



College of  
Registered Nurses  
of Manitoba

# Application Package

NCLEX-RN Exam Eligibility and Graduate Nurse Membership Class

*Effective Jan. 1, 2019*

**Contents:**

- Instructions
- Application for Exam Eligibility
- Application for Registration
- Request for Verification of Registration
- Background Checks for Registration



College of  
Registered Nurses  
of Manitoba

# Instructions for NCLEX-RN and Graduate Nurse 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.

In order to practise as a registered nurse or a graduate nurse in Manitoba and to use the designation RN or GN, you must have a valid certificate of practice with the College of Registered Nurses of Manitoba (the College) in the registered nurse or graduate nurse membership class. Successful completion of the NCLEX-RN is a requirement for registration as a registered nurse.

Assessment for registration as a GN 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 and assigned an applicant number.**

To be eligible for a certificate of practice in the graduate nurse membership class, you must meet the following requirements:

- Application form
- Pearson VUE account
- Exam date scheduled
- Background check
- Verification of registration\*
- Proof of identification
- Course completion letter\*

*\*May not be required (see explanations)*

## Application

Complete the application for exam eligibility and return it with the non-refundable application processing fee. You must write your name exactly as it appears on the photo ID that you will use to enter the exam writing centre. Your completed application should only be sent once by fax or mail to prevent duplicate charges to your credit card.

## Pearson VUE Account

NCLEX-RN writings take place at Pearson VUE testing centres. You must register with Pearson VUE at the same time as applying for exam eligibility with the College.

### How to Register

- Online: [pearsonvue.com/nclex](https://pearsonvue.com/nclex)
- Phone: 1-866-49-NCLEX (available Monday to Friday, 7 a.m. - 7 p.m. CST)

## Background Checks

The following three checks are required:

- nationwide criminal record check (with vulnerable sector search)
- adult abuse registry check
- child abuse registry check

See our fact sheet on background checks for details on what is required and how you can obtain these.

## 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/bodies. 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/bodies where 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. **Faxes, photocopies and scanned copies will not be accepted.**

## 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

Your educational institution will send a course completion letter to us on your behalf. It may take time for your faculty to review your file before sending the letter.

## □ English Language Proficiency

All applicants must meet the English language proficiency requirement. There are three ways in which this requirement can be met:

1. The applicant is currently registered as a registered nurse in another Canadian jurisdiction where evidence of English language proficiency was required for registration eligibility and there is evidence of safe practice within the past two years working as an RN in that jurisdiction; or
2. The applicant has successfully completed an approved basic nursing education program in Canada within the past two years and where the education was provided in English or there was an English language requirement for admission to the program; or
3. Provide evidence of having achieved acceptable scores on one of the accepted English language tests.

See our fact sheet on language testing for more information.

## Next Steps

### After Exam Approval

1. Once we approve your application for exam eligibility, you will receive an authorization to test email from Pearson VUE. You can then schedule your exam writing with Pearson VUE: [pearsonvue.com/nclex](https://pearsonvue.com/nclex)
2. For information on the exam and preparation resources, visit [ncsbn.org/nclex](https://ncsbn.org/nclex)
3. Exam results are sent by email and are not given out over the phone.

You have as many exam attempts as are possible within the three years immediately following the completion date of your nursing education program. You can write the exam no more than twice while on the graduate nurse register.

## Graduate Nurse (GN) Membership Class

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 GN. To work as a GN, submit the application for registration in the graduate nurse membership class with applicable fees.

After you receive an email from the College with your ID number, you will then have to obtain professional liability protection through the Canadian Nurses Protective Society (CNPS). You have two options:

1. **Purchase a membership with the Association of Registered Nurses of Manitoba**, which includes professional liability protection from CNPS. Confirmation of your protection will be communicated to the College by the Association on your behalf. Please contact the Association directly if you have questions about this option: [www.arnm.ca](https://www.arnm.ca)
2. **Purchase professional liability protection directly from CNPS**. Confirmation of your protection will be communicated to the College by CNPS on your behalf but it may take up to two business days for this to happen. Please contact CNPS directly if you have questions about this option: [www.cnps.ca](https://www.cnps.ca)

Once approved for registration as a GN, you will receive an email confirming your status and expiry date. It is your responsibility to renew your GN status before the expiry date if your results have not been received.

Graduates from a basic nursing education program outside of Manitoba must have established some form of practicing registration with the regulatory body in their home jurisdiction in order to be eligible for registration in the graduate nurse membership class in Manitoba.

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. It must include the date of your NCLEX-RN exam and be sent to the College directly from the regulatory body that gave your exam eligibility. Official transcripts are not required.

## 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 ext. 300 (toll-free in Manitoba)

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



# Application for Exam Eligibility

## NCLEX-RN

Submission of this application does not guarantee registration. 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.

