



**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 Practice Hours 2019

### PART A: Applicant

Complete this section **only**. Have any employers you have worked for in the past five years complete the next section and forward it directly to us. Make copies of this form if necessary.

\_\_\_\_\_  
Last name  
\_\_\_\_\_ First name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date of  
birth (yy/mm/dd)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/town \_\_\_\_\_ Province/state \_\_\_\_\_ Postal/zip code \_\_\_\_\_ Country

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

I hereby give consent for release of information as requested by the College of Registered Nurses of Manitoba.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

### PART B: Employer

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

\_\_\_\_\_  
Place of employment \_\_\_\_\_ RN's position/area of responsibility

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/town \_\_\_\_\_ Province/state \_\_\_\_\_ Postal/zip code \_\_\_\_\_ Country

\_\_\_\_\_  
Phone \_\_\_\_\_ Email

#### Practice Hours

Please state the number of hours this employee has worked as an RN during the past five years. Do not include graduate nurse hours, vacation, sick time or leaves of absence.

2014: \_\_\_\_\_ 2017: \_\_\_\_\_  
2015: \_\_\_\_\_ 2018: \_\_\_\_\_  
2016: \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Position/Title

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

STAMP OR OFFICIAL SEAL: