NCLEX-RN Exam Eligibility and Graduate Nurse Register 2017

Application Package

Student Instructions

Application for Exam Eligibility

Application for Registration on the Graduate Nurse Register

Request for Verification of Registration

Criminal Record Checks for Registration
Applicant Instructions 2017

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 accordance with The Registered Nurse Act and Regulations, in order to practise as a registered nurse or a graduate nurse in Manitoba and to use the designation registered nurse or graduate nurse, a person must be on the register of practicing registered nurses or the register of graduate nurses. Successful completion of the National Registered Nurse Exam (NCLEX-RN) is a requirement for registration as a practicing registered nurse. Assessment for registration as a graduate nurse requires the College of Registered Nurses of Manitoba to open a file for you to begin your application process. Please be advised that any documentation received before an application file has been opened and assigned an applicant number will not be retained by the College.

1. Application for Exam Eligibility:

In order to be eligible to write the exam, you must submit an exam eligibility application and application fee of $157.50 ($150 plus $7.50 GST). You must complete the exam eligibility application form entering your name exactly as it appears on the valid government-issued photo ID (e.g. passport, driver’s license) that you will use to enter the examination writing centre. Your completed application should be sent once only by fax or by mail to prevent duplicate payments or charges to your credit card.

2. Create an Account with Pearson Vue:

NCLEX-RN writings take place at Pearson Vue Testing Centres. Students must register with Pearson Vue at the same time as applying for exam eligibility with the College. Registering with Pearson Vue can be done online at http://pearsonvue.com/nclex or via telephone at 1-866-49-NCLEX (1-866-496-2539) Monday to Friday 7 a.m. - 7 p.m. (CST). Pearson Vue is open for registration for Canadian NCLEX writers beginning Nov. 3, 2014.
3. **Criminal Record Check:**

   The Registered Nurse Regulation requires that you undergo a nationwide criminal record check that includes a vulnerable sector search. The criminal record check must be current within six months of the date of the application. Please ensure all current, former, alias and other names used are shown on the Criminal Record Check. You must provide a criminal record check from any country, including Canada, in which you resided within the previous six months. This process may include submitting fingerprints. Once the criminal record check has been completed you must send the College the original copy. The Criminal Record Check is valid for one year from the date it was issued. Faxes, photocopies and scanned copies will not be accepted.

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. You must arrange for the College to receive a copy of the official results directly from the testing company. 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

5. **Verification of Registration:**

   If you currently hold or have held in the last seven years active practicing registration in another Canadian province or jurisdiction including Manitoba, you are required to obtain verification from the regulatory body(ies). You may make copies of this form if you need more than one.

   Complete the upper portion of the Request for Verification of Registration form and submit it to the appropriate regulatory body or bodies with which you have been registered. 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.**

6. **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).

7. **Course Completion Letter:**

   If you completed your basic nursing education within Canada, you must arrange for a course completion letter to be sent to the College by your educational institution specifying name of program and date of completion. Please note your basic nursing education program must be approved for RN registration in your jurisdiction. It will take time for your faculty to review your file prior to sending the letter to the College.

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.
After Exam Approval

- Once the College approves your application for exam eligibility, you will receive an Authorization to Test (ATT) email from Pearson Vue. You will then have to schedule your exam writing with Pearson Vue: [http://pearsonvue.com/nelex](http://pearsonvue.com/nelex)
- Please visit [www.ncsbn.org/nelex](http://www.ncsbn.org/nelex) for more information on the NCLEX-RN exam and NCLEX-RN preparation.
- Exam results will be emailed to exam candidates by the College and are not given out over the phone.
- In accordance with the Registered Nurses Act and Regulation (2001):
  - You have a maximum of three opportunities to pass the examination within one year of completing your program.
  - A candidate who fails two writings of the examination must complete a course of instruction set by the executive director that is based on assessment of the candidate’s need for remedial study. After the executive director receives proof of successful completion of the course of instruction, the candidate may apply to write the examination for a third and final time.
  - A graduate nurse may write the examination no more than twice while on the graduate nurse register.

