Examination applicants must meet all other registration requirements before being eligible to write the examination. Information regarding the examination location and time will be emailed to candidates approximately two weeks prior to the exam sitting.

## Authorization and Consent

I authorize the collection, use and disclosure of personal information concerning myself consistent with the confidentiality provisions set out in sections 62 and 62.1 of *The Registered Nurses Act* which are attached to this application.

In addition, I authorize the College to carry out the procedures necessary for the assessment of my eligibility for registration. This includes making copies of my application and any other documents provided for the purpose of assessment and/or contacting pertinent institutions or authorities to verify the authenticity of my documents and the information provided. I agree that a copy of this application and any other documents provided by me or on my behalf may be sent by the College to other regulatory bodies and/or pertinent institutions or authorities allowing them to release information to the College.

I declare that all of the information I have provided, or has been provided on my behalf, in my application is complete and truthful. This applies to this application for registration as well as all documents received during the application process (such as educational transcripts, verifications of registration and written correspondence). I understand that the College will immediately cancel my application and I may be prohibited from applying in the future if:

1. I have provided any inaccurate information;
2. I have omitted required information; or
3. the College determines that any documents submitted by me or on my behalf during the application or assessment process have been altered, tampered with or forged.

I have read and understand the information on this form and agree to the terms stated herein.

I do solemnly declare that the foregoing information and statements are true in every particular, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED before me at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
City/Town, Province/State, Country

\_\_\_\_\_  
Applicant Name (please print legibly)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witness Name (please print legibly)

\_\_\_\_\_  
Witness Signature

## Candidate Agreement for the Canadian Nurse Practitioner Examination: Family / All Ages

Candidates that engage in irregular behaviour, misconduct, or cheating either prior, during or after the Canadian Nurse Practitioner Examination: Family / All Ages (CNPE: F/AA) and/or do not follow an invigilator's warning to discontinue inappropriate behaviour on exam day may be dismissed from the writing centre with no refund on their exam fee.

Unauthorized production, reproduction or publication of the exam questions is also prohibited by copyright laws. In addition, measures and statistical procedures are implemented to detect cheating (e.g., copying answers from another candidate, voluntarily or involuntarily providing answers to another candidate). Unauthorized disclosure of the contents of the exam questions and any other form of cheating is an unethical behaviour and shall result in sanctions. If the regulatory authority determines that a candidate has cheated on the exam, the candidate is automatically assigned a fail result and the writing is counted as an exam attempt. Other sanctions may be imposed and may extend to denial of a licence and/or disqualification from future registrations for the CNPE: F/AA.

Irregular behaviour, misconduct and/or cheating include but are not limited to the following:

- copying, producing, reproducing, removing exam questions and/or responses (in any format) or taking notes about the exam from the writing centre exam room or outside the exam room
- disclosing exam questions or responses, in whole or in part, in any form or by any means (orally, in writing, electronically, on the Internet, "brain dumping," "discussion boards" or otherwise such as but not limited to Facebook, Twitter or other forms of social media)
- giving or receiving assistance of any kind
- taking the exam for someone else or having the exam taken for you
- using prohibited aids such as cell/mobile phones, hand-held computers or other electronic devices, recording or photographic devices, watches, etc.
- bringing study aids (test preparation materials or study materials, textbooks, notebooks, classroom notes, etc.) to the writing centre or accessing or attempting to access such study aids at any time after the start of the exam including but not limited to washroom breaks
- seeking help in answering questions (in person, by phone, text, by e-mail, etc.), engaging in disruptive disturbances or causing disturbances of any kind, and/or failing to follow invigilator instructions

Personal items including but not limited to wallets, watches, purses, hats, bags or coats are not permitted at the desk/table (see the attached Entry into the Exam Room Policy for the complete list of prohibited items). These items must be stored in a secure area designated by the invigilator. Personal belongings may not be accessed at any time during the exam.

### Candidate's Declaration

I understand the provisions above and agree to comply with the Candidate Agreement for the Canadian Nurse Practitioner Examination: Family / All Ages (CNPE: F/AA). I also agree to comply with the Entry into the Exam Room Policy. My signature on this form constitutes my agreement not to copy, disclose, produce, reproduce, or otherwise engage in the publication of examination questions or responses, and not to engage in irregular behaviour, misconduct and/or cheating with respect to the CNPE: F/AA.

---

Print Name

---

Signature

---

Date



**Please note:** All information below this line related to payment of fees will be removed and destroyed once the payment has been successfully processed.