### 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 practise nursing in Manitoba, I am required by law to hold a valid certificate of practice with the College of Registered Nurses of Manitoba (the College) before I commence employment as a registered nurse (RN) or graduate nurse (GN), including any orientation.

OFFICE USE ONLY	Date	Signature
Approved for exam eligibility		
Date received: _____ Reference no. _____ Payment amount: _____ <input type="checkbox"/> CAD <input type="checkbox"/> USD Batch no. _____ Date entered: _____ Date completed: _____ Completed by: _____ Item code: NCLEX_ADMIN-GLACCOUNT: 32150-10		

## Applicant Information

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle name

\_\_\_\_\_  
Former/alias/other names

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/town

\_\_\_\_\_  
Province/state

\_\_\_\_\_  
Country

\_\_\_\_\_  
Postal/zip code

\_\_\_\_\_  
Phone

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of birth (yy/mm/dd)

\_\_\_\_\_  
Email

1. Have you completed an approved basic nursing education program in Canada within the past two years where the education was provided in English or there was an English language requirement for admission to the program?  YES  NO
  
2. Have you completed one of the English language proficiency tests accepted by the College, receiving the minimum required results?  YES  NO
  
3. Have you previously applied to the College of Registered Nurses of Manitoba?  YES  NO  
 If yes, please indicate date: \_\_\_\_\_
  
4. Have you resided outside of Canada within the past six months?  YES  NO  
 If yes, where: \_\_\_\_\_
  
5. 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 not, why not? \_\_\_\_\_
  
6. Have you written the Canadian Registered Nurse Exam (CRNE), the Quebec Professional Nursing Exam (OIIQ) or the NCLEX-RN exam?  YES  NO  
 If yes, please indicate exam date(s) and province/state that gave you eligibility.  
 Date: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_  
 Date: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_  
 Date: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_
  
7. Are you currently the subject of an investigation or proceeding related to your suitability to practice as a registered nurse or any other health care professional within Canada or elsewhere?  YES  NO
  
8. Are you currently or have you ever been the subject of a finding of conduct unbecoming or professional misconduct or incompetence related to the practice of registered nursing or any other health profession in Canada or elsewhere?  YES  NO
  
9. Are you currently or have you ever been the subject of a finding of professional negligence or malpractice in Canada or elsewhere?  YES  NO
  
10. Have you ever been denied registration or been the subject of a disciplinary finding by any professional regulatory body?  YES  NO

11. 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
12. Have you ever worked as or held yourself out as a registered nurse without being registered with a regulatory body?  YES  NO
13. Does your name now appear or has it ever appeared on a child abuse registry or adult abuse registry?  YES  NO
14. Have you ever been charged, convicted or found guilty (i.e. conditional discharge, absolute discharge or suspended sentence) of a criminal or regulatory offence?  YES  NO
15. Have you ever been charged, convicted or found guilty (i.e. conditional discharge, absolute discharge or suspended sentence) of careless driving causing death under *The Highway Traffic Act* of Manitoba or similar legislation?  YES  NO
16. Do you have a physical or mental condition or disorder that impairs your ability to practise nursing competently and safely?  YES  NO
17. Do you have an addiction to alcohol or drugs that impairs your ability to practise nursing competently and safely?  YES  NO
18. 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

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

If yes, please provide information below:

Jurisdiction	Type of Registration	Date Obtained	Expiry Date



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

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

21. Did you obtain registration in the jurisdiction in which you completed your basic nursing education?  YES  NO

22. Are you an internationally educated nurse graduate?  YES  NO

If yes, we already have your information on file.

If no, please select your nursing education program:

Name of School	Course Completion Date
<input type="checkbox"/> Brandon University Baccalaureate of Nursing Program	_____
<input type="checkbox"/> Université de Saint-Boniface Baccalaureate Program in Nursing Sciences	_____
<input type="checkbox"/> Université de Saint-Boniface Diploma Nursing Program	_____
<input type="checkbox"/> Red River College Bachelor of Nursing Program	_____
<input type="checkbox"/> Red River College Diploma Nursing Program (Accelerated)	_____
<input type="checkbox"/> University of Manitoba Baccalaureate Nursing Program (Fort Garry Campus)	_____
<input type="checkbox"/> Red River College/University of Manitoba Joint Baccalaureate Nursing Program	_____
<input type="checkbox"/> University College of the North/University of Manitoba Joint Baccalaureate Nursing Program (Thompson Campus)	_____
<input type="checkbox"/> University College of the North/University of Manitoba Joint Baccalaureate Nursing Program (The Pas Campus)	_____

23. Have you registered with Pearson VUE?  YES  NO

If yes, NCLEX-RN ID No.: \_\_\_\_\_

## 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	✓		

## Questions?

890 Pembina Hwy  
Winnipeg, MB R3M 2M8  
**registration@crnm.mb.ca**

**Phone:** 204-774-3477 ext. 300  
**Toll-free:** 1-800-665-2027 ext. 300 (in Manitoba)  
**Fax:** 204-775-7117

## Due with Application

**Application processing fee: \$ 189.00**

## 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: _____



# Application for Registration

## Graduate Nurse Membership Class

Submission of this application does not guarantee registration. 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.

