



College of  
Registered Nurses  
of Manitoba

# Multi-Source Feedback Deferral Form

Name: \_\_\_\_\_ Registration#: \_\_\_\_\_

Phone number: \_\_\_\_\_

I am requesting a deferral because (choose one):

☐ I am on parental leave until: \_\_\_\_\_

☐ I am on a leave of absence until: \_\_\_\_\_

- *If your deferral request is related to a physical or mental condition or disorder, including addiction that may impair your ability to practice in a safe and effective manner you must inform Registration Services per the [Practice Direction: Self-Disclosure](#).*

☐ I am not currently practicing (indicate the date you expect to return to work here:) \_\_\_\_\_

☐ I will not be renewing my license for the upcoming year and understand that if I choose to reinstate, I will be required to participate in that year's MSF process.

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

Return completed form to [ccp@crnm.mb.ca](mailto:ccp@crnm.mb.ca)