Information about the Graduate Nurse Register

- You must have been given exam eligibility and scheduled your writing of the NCLEX-RN exam with Pearson Vue in order to be eligible for registration as a graduate nurse.
- If you wish to work as a graduate nurse, complete the Application for Registration on the Graduate Nurse Register and include the graduate nurse fee of $147.49 plus the non-refundable application-processing fee of $157.50 ($150.00 plus $7.50 GST). Your completed application should be sent once only by fax or by mail to prevent duplicate payments or charges to your credit card.
- 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 when purchasing your insurance. You will be required to obtain 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.

Confirmation of professional liability protection must be received by the College in order to be eligible for GN registration.
• Once approved for the Graduate Nurse Register, you will receive an email confirming your graduate nurse status and your graduate nurse expiry date. Please do not call inquiring about your GN status.
• Please note: it is your responsibility to renew your GN status prior to the expiry date in the event your results have not been received.
• If you are scheduled to write the NCLEX-RN through another province/territory but wish to be a GN in Manitoba, you must arrange for a Verification of Program Completion and Exam Writing which must include the date of your NCLEX-RN exam to be sent to the College directly from the regulatory body that gave your exam eligibility. Official transcripts would not be required in this situation.

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
Application for Exam Eligibility 2017

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.

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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) _____________________________________________________________________
Gender: □ Male  □ Female
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 applied to the College of Registered Nurses of Manitoba?  
   If yes, please indicate date: ________________  
   [YES □ NO □]

2. Have you resided outside of Canada within the past six months?  
   If so, where? ________________  
   [YES □ NO □]

3. Have you been referred for and/or completed a competency assessment (such as a substantially equivalent competency assessment) in another Canadian province/territory?  
   If yes, indicate the province/territory: ________________  
   and date: ________________  
   Did you complete the assessment?  
   If yes, what was the outcome? ________________  
   If not, why not? ________________  
   [YES □ NO □]

4. Have you previously written the Canadian Registered Nurse Exam (CRNE), Quebec Professional Nursing Exam (OIIQ) or NCLEX-RN?  
   If yes, please indicate exam date(s) and province/state that gave you eligibility:  
   Date: ________________ Jurisdiction: ________________  
   Date: ________________ Jurisdiction: ________________  
   Date: ________________ Jurisdiction: ________________  
   [YES □ NO □]

5. Have you ever been denied registration or been the subject of a disciplinary finding by any professional regulatory body?  
   [YES □ NO □]

6. Have you ever had your registration/license revoked, suspended, restricted or subjected to individual terms and conditions by any regulatory authority in any jurisdiction?  
   [YES □ NO □]

7. Have you ever been charged, convicted or found guilty (i.e. conditional discharge, absolute discharge or suspended sentence) of an offence under the Criminal Code, Controlled Drugs and Substances Act or Food and Drugs Act?  
   [YES □ NO □]

8. Do you have a physical or mental condition or disorder that impairs your ability to practise nursing competently and safely?  
   [YES □ NO □]

9. Do you have an addiction to alcohol or drugs that impairs your ability to practise nursing competently and safely?  
   [YES □ NO □]

10. Do you hold a current active practicing registration of any kind (including licensed practical nurse and graduate nurse registration) in any jurisdiction(s) including Manitoba, Canada or worldwide?  
    If yes, please provide information below:  

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11. Have you been registered (including licensed practical nurse and graduate nurse registration) in any other jurisdictions including Manitoba, Canada or worldwide in the last seven years? If yes, please provide information below:

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12. If you completed your basic nursing education in a province other than Manitoba please provide the following information:

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<th>Name of School</th>
<th>City, Province/ State, Country</th>
<th>Language of Instruction</th>
<th>Course Completion Date (mm/yy)</th>
<th>Education Credential</th>
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13. Are you an internationally educated nurse graduate? If yes, the College already has your information on file. If no, please select your nursing education program:

- [ ] Brandon University Baccalaureate of Nursing Program
- [ ] Université de Saint-Boniface Baccalaureate Program in Nursing Sciences
- [ ] Université de Saint-Boniface Diploma Nursing Program
- [ ] Red River College Bachelor of Nursing Program
- [ ] Red River College Diploma Nursing Program (Accelerated)
- [ ] University of Manitoba Baccalaureate Nursing Program (Fort Garry Campus)
- [ ] Red River College/University of Manitoba Joint Baccalaureate Nursing Program
- [ ] University College of the North/University of Manitoba Joint Baccalaureate Nursing Program (Thompson Campus)
- [ ] University College of the North/University of Manitoba Joint Baccalaureate Nursing Program (The Pas Campus)

14. Have you registered with Pearson Vue? Yes □ No □

NCLEX ID No. ____________________________

Examination applicants must meet all other registration requirements before being eligible to write the examination.
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_____.