**Payment:**

The following fees must be included with this application:

- CNPE fees - **\$938.44** (includes GST and non-transferable/non-refundable \$131.25 administration fee)
- Application processing fee - **\$157.50** (non-transferable and non-refundable, includes GST)

Fees are subject to change without notice. Your completed application should be sent once only by fax or by mail to prevent duplicate payments or charges to your credit card.

I am paying by:

- Certified Cheque       Money Order       Interac (in person only)
- Visa Debit       Credit Card:

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Card Number: _____ Expiry: _____ / _____
Name of card holder: _____
Authorizing Signature: _____

---

Registration fees will vary depending on the time of year in which you register. Please visit our website for a breakdown of fees.

**If you have any questions, please contact our registration team at**

890 Pembina Highway  
Winnipeg, MB R3M 2M8

P 204-774-3477 e. 300  
TF (Manitoba) 800-665-2027 e. 300  
F 204-775-7117

[registration@crnm.mb.ca](mailto:registration@crnm.mb.ca)

# Entry Into the Exam Room Policy Canadian Nurse Practitioner Examination

Permitted Items in the Exam Room	Permitted Items in a Designated Area of the Exam Room	Non-Permitted Items in the Exam Room
<p><b>Items for Writing the Examination:</b></p> <ul style="list-style-type: none"> <li>✓ 2 or 3 sharpened pencils (provided)</li> <li>✓ Eraser (white preferable) (provided)</li> <li>✓ Photo identification showing complete legal name Important: Must be a Government issued photo ID (i.e., driver's license, passport, or military, etc). The first and last name printed on the photo ID must match exactly the first and last name submitted to the College on the CNPE application form.</li> <li>✓ Candidate exam identification (ID) card with bar codes</li> </ul> <p><b>Clothing:</b></p> <ul style="list-style-type: none"> <li>✓ Layered clothing</li> <li>✓ Sweaters with no pockets or a hood</li> <li>✓ Footwear: candidates should wear soft-soled shoes in order to maintain a quiet exam environment</li> </ul> <p><b>Important:</b> Invigilators are entitled to ask to check candidates' hats, head coverings, pockets, etc in order to maintain exam security. If a candidate prefers this to be done in private, he or she may ask the invigilator to conduct the check in private.</p> <p><b>Personal Items:</b> The following items must be placed in a small clear plastic bag and visible during the admission to the exam room:</p> <ul style="list-style-type: none"> <li>✓ One small clear water bottle (500 ml) – with no label</li> <li>✓ Throat lozenges only</li> <li>✓ Clear plastic package of tissues</li> <li>✓ Foam/non-electronic ear plugs</li> <li>✓ Analog watch</li> </ul> <p><b>Important:</b> The above personal items are permitted at your desk. These items must be visible at all times. Any other personal item must be stored in a designated area in or outside of the exam room.</p>	<p><b>The following items are not permitted on you or near your desk area (e.g., on the desk/table or under the chair):</b></p> <ul style="list-style-type: none"> <li>• Bags of any kind (backpack, knapsack, briefcase, tote bag, etc)</li> <li>• Feminine hygiene products</li> <li>• Purses or wallets</li> <li>• Coats or jackets</li> <li>• Gloves and/or scarves</li> </ul> <p><b>Important:</b> If any of the above items are brought into the exam room, you will be required to leave them in a designated area in or outside of the room. Anything lost/stolen is your responsibility</p> <p><b>Special Requests:</b> If you have a disability prohibiting you from taking the exam under the conditions stated above or a special request such as a medical need (e.g. hearing aid, medication, asthma pump, etc.), you must receive advanced approval by the College during the application process to allow special items in the exam room on exam day.</p> <p style="text-align: center;"><b>You may be denied access into the exam room if this policy is not adhered to.</b></p> <p style="text-align: center;"><b>If you have any concerns or questions, please contact the College.</b></p>	<p><b>Strictly Prohibited Items:</b></p> <ul style="list-style-type: none"> <li>✗ Any electronic or communication devices including but not limited to the following: <ul style="list-style-type: none"> <li>• Cell Phone/Mobile Phone</li> <li>• Personal digital assistant (PDA)</li> <li>• iPod/iPad</li> <li>• Digital Watch</li> <li>• Hand-held Computer</li> <li>• Headphone/headset/earpiece</li> <li>• Calculator</li> <li>• Music Equipment</li> <li>• Pager</li> <li>• Recording Device</li> <li>• Camera of any kind</li> </ul> </li> <li>✗ Study materials of any kind, including but not limited to the following: <ul style="list-style-type: none"> <li>• Books</li> <li>• Notes</li> <li>• Blank paper</li> </ul> </li> <li>✗ Hats of any kind, including but not limited to the following: <ul style="list-style-type: none"> <li>• Baseball caps</li> <li>• Tuque (knitted cap)</li> <li>• Hooded sweater/jacket</li> </ul> </li> <li>✗ Food or drink, including candy and gum (however, the candidate is allowed one small clear water bottle (500 ml) with no label).</li> </ul> <p><b>Important:</b> Special medical needs must be requested in advance by the candidate and must be authorized by the College.</p> <ul style="list-style-type: none"> <li>✗ Pens of any kind (ink, ballpoint, digital, mechanical pen with eraser)</li> <li>✗ High heels or flip flops (e.g., shoes that make noise)</li> <li>✗ Scents (e.g., perfume, lotion, cologne, aftershave). To respect those who are sensitive to scents, the exam room is a scent-free environment.</li> </ul>



