



College of
Registered Nurses
of Manitoba

Application Package

Registered Nurse (Nurse Practitioner)

Effective June 4, 2019

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College of
Registered Nurses
of Manitoba

Instructions for Registered Nurse (Nurse Practitioner) 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 registered with the College of Registered Nurses of Manitoba in the registered nurse membership class and in the registered nurse (nurse practitioner) membership class. If you do not currently hold a valid certificate of practice 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 a certificate of practice in the RN(NP) membership class 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 registered nurse (nurse practitioner) membership class, you must meet the following requirements:

- Application form
- Verification of registration
- Nursing education documents
- Proof of identification
- Successful completion of exam
- Professional liability protection

Application

Complete the application for registration in the registered nurse (nurse practitioner) membership class and return it with the non-refundable application processing fee (\$52.50). Your completed application should only be sent once by fax or mail to prevent duplicate charges to your credit card.

Verification of Registration

Complete the upper portion of the request for verification of registration form and submit it to the appropriate regulatory body/bodies where are currently registered as an RN(NP).

You may make copies of this form if you need more than one. The regulatory body/bodies must complete the form and return it directly to the College. 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.**

Nursing Education Documents

In Manitoba, the University of Manitoba: master of nursing program (nurse practitioner major) meets the educational requirements for eligibility to write one of the approved RN(NP) exams. RNs who hold a master of nursing degree from the University of Manitoba (non-nurse practitioner major) can fulfill the educational requirements for registration on the extended practice subregister by successfully completing the advanced graduate diploma: advanced nursing practice at Athabasca University.

Outside of Manitoba, a program meets the educational requirements if it allows for eligibility to write one of the approved RN(NP) exams or to establish initial registration as an RN(NP) in another Canadian jurisdiction. You must arrange for a course completion letter to be sent to the College by your educational institutions, specifying the name of the program and date of completion.

If you are a graduate of an advanced practice program outside of Canada, please contact the College to discuss the assessment of prior learning and clinical competence process. If you have already completed this process, please indicate date of successful completion.

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)

Exam

After you have successfully completed the previous requirements, we will notify you that you are eligible to write a council-approved exam. You must apply to write and pass any one of the approved exams to meet the requirements of RN(NP) registration and be registered with the College. If you have already written and passed any of the approved exams, please contact us for additional information.

If you choose to write the CNPE exam, information regarding how to book your exam writing, the exam location and time will be emailed to you by the exam provider, Yardstick Assessment Services approximately one month prior to the examination date. Exam results will be emailed to candidates approximately six weeks after the exam, once received from the test provider. Exam results are not released in person or over the phone.

A list of approved exams is available on our website: crnm.mb.ca/applicants/nurse-practitioners

Professional Liability Protection

You will need to wait for an email with your ID number so you can provide this number to the insurance provider when purchasing your insurance. You are required to obtain RN(NP) professional liability protection through the Canadian Nurses Protective Society (CNPS). If you already have this as an RN, you will need to upgrade your insurance to RN(NP). There are two options to purchase or upgrade:

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
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

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.

Your registration assessment will begin once we receive all requirements.

Fees

Registration fees vary depending on the time of year. You can find a full list of fees on our website:

crnm.mb.ca/applicants/nurse-practitioners

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



Application for Exam Eligibility

Registered Nurse (Nurse Practitioner)

You must meet all other registration requirements before being eligible to write the exam.

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 (nurse practitioner), including any orientation.

OFFICE USE ONLY	Date	Signature
Approved for CNPE		
Date received: _____ Reference no. _____ Payment amount: _____ <input type="checkbox"/> CAD <input type="checkbox"/> USD Batch no. _____ Date entered: _____ Date completed: _____ Completed by: _____ Item code: CNPE-GLACCOUNT: 20330-00/CNPE_ADMIN-GLACCOUNT: 20335-00/APP_CNPE-GLACCOUNT: 32160-10		

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 previously written an approved RN(NP) exam (CNPE, PNCB-Pediatric, AANPCP-Adult Gerontology)? YES NO

If yes, please indicate exam date(s) and province/state.

