



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. 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**. 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

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

Payment

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

Fees can only be paid online via credit card, e-transfer, or certified cheque or money order sent via Canada Post.

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

Method	Online	Mail
Certified cheque or money order		√
E-transfer	<ol style="list-style-type: none">1. Ensure your completed application form has been submitted to the College.2. Create and send the e-transfer to: etransfer@crnm.mb.ca. 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 etransfer@crnm.mb.ca associated the name on your application to the name of the bank account used for the e-transfer. E-transfers which are not follow up with the required identification information will be rejected.	
Credit Card	√	

Questions?

890 Pembina Hwy
Winnipeg, MB R3M 2M8
registration@crnm.mb.ca

Phone: 204-774-3477 ext. 300
Toll-free: 1-800-665-2027 ext. 300 (in Manitoba)
Fax: 204-775-7117



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F 204-775-7117
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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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Request for Verification of Practice Hours 2024

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
	Email		
Phone			

Practice Hours

<p>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. Hours worked in the previous seven years may be considered in specific situations.</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">2023: _____</td> <td style="width: 50%;">2019: _____</td> </tr> <tr> <td>2022: _____</td> <td>2018: _____</td> </tr> <tr> <td>2021: _____</td> <td>2017: _____</td> </tr> <tr> <td>2020: _____</td> <td></td> </tr> </table>	2023: _____	2019: _____	2022: _____	2018: _____	2021: _____	2017: _____	2020: _____	
2023: _____	2019: _____								
2022: _____	2018: _____								
2021: _____	2017: _____								
2020: _____									

Name	Position/Title
Signature	Date