# Application for Registration on the Graduate Nurse Practitioner Register 2018

If you wish to apply for registration on the Graduate Nurse Practitioner or RN(GNP) Register, please ensure that all three pages (application and graduate nurse practitioner mentor and employer information) have been completed.

## Applicant Information (to be completed by the applicant)

First Name

Last Name

Registration Number

1. Select the client population for whom you provide health care services:

- Family (all ages)       Pediatric (neonatal)       Adult

### I understand the following requirements:

- Upon approval for registration on the RN(GNP) register, I am permitted to practise as an RN(GNP) for a period of four months and I may submit another application for the purpose of renewing my RN(GNP) registration for another four months if required.
- Upon approval for registration on the RN(GNP) Register, I am permitted to use the title Graduate Nurse Practitioner and designation RN(GNP).
- I am only permitted to practise under the supervision of an RN(NP)/NP member of the College of Registered Nurses of Manitoba (the College) or a physician member of the College of Physicians and Surgeons of Manitoba.
- I may not independently:
  - prescribe
  - order or receive diagnostic tests
  - perform minor surgical procedures
- I must establish a mentor relationship with a Manitoba RN(NP)/NP or physician who will supervise my practice and provide a co-signature on prescriptions and diagnostic tests I order.
- I am required to provide completed mentor reports to the College (manager, registration services) every three months from the date of registration as an RN(GNP).
- My RN(GNP) registration will expire a) 30 days after the College receives the results of the NP examination if I pass, or b) will expire three weeks after the College receives the results of the NP examination if I fail or, c) immediately following a second failure or withdrawal from the examination.
- Practice hours accrued while on the RN(GNP) register can be claimed as RN hours for the purpose of registration renewal on the Practising Register of Registered Nurses.
- Failure to comply with the conditions as set out in this document will result in the executive director of the College reviewing my RN(GNP) registration status, which may result in disciplinary action.

Applicant Signature

Date

OFFICE USE ONLY	Date	Signature
Approved for RN(GNP) Register		



# Graduate Nurse Practitioner Mentor and Employer Information

## Mentor Information (to be completed by the RN(GNP) applicant's mentor)

I have read and understand the requirements of Graduate Nurse Practitioner registration as outlined below.

I \_\_\_\_\_, \_\_\_\_\_ agree to be a mentor for \_\_\_\_\_  
Mentor Name (please print legibly)                      Designation                      Applicant Name (please print legibly)

### I agree to:

- support his/her professional nursing practice through discussion of integration of theory to nurse practitioner practice
- supervise his/ her practice and provide a co-signature on prescriptions and diagnostic tests
- regularly meet with the individual
- review and sign the individual's mentor reports (please see example attached) that must be submitted to the College every three months

\_\_\_\_\_  
Mentor Signature

\_\_\_\_\_  
Date

## Employer Information (to be completed by the RN(GNP) applicant's employer)

I have read and understand the requirements of Graduate Nurse Practitioner registration as outlined below.

I agree to support the practice of the Graduate Nurse Practitioner and the RN(GNP)/Mentor relationship

\_\_\_\_\_  
Employer Name (please print legibly)                      Facility/Organization                      Position/Title

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

### Graduate Nurse Practitioner Requirements

1. Upon approval for registration on the RN(GNP) register, the RN(GNP) is permitted to practise as an RN(GNP) for a period of four months and may submit another application for the purpose of renewing RN(GNP) registration for another four months if required.
2. Upon approval for registration on the RN(GNP) Register, the RN(GNP) is permitted to use the title Graduate Nurse Practitioner and designation RN(GNP).