Date: _____ Jurisdiction: _____

Date: _____ Jurisdiction: _____

Date: _____ Jurisdiction: _____

2. Please indicate your advanced nursing education:

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

If applicable please indicate date of successful completion of the College's assessment of prior learning and clinical competence: _____

3. I am applying to write the exam on:

Date	Exam
<input type="checkbox"/> October 16th, 2019 (Deadline to apply: September 13 th , 2019)	<input type="checkbox"/> CNPE (English) <input type="checkbox"/> CNPE (French)

Information about booking your exam writing, exam location and time will be emailed to you by Yardstick Assessment Strategies at a later 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

Candidate Agreement

Canadian Nurse Practitioner Exam: Family/All Ages

Candidates that engage in irregular behaviour, misconduct, or cheating either prior, during or after the Canadian Nurse Practitioner Examination: Family/All Ages (CNPE: F/AA) and/or do not follow an invigilator's warning to discontinue inappropriate behaviour on exam day may be dismissed from the writing centre with no refund.

Unauthorized production, reproduction or publication of the exam questions is also prohibited by copyright laws. In addition, measures and statistical procedures are implemented to detect cheating (e.g., copying answers from another candidate, voluntarily or involuntarily providing answers to another candidate). Unauthorized disclosure of the contents of the exam questions and any other form of cheating is an unethical behaviour and shall result in sanctions. If the regulatory authority determines that a candidate has cheated on the exam, the candidate is automatically assigned a fail result and the writing is counted as an exam attempt. Other sanctions may be imposed and may extend to denial of a licence and/or disqualification from future registrations for the CNPE: F/AA.

Irregular behaviour, misconduct and/or cheating include but are not limited to the following:

- copying, producing, reproducing, removing exam questions and/or responses (in any format) or taking notes about the exam from the writing centre exam room or outside the exam room
- disclosing exam questions or responses, in whole or in part, in any form or by any means (orally, in writing, electronically, on the Internet, "brain dumping," "discussion boards" or otherwise such as but not limited to Facebook, Twitter or other forms of social media)
- giving or receiving assistance of any kind
- taking the exam for someone else or having the exam taken for you
- using prohibited aids such as cell/mobile phones, hand-held computers or other electronic devices, recording or photographic devices, watches, etc.
- bringing study aids (test preparation materials or study materials, textbooks, notebooks, classroom notes, etc.) to the writing centre or accessing or attempting to access such study aids at any time after the start of the exam including but not limited to washroom breaks
- seeking help in answering questions (in person, by phone, text, by e-mail, etc.), engaging in disruptive disturbances or causing disturbances of any kind, and/or failing to follow invigilator instructions

Personal items including but not limited to wallets, watches, purses, hats, bags or coats are not permitted at the desk/table (see Entry into the Exam Room Policy for a complete list of prohibited items). These items must be stored in a secure area designated by the invigilator. Personal belongings may not be accessed at any time during the exam.

Candidate's Declaration

I understand the provisions above and agree to comply with the Candidate Agreement for the Canadian Nurse Practitioner Examination: Family/All Ages (CNPE: F/AA). I also agree to comply with the Entry into the Exam Room Policy. My signature on this form constitutes my agreement not to copy, disclose, produce, reproduce, or otherwise engage in the publication of examination questions or responses, and not to engage in irregular behaviour, misconduct and/or cheating with respect to the CNPE: F/AA.

Date

Print name

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:	\$ 180.00
GST:	\$ 9.00
Total:	\$ 189.00



Application for Registration

Registered Nurse (Nurse Practitioner) 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 (nurse practitioner), including any orientation.

OFFICE USE ONLY	Date	Signature
Approved for the RN(NP) membership class		
Approved for the RN (NP-interim) membership class		
Date received: _____ Reference no. _____ Payment amount: _____ <input type="checkbox"/> CAD <input type="checkbox"/> USD Batch no. _____ Date entered: _____ Date completed: _____ Completed by: _____ Item code: APP_RNEP-GLACCOUNT: 30130-10		

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. Are you currently registered as an RN in Manitoba? YES NO

If yes, what is your six-digit registration number? _____

2. 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? _____

3. Have you written an approved RN(NP) exam (CNPE, PNCB-Pediatric, AANPCP-Adult Gerontology)? YES NO

If yes, please indicate exam date(s) and province/state.