### 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 practise nursing in Manitoba, I am required by law to hold a valid certificate of practice with the College of Registered Nurses of Manitoba (the College) before I commence employment as a registered nurse (RN) or graduate nurse (GN), including any orientation.

OFFICE USE ONLY	Date	Signature
Approved for graduate nurse registration		
Date received: _____ Reference no. _____ Payment amount: _____ <input type="checkbox"/> CAD <input type="checkbox"/> USD Batch no. _____ Date entered: _____ Date completed: _____ Completed by: _____ Item code: GN_APP-GLACCOUNT: 30120-10		

### Applicant Information

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

## GN Employer Information (if known)

Employer	Address	Supervisor	Phone

- Have you previously applied to the College of Registered Nurses of Manitoba?  YES  NO

If yes, please indicate date: \_\_\_\_\_
- Have you resided outside of Canada within the past six months?  YES  NO

If yes, where: \_\_\_\_\_
- 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 not, why not? \_\_\_\_\_
- Have you written the Canadian Registered Nurse Exam (CRNE), the Quebec Professional Nursing Exam (OIIQ) or the NCLEX-RN exam?  YES  NO

If yes, please indicate exam date(s) and province/state that gave you eligibility.

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

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

Date: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_
- Are you currently the subject of an investigation or proceeding related to your suitability to practice as a registered nurse or any other health care professional within Canada or elsewhere?  YES  NO
- Are you currently or have you ever been the subject of a finding of conduct unbecoming or professional misconduct or incompetence related to the practice of registered nursing or any other health profession in Canada or elsewhere?  YES  NO
- Are you currently or have you ever been the subject of a finding of professional negligence or malpractice in Canada or elsewhere?  YES  NO

8. Have you ever been denied registration or been the subject of a disciplinary finding by any professional regulatory body?  YES  NO
9. 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
10. Have you ever worked as or held yourself out as a registered nurse without being registered with a regulatory body?  YES  NO
11. Does your name now appear or has it ever appeared on a child abuse registry or adult abuse registry?  YES  NO
12. Have you ever been charged, convicted or found guilty (i.e. conditional discharge, absolute discharge or suspended sentence) of a criminal or regulatory offence?  YES  NO
13. Have you ever been charged, convicted or found guilty (i.e. conditional discharge, absolute discharge or suspended sentence) of careless driving causing death under *The Highway Traffic Act* of Manitoba or similar legislation?  YES  NO
14. Do you have a physical or mental condition or disorder that impairs your ability to practise nursing competently and safely?  YES  NO
15. Do you have an addiction to alcohol or drugs that impairs your ability to practise nursing competently and safely?  YES  NO
16. 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

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

If yes, please provide information below:

Jurisdiction	Type of Registration	Date Obtained	Expiry Date

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

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

19. Have you registered with Pearson VUE?  YES  NO

If yes, NCLEX-RN ID No.: \_\_\_\_\_

20. Have you scheduled your NCLEX-RN writing?  YES  NO

If yes, which jurisdiction gave you exam eligibility? \_\_\_\_\_

Exam date: \_\_\_\_\_

## 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

## 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](mailto: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.



## 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	✓		

## Questions?

890 Pembina Hwy  
Winnipeg, MB R3M 2M8  
[registration@crnm.mb.ca](mailto:registration@crnm.mb.ca)

**Phone:** 204-774-3477 ext. 300  
**Toll-free:** 1-800-665-2027 ext. 300 (in Manitoba)  
**Fax:** 204-775-7117

## Due with Application

Application processing fee: \$ 126.00\*

Graduate nurse registration fee:

Certificate of Practice \$ 140.00

Certificate of Registration \$ 50.00\*\*

GST \$ 9.50

**Total: \$ 325.50**

*\*This fee is only required for initial applications to the graduate nurse membership class. It is not required if you are applying for renewal and you are currently in good standing in the graduate nurse membership class.*

*\*\* This fee is only required for initial graduate nurse registration, it is not required if you are applying for GN renewal.*

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.

