



College of  
Registered Nurses  
of Manitoba

# Application Package

## Registered Nurse (Authorized Prescriber) Notation

### Contents:

- Instructions
- Application for the Registered Nurse (Authorized Prescriber) Notation



College of  
Registered Nurses  
of Manitoba

# Instructions for Registered Nurse (Authorized Prescriber) Notation Applicants

## Application Process

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

You must meet the requirements to be approved for the registered nurse (authorized prescriber) notation. If you are not currently registered in the RN membership class with the College you will need to also complete the application for registration in the registered nurse membership class to obtain a certificate of practice.

Assessment for the RN(AP) notation requires the College to open a file for you to begin your application process. **We do not keep any documentation received before an application file has been opened.**

To be eligible for the registered nurse (authorized prescriber) notation, you must meet the following requirements:

- Application form
- Proof of identification
- Successful completion of the Red River College Nurse Prescriber course

## Application

Complete the application for the registration for registered nurse (authorized prescriber) notation and return it with the non-refundable application processing fee (\$126.00). Your completed application should only be sent once by fax or mail to prevent duplicate charges to your credit card.

## Proof of Identification

Acceptable forms of identification include a copy of your:

- passport
- permanent resident card
- driver's license
- other government-issued picture identification and marriage/divorce certificate (only to verify name change)

## Course Completion Letter

- Red River College will send a course completion letter to us on your behalf. It may take time for RRC faculty to review your file before sending the letter.

## Next Steps

If there are inconsistencies in any of the information you provide during the application process, we reserve the right to require additional supporting documentation, which may be over and above the items outlined above. The College may make improvements or changes to the information described at any time without notice.

## Questions?

Contact our registration team Monday through Friday, 8:30 a.m. to 4:30 p.m.

204-774-3477 ext. 300

1-800-665-2027 (toll-free in Manitoba)

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



## Application for the Registered Nurse (Authorized Prescriber) Notation

Submission of this application does not guarantee approval of the notation. Please plan ahead for the time it will take to receive and review required documents and complete our evaluation.

### Declaration:

I understand that this is an application form only and that I must meet the criteria for registration outlined in *The Regulated Health Professions Act* (the RHPA) and the College of Registered Nurses of Manitoba General Regulation. I understand that in order to practice as a registered nurse (authorized prescriber) in Manitoba, I am required by law to have a valid notation on my certificate of practice with the College of Registered Nurses of Manitoba (the College) before I commence employment as a registered nurse (authorized prescriber), including any orientation.

OFFICE USE ONLY	Date	Signature
Approved for the RN(AP) Notation		
Date received: _____ Reference no. _____ Payment amount: _____ <input type="checkbox"/> CAD <input type="checkbox"/> USD Batch no. _____ Date entered: _____ Date completed: _____ Completed by: _____ Item code: <b>APP_RNAP-GLACCOUNT: 30150-10</b>		

### Applicant Information

_____	_____	_____
Last name	First name	Middle name
_____	_____	
Former/alias/other names	Address	
_____	_____	_____
City/town	Province/state	Country
_____	_____	_____/_____/_____ Date of birth(yy/mm/dd)
Postal/zip code	Phone	
_____	_____	_____
Email		CRNM #

- 1 Are you currently registered as an RN in Manitoba?  YES  NO
- 2 Have you completed the Red River College Nurse Prescriber course?  YES  NO
- 4 Select areas in which you will be providing health-care services:
- Travel Health
  - Reproductive health, sexually transmitted infections and blood borne pathogens
  - Diabetes health

### Authorization and Consent

I authorize the collection, use and disclosure of personal information concerning myself consistent with the confidentiality provisions set out in section 140(2) of *The Regulated Health Professions Act*.

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

## Payment

*If you are paying in person, you still need to bring this page with you.*

All fees are non-refundable, non-transferable and include GST.

### Options

Method	In-person	Mail	Fax
Interac	✓		
Certified cheque or money order	✓	✓	
Visa or Mastercard	✓	✓	✓
Visa Debit	✓		

### If you are using a credit card to pay by mail or fax:

All payment information will be removed and destroyed once your payment has been successfully processed. Fees are subject to change without notice. Your completed application should be sent only once by fax or by mail to prevent duplicate charges to your credit card.

<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Card number: _____ Expiry: _____ / _____
Name of card holder: _____
Authorizing signature: _____

### Due with Application:

**Application processing fee:     \$120.00 + \$6.00 GST = \$126.00**