Date: _____ Jurisdiction: _____

Date: _____ Jurisdiction: _____

Date: _____ Jurisdiction: _____

4. 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

5. 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

6. Please indicate your advanced nursing education:

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

If applicable please indicate date of successful completion of the College's assessment of prior learning and clinical competence: _____

7. Select the client population for whom you provide health-care services:

- Family (all ages) Pediatric (neonatal) Adult

8. For reinstatement purposes only, have you practised a minimum of 900 hours as an RN(NP) in the last three years or 300 hours in the last year? 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 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:

4. I have provided any inaccurate information
5. I have omitted required information
6. 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: \$ 131.25

CNPE Policy: Entry into the Exam Room

Permitted Items in the Exam Room	Items Permitted in a Designated Area of the Exam Room	Items NOT Permitted in the Exam Room
<p>Items for Writing the Exam:</p> <ul style="list-style-type: none"> • 2 or 3 sharpened pencils (provided) • Eraser (white preferable, provided) • Photo identification showing complete legal name <i>Important:</i> Must be a government-issued photo ID (i.e., driver’s license, passport, etc). The first and last name printed on the photo ID must match exactly the first and last name submitted to the College on the CNPE application form. • Candidate exam identification (ID) card with bar codes <p>Clothing:</p> <ul style="list-style-type: none"> • Layered clothing • Sweaters (no pockets or hood) • Footwear: candidates should wear soft-soled shoes in order to maintain a quiet exam environment <p><i>Important:</i> Invigilators are entitled to ask to check candidates’ hats, head coverings, pockets, etc in order to maintain exam security. Candidates may ask the invigilator to conduct the check in private.</p> <p>Personal Items: The following items must be placed in a small clear plastic bag and visible during the admission to the exam room:</p> <ul style="list-style-type: none"> • One small clear water bottle (500 ml) – no label • Throat lozenges only • Clear plastic package of tissues • Foam/non-electronic ear plugs • Analog watch <p><i>Important:</i> The above personal items are permitted at your desk. These items must be visible at all times. Any other personal item must be stored in a designated area in or outside of the exam room.</p>	<p>The following items are not permitted on you or near your desk area (e.g., on the desk/table or under the chair):</p> <ul style="list-style-type: none"> • Bags of any kind (backpack, knapsack, briefcase, tote bag, etc.) • Feminine hygiene products • Purses or wallets • Coats or jackets • Gloves and/or scarves <p><i>Important:</i> If any of the above items are brought into the exam room, you will be required to leave them in a designated area in or outside of the room. Anything lost/stolen is your responsibility</p> <p>Special Requests: If you have a disability prohibiting you from taking the exam under the conditions stated above or a special request such as a medical need (e.g. hearing aid, medication, asthma pump, etc.), you must receive advanced approval by the College during the application process to allow special items in the exam room on exam day.</p> <div data-bbox="618 1346 997 1850" style="border: 2px solid #008080; padding: 10px; text-align: center;"> <p>You may be denied entry to the exam room if this policy is not followed.</p> <p>Contact the College if you have questions or concerns.</p> </div>	<p>Strictly Prohibited Items: Any electronic or communication devices including but not limited to the following:</p> <ul style="list-style-type: none"> • Cell phone/mobile phone • Personal digital assistant (PDA) • iPod/iPad • Digital watch • Hand-held computer • Headphone/headset/earpiece • Calculator • Music equipment • Pager • Recording device • Camera of any kind <p>Study materials of any kind, including but not limited to the following:</p> <ul style="list-style-type: none"> • Books • Notes • Blank paper <p>Hats of any kind, including but not limited to the following:</p> <ul style="list-style-type: none"> • Baseball caps • Toque (knitted cap) • Hooded sweater/jacket <p>Food or drink, including candy and gum (however, the candidate is allowed one small clear water bottle (500 ml) with no label).</p> <p><i>Important:</i> Special medical needs must be requested in advance by the candidate and must be authorized by the College.</p> <p>Pens of any kind (ink, ballpoint, digital, mechanical pen with eraser)</p> <p>High heels or flip flops (e.g., shoes that make noise)</p> <p>Scents (e.g., perfume, lotion, cologne, aftershave). To respect those who are sensitive to scents, the exam room is a scent-free environment.</p>



**College of
Registered Nurses
of Manitoba**

890 Pembina Highway
Winnipeg, MB R3M 2M8

P 204-774-3477
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: