



College of  
Registered Nurses  
of Manitoba

## Instructions for Reinstatement

### *Please Review this Information Before Submitting your Application to the College*

Our primary mode of communication with applicants is by email. Please provide a valid email address when you access your CRNM profile on the College website and check your email (including your junk folder) on a regular basis.

In order to practise as a registered nurse in Manitoba and to use the designation registered nurse or RN, you must have a valid certificate of practice with the College of Registered Nurses of Manitoba (the College) in the registered nurse membership class. **We do not keep any documentation received before an application file has been opened and assigned an applicant number.**

### Application Requirements for Reinstatement of a Certificate of Practice:

- 1. Application** - To access the reinstatement application, you must login to your CRNM profile located on the College website. Once in your CRNM profile you will find the 'Active RN' application under the "Reinstate My Registration" section. The application form is completed online, you can also pay the non-refundable application processing fee online.
- 2. 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 have been registered. If you currently hold active practicing registration in another Canadian province or territory, you must obtain verification from your current regulatory body. You may have to submit verification(s) of registration(s) from jurisdictions where you have previously been registered if we require this information to establish a complete registration history.

You may make copies of this form if you need more than one. If you are not currently registered in another Canadian province or territory, submit a request for verification from all regulatory bodies with which you have been registered for the past seven years. 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 sooner if an expiry date is indicated. **Faxes, photocopies and scanned copies will not be accepted.**

**3. Verification of Practice Hours** - Complete the upper portion of the request for verification of practice hours form and submit it to all employers for whom you have worked in the past five years. The employers must complete the form and return it directly to us.

**4. Continuing Competence** - You must fulfill at least one of the following requirements for continuing competence:

- practise as an RN for a minimum of 1125 hours in the five years immediately before you are applying
- practise as an RN for a minimum of 450 hours in the two years immediately before you are applying
- pass an approved entry-to-practice exam in the four years immediately before you are applying
- complete an assessment of prior learning and successfully complete a course of instruction based on the learning needs identified by the assessment

If you do not meet one of the above criteria, please review [College policy AA-6](#) for additional options.

You must also complete any outstanding jurisprudence learning modules.

## **5. Background Checks**

The following three checks are required:

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

Please view the Background Checks Fact sheet for specific information on how to obtain these documents: [https://www.crnmb.ca/uploads/document/document\\_file\\_194.pdf?t=1621611296](https://www.crnmb.ca/uploads/document/document_file_194.pdf?t=1621611296). Background check documents are to be uploaded directly into your CRNM profile.

**6. English Language Proficiency** - Applicants must meet the English Language Proficiency requirement. For information on how to meet this requirement, please review the College's [Language Proficiency Policy](#).

Information on English language testing can be found here: <https://www.crnmb.ca/wp-content/uploads/2022/01/Language-Testing-Nov-2022.pdf>

## **7. 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)

A copy of your valid photo identification is to be uploaded directly into your CRNM profile.

8. **Professional Liability Protection** - You are required to obtain professional liability protection through the Canadian Nurses Protective Society (CNPS). **Directly from CNPS at [www.cnps.ca](http://www.cnps.ca).** Please contact CNPS directly if you have questions about obtaining individual coverage or other CNPS services. Verification of your CNPS coverage is done by you, directly through your CRNM profile.

## 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/reinstatement](http://crnm.mb.ca/applicants/reinstatement)

**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)

## Payment

All fees are non-refundable, non-transferable and include GST.

Work will not begin on your application until payment is received.

## Options

Method	Online	Mail
Certified cheque or money order		✓
E-transfer	<ol style="list-style-type: none"><li>1. Ensure your completed application form has been submitted to the College.</li><li>2. Create and send the e-transfer to: <a href="mailto:etransfer@crnm.mb.ca">etransfer@crnm.mb.ca</a>. If the bank account used to make the e-transfer is listed under a different name than the name on your application, please send a second email to <a href="mailto:etransfer@crnm.mb.ca">etransfer@crnm.mb.ca</a> associated the name on your application to the name of the bank account used for the e-transfer. <b>E-transfers which are not follow up with the required identification information will be rejected.</b></li></ol>	
Credit Card	✓	

## Questions?

210 Commerce Dr  
Winnipeg, MB R3P 2W1  
[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: \$ 236.25 (incl. GST)**



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210 Commerce Drive  
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. Type of Registration (**please check all that apply**): ☐ Registered Nurse ☐ Registered Nurse & Midwife  
☐ Licensed/Registered Practical Nurse ☐ Nurse Practitioner ☐ Other (specify): \_\_\_\_\_
3. Initial registration date: \_\_\_\_\_
4. Registered by: ☐ Examination ☐ Endorsement
5. Registration expiry date: \_\_\_\_\_
6. Current registration status: ☐ Practicing ☐ Non-practicing ☐ Other: \_\_\_\_\_
7. Is there a current investigation or proceeding relating to suitability to practise? ☐ Yes ☐ No
8. Has there been a finding of conduct unbecoming or professional misconduct or incompetence related to practice? ☐ Yes ☐ No
9. Has there been a finding of professional negligence or malpractice? ☐ Yes ☐ No
10. Is this registration suspended or revoked? ☐ Yes ☐ No
11. Does this registration currently have conditions attached to it? ☐ Yes ☐ No
12. Has this registration previously had conditions attached to it? ☐ Yes ☐ No
13. Name of examination written: \_\_\_\_\_
14. Date of examination: \_\_\_\_\_

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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STAMP OR  
OFFICIAL SEAL:



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Winnipeg, MB R3P 2W1

P 204-774-3477  
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registration@crnm.mb.ca

## Request for Verification of Practice Hours 2026

### 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
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### 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					
RN Start Date							
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 seven years. Do not include LPN hours, graduate nurse hours, vacation, sick time or leaves of absence.

2021:	2019:
2022:	2020:
2023:	
2024:	
2025:	

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Name

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Signature

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Position/Title

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Date