3. The RN(GNP) is only permitted to practise under the supervision of an RN(NP)/NP member of the College of Registered Nurses of Manitoba (the College) or a physician member of the College of Physicians and Surgeons of Manitoba.
4. The RN(GNP) may not independently
  - prescribe
  - order and receive diagnostic tests
  - perform minor surgical procedures
5. The RN(GNP) must establish a mentor relationship with a Manitoba RN(NP)/NP or physician who will supervise his/her practice and provide a co-signature on prescriptions and diagnostic tests he/she orders.
6. The RN(GNP) is required to provide completed mentor reports to the College (manager, registration services) every three months from the date of registration as an RN(GNP).
7. The RN(GNP)'s registration will expire a) 30 days after the College receives the results of the NP examination if the RN(GNP) passed, or b) will expire three weeks after the College receives the results of the NP examination if the RN(GNP) failed or, c) immediately following a second failure or withdrawal from the examination.
8. Practice hours accrued while on the RN(GNP) register can be claimed as RN hours for the purpose of registration renewal on the Practicing Register of Registered Nurses.
9. Failure to comply with the conditions as set out in this document will result in the executive director of the College reviewing the RN(GNP)'s registration status which may result in disciplinary action.

Please submit completed form to:

**College of Registered Nurses of Manitoba**  
**890 Pembina Highway Winnipeg, MB R3M 2M8**  
**Or fax to: (204) 775-7117**



**College of  
Registered Nurses  
of Manitoba**

890 Pembina Highway  
Winnipeg, MB R3M 2M8

P 204-774-3477  
TF (Manitoba) 800-665-2027  
F 204-775-7117

registration@crnm.mb.ca

# Application for Registration on the Extended Practice Register 2018

Submission of this application does not guarantee registration. Therefore, do not make life or career decisions based on the probability that you may be registered. Plan ahead for the time it will take to receive and review all required documents and complete our evaluation.

I understand that this is an application form only and that I must meet the criteria for registration outlined in *The Registered Nurses Act (C.C.S.M. c. R40) and Regulations* and set out in the sheet attached to this application form. I understand that in order to practise nursing in Manitoba, I am required by law to hold a license with the College of Registered Nurses of Manitoba (the College) before I commence employment as a registered nurse (RN), including any orientation.

OFFICE USE ONLY	Date	Signature
Approved for Examinations		
Approved for Registration		
Date Received _____ Reference No. _____ Payment Amount _____ <input type="checkbox"/> CDN <input type="checkbox"/> US		
Batch No. _____ Date Entered _____ Date Completed _____ Completed by _____		
Item Code: APP_RNEP - GLACCOUNT: 30130-10		

## Applicant Information:

*(to be completed by the applicant)*

_____ Last Name	_____ First Name	_____ Middle Name
_____ Former/Alias/Other Names Used	_____ Address	
_____ City/Town	_____ Province/State	_____ Country
_____ Postal/Zip Code	_____ Phone No.	_____ Date of Birth (yy/mm/dd)
_____ Email		

Is English or French the language you learned at home as a child and/or the language you primarily use for reading, writing, listening and speaking? YES  NO

1. Are you currently registered as a registered nurse in Manitoba? YES  NO   
 If yes, what is your six digit Manitoba registration number? \_\_\_\_\_

2. Have you been referred for and/or completed a competency assessment (such as a substantially equivalent competency assessment) in another Canadian province/territory? YES  NO

If yes, indicate the province/territory: \_\_\_\_\_  
 and date: \_\_\_\_\_

Did you complete the assessment? YES  NO   
 If yes, what was the outcome? \_\_\_\_\_

\_\_\_\_\_

If no, why not? \_\_\_\_\_  
 \_\_\_\_\_

3. Have you written an approved RN(NP) exam (CNPE, PNCB-Pediatric, AANPCP-Adult Gerontology)? YES  NO

If yes, please indicate exam date(s) and province/state:

Date: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Date: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Date: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

4. Do you hold current active practicing registration of any kind (including licensed practical nurse registration) in any jurisdiction(s) including Manitoba, Canada or worldwide? YES  NO

If yes, please provide information below:

Jurisdiction	Type of Registration	Date Obtained	Expiry Date

5. Have you been registered (including licensed practical nurse) in any other jurisdictions including Manitoba, Canada or worldwide in the last seven years? YES  NO

If yes, please provide information below:

Jurisdiction	Type of Registration	Date Obtained	Expiry Date

6. Please indicate your advanced nursing education:

Name of School	City, Province/ State and Country	Language of Instruction	Course Completion Date (mm/yy)	Education Credential

If applicable please indicate date of successful completion of the College's Assessment of Prior Learning and Clinical Competence: \_\_\_\_\_

7. Select the client population for whom you provide health care services:

- Family (all ages)     Pediatric (neonatal)     Adult

8. For reinstatement purposes only, have you practised a minimum of 900 hours as an RN(NP)/Nurse Practitioner in the last three years or 300 hours in the last year? YES  NO

## Authorization and Consent

I authorize the collection, use and disclosure of personal information concerning myself consistent with the confidentiality provisions set out in sections 62 and 62.1 of *The Registered Nurses Act* which are attached to this application.

