



College of  
Registered Nurses  
of Manitoba

# Application Package

Registered Nurse (Temporary Practice)

*Effective June 14, 2019*

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College of  
Registered Nurses  
of Manitoba

# Instructions for Registered Nurse (Temporary Practice) 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 (temporary) in Manitoba and to use the designation registered nurse (temporary) or RN (temporary), you must be registered with the College of Registered Nurses of Manitoba (the College) in the registered nurse (temporary practice) membership class.

To be eligible for registration in this membership class in Manitoba, you must be currently registered in good standing as an RN in another Canadian jurisdiction. Registration in the RN (temporary practice) membership class is only valid for a four-month period of time and is renewable, upon application, for one additional four-month period.

Registration in the registered nurse (temporary practice) membership class is restricted to one or more of the following purposes:

1. To conduct or participate in a training course or clinical presentation related to the practice of registered nursing.
2. To conduct or engage in a research program related to the practice of registered nursing.
3. To demonstrate equipment or techniques to be used in clinical care related to the practice of registered nursing.

You must declare your purpose(s) for seeking temporary registration from the criteria listed above. Upon approval, a public condition is placed on your temporary registration limiting your scope of practice in Manitoba to the specific purpose(s) for which registration was granted. Any practice outside of that specific purpose(s) may result in cancellation of your certificate of practice and a referral to the Investigation Committee.

Assessment for registration as an RN(temporary) 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.**

## Application

Complete the application for registration in the registered nurse (temporary practice) membership class and return it with the non-refundable application processing fee (\$199.50). 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 you are currently registered. To be eligible for registration in the registered nurse (temporary practice) membership class you must be currently registered as an RN in good standing in another Canadian province or territory and are required to obtain verification from your current regulatory body or bodies.

You may make copies of this form if you need more than one. The regulatory 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 on the date of registration expiration, whichever is sooner. **Faxes, photocopies and scanned copies will not be accepted.**

## 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.

## 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 Language Testing Fact Sheet (in this package or on our website) for more information, including the appropriate English language test for your application type.

## 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)

## 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 professional liability protection through the Canadian Nurses Protective Society (CNPS) and 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](http://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](http://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/temporary](http://crnm.mb.ca/applicants/temporary)

## 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 Registration

## Registered Nurse (Temporary Practice) 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 (temporary), including any orientation.

| OFFICE USE ONLY   | Date | Signature |
|---|------|-----------|
| Approved for RN (temporary) registration  |      |           |
| Date received: _____ Reference no. _____ Payment amount: _____ <input type="checkbox"/> CAD <input type="checkbox"/> USD<br>Batch no. _____ Date entered: _____ Date completed: _____ Completed by: _____<br>Item code: APP_CDN-GLACCOUNT: 30100-10 |      |           |

### Applicant Information

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

1. Have you worked in the past two years as a registered nurse in another Canadian jurisdiction where evidence of English language proficiency was required for registration eligibility?  YES  NO
  
2. 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
  
3. Have you completed one of the English language proficiency tests accepted by the College, receiving the minimum required results?  YES  NO
  
4. Have you previously applied to the College of Registered Nurses of Manitoba?  YES  NO  
 If yes, please indicate date: \_\_\_\_\_
  
5. Have you ever applied to another Canadian province/territory or another country to practise as a registered nurse?  YES  NO  
 If yes, indicate Canadian province(s)/territory or other country: \_\_\_\_\_
  
6. Have you ever been registered to practise as a health-care provider in Canada?  YES  NO  
 If yes, provide information regarding your registration and practice: \_\_\_\_\_  
 \_\_\_\_\_
  
7. Have you resided outside of Canada within the past six months?  YES  NO  
 If yes, where: \_\_\_\_\_
  
8. 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: \_\_\_\_\_
  
9. 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
  
10. 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
  
11. Are you currently or have you ever been the subject of a finding of professional negligence or malpractice in Canada or elsewhere?  YES  NO