__________________________________________  ________________________________
Applicant Name (please print legibly)      Applicant Signature

__________________________________________  ________________________________
Witness Name (please print legibly)       Witness Signature
Registration Fees

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 exam application fee of $157.50 ($150.00 plus $7.50 GST) must be included 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
- [ ] Cash (in person only)
- [ ] Interac (in person only)
- [ ] Visa Debit
- [ ] Credit Card:
  - [ ] Visa
  - [ ] 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
Application for Registration on the Graduate Nurse Register 2017

Communication

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Date Received ____________ Reference No. ____________ Payment Amount ____________ ☐ CDN ☐ US

Batch No. ____________ Date Entered ____________ Date Completed ____________ Completed by ____________

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) ____________________

Gender: ☐ Male ☐ Female ____________________ 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?  

**GN Employer Information:**  
*(if known)*

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<th>Employer Name</th>
<th>Supervisor’s Name</th>
<th>Address</th>
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1. Have you previously applied to the College of Registered Nurses of Manitoba?  
   If yes, please indicate date: ____________________________  

   **YES □ NO □**

2. Have you resided outside of Canada within the past six months?  
   If so, where? _____________________________________________  

   **YES □ NO □**

3. Have you been referred for and/or completed a competency assessment (such as a substantially equivalent competency assessment) in another Canadian province/territory?  
   If yes, indicate the province/territory: ____________________  
   and date: ____________________________  
   Did you complete the assessment?  
   If yes, what was the outcome? ____________________________  
   If not, why not? ________________________________________  

   **YES □ NO □**

4. Have you written the Canadian Registered Nurse Exam (CRNE), Quebec Professional Nursing Exam (OIIQ) or NCLEX-RN?  
   If yes, please indicate exam date(s) and province/state that gave you eligibility:  
   Date: ____________________________ Jurisdiction: ____________________________  
   Date: ____________________________ Jurisdiction: ____________________________  
   Date: ____________________________ Jurisdiction: ____________________________  

   **YES □ NO □**

5. Have you ever been denied registration or been the subject of a disciplinary finding by any professional regulatory body?  

   **YES □ NO □**

6. Have you ever had your registration/license revoked, suspended, restricted or subjected to individual terms and conditions by any regulatory authority in any jurisdiction?  

   **YES □ NO □**

7. Have you ever been charged, convicted or found guilty (i.e. conditional discharge, absolute discharge or suspended sentence) of an offence under the Criminal Code, Controlled Drugs and Substances Act or Food and Drugs Act?  

   **YES □ NO □**
8. Do you have a physical or mental condition or disorder that impairs your ability to practise nursing competently and safely?  
   YES ☐  NO ☐

9. Do you have an addiction to alcohol or drugs that impairs your ability to practise nursing competently and safely?  
   YES ☐  NO ☐

10. Do you hold current active practicing registration of any kind (including licensed practical nurse and graduate nurse registration) in any jurisdiction(s) including Manitoba, Canada or worldwide?  
   YES ☐  NO ☐
   If yes, please provide information below:

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11. Have you been registered (including licensed practical nurse and graduate nurse registration) in any other jurisdictions including Manitoba, Canada or worldwide in the last seven years?  
   YES ☐  NO ☐
   If yes, please provide information below:

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12. If you completed your basic nursing education in a province other than Manitoba please provide the following information:

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<th>Education Credential</th>
</tr>
</thead>
</table>

13. Have you registered with Pearson Vue?  
   NCLEX ID No. ____________________________  
   YES ☐  NO ☐

14. Have you scheduled your NCLEX-RN exam writing?  
   Which jurisdiction gave you exam eligibility: ____________________________
   Exam Date: ____________________________  
   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 of Registered Nurses of Manitoba (“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
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

Electronic Messages

We are required to communicate information to you as it relates to your registration and other regulatory activities. This includes newsletters, reports, research requests, messages about academic/educational activities and information on new services. These communications do not require consent under Canada’s anti-spam legislation (CASL).