In addition, I authorize the College to carry out the procedures necessary for the assessment of my eligibility for registration. This includes making copies of my application and any other documents provided for the purpose of assessment and/or contacting pertinent institutions or authorities to verify the authenticity of my documents and the information provided. I agree that a copy of this application and any other documents provided by me or on my behalf may be sent by the College to other regulatory bodies and/or pertinent institutions or authorities allowing them to release information to the College.

I declare that all of the information I have provided, or has been provided on my behalf, in my application is complete and truthful. This applies to this application for registration as well as all documents received during the application process (such as educational transcripts, verifications of registration and written correspondence). I understand that the College will immediately cancel my application and I may be prohibited from applying in the future if:

1. I have provided any inaccurate information;
2. I have omitted required information; or
3. the College determines that any documents submitted by me or on my behalf during the application or assessment process have been altered, tampered with or forged.

I have read and understand the information on this form and agree to the terms stated herein.

I do solemnly declare that the foregoing information and statements are true in every particular, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED before me at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
City/Town, Province/State, Country

\_\_\_\_\_  
Applicant Name (please print legibly)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Witness Name (please print legibly)

\_\_\_\_\_  
Witness Signature



**Please note:** All information below this line related to payment of fees will be removed and destroyed once the payment has been successfully processed.

**Payment:**

A non-refundable application processing fee of **\$52.50** (\$50.00 plus \$2.50 GST) **MUST** be enclosed with this application. Fees are subject to change without notice. Your completed application should be sent once only by fax or by mail to prevent duplicate payments or charges to your credit card.

I am paying by:

- Certified Cheque       Money Order       Interac (in person only)  
 Visa Debit       Credit Card:

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Card Number: _____ Expiry: _____ / _____
Name of card holder: _____
Authorizing Signature: _____

---

Registration fees will vary depending on the time of year in which you register. Please visit our website for a breakdown of fees.

**If you have any questions, please contact our registration team at**

890 Pembina Highway  
Winnipeg, MB R3M 2M8

P 204-774-3477 e. 300  
TF (Manitoba) 800-665-2027 e. 300  
F 204-775-7117

[registration@crnm.mb.ca](mailto:registration@crnm.mb.ca)



**College of  
Registered Nurses  
of Manitoba**

890 Pembina Highway  
Winnipeg, MB R3M 2M8

P 204-774-3477  
TF (Manitoba) 800-665-2027  
F 204-775-7117

registration@crnm.mb.ca

# Request for Verification of Registration

**Part A: Applicant**

**Applicant:** Please complete Part A only and forward this form to the registering/licensing authorities as directed in the instructions. If you require more copies, please photocopy this form. The registering/licensing authority will complete **Part B** and forward the verification directly to the College of Registered Nurses of Manitoba.

_____	_____	_____
Last Name	First Name	Date of Birth (yy/mm/dd)
_____		
Address		
_____		
_____	_____	_____
City/Town	Province/State	Country
_____		
_____	_____	_____
Postal/Zip Code	Home Phone No.	Cell Phone No.
_____		
_____	_____	
Registration Number (if applicable)	Email	

I hereby give consent for release of information as requested by the College of Registered Nurses of Manitoba.

_____	_____
Signature	Date

**Part B: Registering/Licensing Authority**

**Registering/Licensing Authority:** Please complete **Part B** and send directly to the College of Registered Nurses of Manitoba at the address above:

_____		
Name of Registering Board/Authority		
_____		
_____	_____	_____
Name of Nursing Education Program	Location	Graduation Year

1. Was the above program an approved nursing education program at the time of completion? YES  NO

2. Initial Registration Date: \_\_\_\_\_

3. Registered by:  Examination  Endorsement

4. Registration Expiry Date: \_\_\_\_\_

5. Current Registration Status:  Practicing  Non-practicing  Other \_\_\_\_\_

6. Is this registration suspended or revoked? YES  NO

7. Does this registration have conditions attached to it? YES  NO

8. Name of Examination written: \_\_\_\_\_

9. Date of Examination: \_\_\_\_\_

_____	_____
Name	Position/Title

_____
Email

_____	_____
Signature	Date

**STAMP or  
OFFICIAL SEAL**