12. Have you ever been denied registration or been the subject of a disciplinary finding by any professional regulatory body?  YES  NO
13. 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
14. Have you ever worked as or held yourself out as a registered nurse without being registered with a regulatory body?  YES  NO
15. Does your name now appear or has it ever appeared on a child abuse registry or adult abuse registry?  YES  NO
16. 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
17. 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
18. Do you have a physical or mental condition or disorder, including an addiction that may impair your ability to engage in the practice of registered nursing in a safe and effective manner?  YES  NO
19. Where did you first obtain registration as an RN? \_\_\_\_\_  
Date: \_\_\_\_\_
20. Are you currently registered where you first obtained registration?  YES  NO  
If no, please provide expiry date of registration: \_\_\_\_\_
21. Do you hold current active practicing registration of any kind (including licensed practical nurse registration) in any jurisdiction(s) in Canada or worldwide?  YES  NO

If yes, please provide information below:

| Jurisdiction | Type of Registration | Date Obtained | Expiry Date |
|--------------|----------------------|---------------|-------------|
|              |                      |               |             |
|              |                      |               |             |
|              |                      |               |             |

22. Please indicate your basic nursing education:

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

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

24. Have you practised a minimum of 1,125 hours as a registered nurse in the previous five years (Canadian hours only)?  YES  NO

25. Have you practised a minimum of 450 hours as a registered nurse in the previous two years (Canadian hours only)?  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:

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: \$ 199.50**

## 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: _____                                      |

## Applicant Declaration

I hereby declare that I am seeking registration in the registered nurse (temporary practice) membership class for the following purpose(s).

Check all that apply:

- To conduct or participate in a training course or clinical presentation related to the practice of registered nursing.
- To conduct or engage in a research program related to the practice of registered nursing.
- To demonstrate equipment or techniques to be used in clinical care related to the practice of registered nursing.

Name of employer: \_\_\_\_\_

I will be practising at \_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_  
Location Date Date

I understand I can only engage in the practice of registered nursing in accordance with the purpose for which registration is granted.

I understand that in accordance with s. 2.33(1) of the College of Registered Nurses of Manitoba General Regulation, I will have a condition on my certificate of practice limiting my scope of practice in Manitoba to the specific purpose for which registration is granted. Any practice outside of that specific purpose may result in a cancellation of my certificate of practice and a referral to the Investigation Committee.

I understand my certificate of practice in the temporary practice membership class is valid for a four-month period and may be renewed, upon application, one time for an additional four months.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Witness 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:



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## Approved Language Tests

For information on who is subject to language testing, please refer to the *Language Proficiency Policy*.

Internationally Educated Applicants:

| Name of Accepted Test  | Minimum Scores Accepted   | Organization to Contact for More Information   |
|--|---|--|
| <b>Canadian English language Benchmark Assessment for Nurses (CELBAN)</b>                        | Listening: 10<br>Reading: 8<br>Writing: 7<br>Speaking: 8  | <b>The Celban Centre</b><br><a href="http://www.celban.org">www.celban.org</a><br><i>Click → Register/ Test Locations to find the closest testing centre.</i>  |
| <b>International English Language Testing System (IELTS)</b><br><br><i>Academic Version only</i> | Writing: No less than 7.0<br>Speaking: No less than 7.0<br>Listening: No less than 7.5<br>Reading: No less than 6.5<br>Overall Band Score: No less than 7.0<br><i>(The above scores take the Standard Error of Measurement into consideration.)</i> | <b>International English Language Testing System</b><br><br><a href="http://www.ielts.org">www.ielts.org</a><br><i>Click → Test Takers → Find my nearest test centre/select by location/choose your country, then choose your test centre.</i> |

Canadian Educated Applicants:

| Name of Accepted Test  | Minimum Scores Accepted   | Organization to Contact for More Information   |
|--|---|--|
| <b>International English Language Testing System (IELTS)</b><br><br><i>Academic Version only</i> | Writing: No less than 7.0<br>Speaking: No less than 7.0<br>Listening: No less than 7.5<br>Reading: No less than 6.5<br>Overall Band Score: No less than 7.0<br><i>(The above scores take the Standard Error of Measurement into consideration.)</i> | <b>International English Language Testing System</b><br><br><a href="http://www.ielts.org">www.ielts.org</a><br><i>Click → Test Takers → Find my nearest test centre/select by location/choose your country, then choose your test centre.</i> |

Please note: CELBAN will not be accepted for Canadian educated Applicants.

### Questions?

**Contact registration services:**

204-774-3477 • 1-800-665-2027 (toll-free)

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



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# 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)

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