



College of
Registered Nurses
of Manitoba

Multi-Source Feedback Deferral Form

Name: _____ Registration#: _____

Phone number: _____ Daytime 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:

Marie Allan, Quality Assurance Process Manager

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Fax: 204-775-6052