



College of
Registered Nurses
of Manitoba

Multi-Source Feedback Deferral Form

Name: _____ Registration#: _____

Phone number: _____

I am requesting a deferral because (choose one):

- I am on parental leave until: _____
- I am on a leave of absence until: _____
- I am not currently practising (indicate the date you expect to return to work here: _____)

Signature: _____ Date: _____

Send this completed form to:

The CCP Team

College of Registered Nurses of Manitoba
890 Pembina Hwy, Winnipeg MB R3M 2M8
Email: ccp@crnm.mb.ca
Fax: 204-775-6052