Visa  Mastercard

Card number: \_\_\_\_\_ Expiry: \_\_\_\_\_ / \_\_\_\_\_

Name of card holder: \_\_\_\_\_

Authorizing signature: \_\_\_\_\_



College of  
Registered Nurses  
of Manitoba

890 Pembina Highway  
Winnipeg, MB R3M 2M8

P 204-774-3477 ext. 300  
TF (Manitoba) 800-665-2027  
F 204-775-7117  
registration@crnm.mb.ca

# Request for Verification of Registration

## PART A: Applicant to complete

Please complete this page and forward BOTH pages to the registering/licensing authorities. If you require more copies, please photocopy this form.

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of birth (yy/mm/dd)

\_\_\_\_\_  
Registration number (if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/town

\_\_\_\_\_  
Province/state

\_\_\_\_\_  
Postal/zip code

\_\_\_\_\_  
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 to complete

Please complete this page and forward directly to the College of Registered Nurses of Manitoba.

\_\_\_\_\_  
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 there a current investigation or proceeding relating to suitability to practise?  Yes  No

7. Has there been a finding of conduct unbecoming or professional misconduct or incompetence related to practice?  Yes  No

8. Has there been a finding of professional negligence or malpractice?  Yes  No

9. Is this registration suspended or revoked?  Yes  No

10. Does this registration currently have conditions attached to it?  Yes  No

11. Has this registration previously had conditions attached to it?  Yes  No

12. Name of examination written: \_\_\_\_\_

13. Date of examination: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position/title

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

STAMP OR  
OFFICIAL SEAL:



College of  
Registered Nurses  
of Manitoba

# Background Checks for Registration

Background checks are required as part of *The Regulated Health Professions Act* (the RHPA) and the College of Registered Nurses of Manitoba General Regulation.

If you are applying for initial registration or reinstatement, you must submit a background check that includes a satisfactory:

- nationwide criminal record check
- adult abuse registry check
- child abuse registry check

This is also a requirement for RNs and RN(NP)s renewing their certificates of practice, but is only required once every five years of continuous registration. You will be notified by email when it is your year to submit this information.

**Once submitted, all copies of criminal record checks and abuse registry checks become the property of the College.** They will not be returned unless you submit them with a self-addressed stamped envelope or make arrangements for pick-up at the time of submission.

## Criminal Record Checks

### Important 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 do not do this you will need to have the search redone.

- If you currently live or have lived outside of Canada within the last six months, 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.

### Initial Registration or Reinstatement

Criminal record checks submitted for these applications must be dated within the previous six months.

### Renewal of Certificate of Practice

Criminal record checks submitted for renewal must be dated in the calendar year prior to the renewal year for which the check is required. For example, if the check is required for 2019 renewal, it must have a 2018 issue date and be submitted by the renewal deadline in order to be accepted.

### How do I obtain a criminal record check?

Contact your local police agency to obtain a criminal record check. If you live in Altona, Brandon, Morden, Rivers, Winnipeg and Winkler, contact your local police service. We will accept the Online Police Information Check from the Winnipeg Police Service. All others must go through your nearest Royal Canadian Mounted Police (RCMP) detachment.

If you currently live or have lived 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 currently live or have lived in the United States within the last six months, you must submit a nationwide search through the [Federal Bureau of Investigations \(FBI\)](#).

If you currently or have resided in the Philippines within the last six months, you must submit the search by the National Bureau of Investigations (NBI).

### How do I submit my criminal record check?

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.

## Adult Abuse Registry Check and Child Abuse Registry Check

### Important Information

- Please ensure all current, former, alias and other names used are shown on the registry checks. If you do not do this you will need to have them redone.
- Abuse registry checks submitted with an application for initial registration or reinstatement of a Certificate of Practice must be dated within the previous six months. Abuse registry checks are considered valid for one year from the date they were issued.
- Abuse registry checks submitted to satisfy a Certificate of Practice renewal requirement must be dated in the calendar year prior to the renewal year the checks are required for. For example, if the registry checks are required for 2019 renewal, they

must both have a 2018 issue date and be submitted by the renewal deadline in order to be accepted.

- Processing times vary, we recommend ordering as soon as possible so as to avoid unnecessary delay and potentially missing deadlines

### How do I obtain these checks?

The adult abuse registry check and the child abuse registry check are separate checks but they can be ordered at the same time online [here](#).

Search results cannot be received electronically but can be mailed to you or picked up in person. Applications can also be submitted by mail or in person:

1st floor - 777 Portage Avenue (Winnipeg).

[Visit the Child Abuse Registry website](#)

[Visit the Adult Abuse Registry website](#)

### How do I submit these checks?

Once you have received the results of your adult abuse registry check and child abuse registry check, you will need to arrange for the College to receive original copies of the results. Faxes, photocopies and scanned copies will not be accepted.

If your name appears on either registry, additional information will be required and we will advise you of the necessary next steps.

### Questions?

#### Contact registration services:

204-774-3477 ext. 300

1-800-665-2027 ext. 300 (toll-free)

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

Published: 08/2002

Revised: 05/2018