However, CASL does require us to obtain your consent to send commercial electronic messages, which could include offers to purchase services, products or tickets to events, as well as similar offers from third parties.

You can change your preferences anytime by logging into your member profile or emailing info@crnm.mb.ca

☑ Yes. I consent to receiving commercial electronic messages from the College.

☑ No. I do not consent to receiving commercial electronic messages from the College.
Registration Fees

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 $157.50 ($150.00 plus $7.50 GST) and Graduate Nurse Registration fee of $116.36 ($110.82 plus $5.54 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.

* This processing fee is required on all “initial” applications to the Graduate Nurse Register. Should you be applying for “renewal” and you are currently in good standing on the Graduate Nurse Register upon approval, this fee is not required.

I am paying by:

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

- [ ] Visa
- [ ] MasterCard

Card Number: ____________________________ Expiry: _____ / _____

Name of card holder: ____________________________

Authorizing Signature: ____________________________

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

Registration fees will vary depending on the time of year in which you register.

Please visit our website for a breakdown of fees.
Request for Verification of Registration

**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.

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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: __________________________

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

<table>
<thead>
<tr>
<th>Name of Registering Board/Authority</th>
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<tr>
<th>Name of Nursing Education Program</th>
<th>Location</th>
<th>Graduation Year</th>
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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: __________________________

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<tr>
<th>Name</th>
<th>Position/Title</th>
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Email: __________________________

Signature: __________________________ Date: __________________________
The Registered Nurses Regulation requires that a nationwide criminal record check be submitted by everyone applying to register to practice in Manitoba. Criminal record checks must be obtained from all countries that you resided in during the six months prior to submitting an application for registration.

Required information

- Canadian residents must submit a Canadian Police Information Center (CPIC) check.
- Criminal record checks must include a vulnerable sector search.
- Please ensure all current, former, alias and other names used are shown on the criminal record check.
- If you currently reside or have recently resided (within the last six months) outside of Canada you must provide a criminal record search based on a nationwide search from the appropriate law enforcement agency in that country. This process may include submitting fingerprints. The police agency in that jurisdiction can provide you with more information on the process and any fees that must be paid.
- A criminal record check submitted with an application for registration must be dated within the previous six months. Criminal record checks are considered valid for one year from the date they were performed.

Arranging to have a criminal record check completed

The criminal record check is done by local police agencies. The fee for performing a criminal record check varies. The police agency will be able to tell you the current fee. Winnipeg residents need to go to the Winnipeg Police Headquarters at 245 Smith Street. Brandon residents need to go to the Brandon Police Service at 1340–10th Street. All other Manitoba residents need to go to their nearest Royal Canadian Mounted Police (RCMP) detachment.

If you resided in other parts of Canada within the last six months you can contact your nearest police agency, the RCMP or visit the Winnipeg Police Service.

If you resided in the United States within the last six months you must submit a nationwide search which is available through the Federal Bureau of Investigations (FBI). For more information please see www.fbi.gov

If you resided in the Phillipines within the last six months you must submit the search provided by the National Bureau of Investigations (NBI).
Submitting your criminal record check to the College

Once the criminal record check has been performed, you will need to arrange for the College to receive an original copy of the results. Faxes, photocopies and scanned copies will not be accepted.

In Canada, if a record exists in the National Repository, it cannot be disclosed unless verified by fingerprint comparison. In this case, the police agency will advise you of the steps you must take to obtain this record. This process may take up to 24 weeks.

If the results of your criminal record check discloses a criminal record, we will advise you of the necessary next steps.

Published: 08/2002

For more information please contact our registration services team at

204-774-3477

800-665-2027 (Manitoba toll-free)

This publication is provided for general information. For more specific information see our Standards of Practice for Registered Nurses, the Canadian Nurses Association Code of Ethics for Registered Nurses and the Registered Nurses Act and Regulations.

Our publications are available on our website at www.crnmb.ca