



College of
Registered Nurses
of Manitoba

Application Package

Registered Nurse (Temporary Practice, Pandemic Service Provision)

Effective January, 2024

Contents:

- Instructions
- Application Form
- Employment Confirmation
- Verification of Practice Hours



College of
Registered Nurses
of Manitoba

Instructions for Registered Nurse (Temporary Practice, Pandemic Service Provision) Applicants

Application Process Instructions

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 practice, pandemic service provision) in Manitoba and to use the designation registered nurse (temporary pandemic service provision) or RN (temporary, pandemic service provision), you must be registered with the College of Registered Nurses of Manitoba (the “College”) in the registered nurse (Temporary Practice, Pandemic Service Provision) membership class.

To be eligible for registration in this membership class in Manitoba you must have formerly held a certificate of practice in the registered nurse membership class in Manitoba and meet the registration requirements. Registration in the RN (Temporary Practice, Pandemic Service Provision) membership class is only valid for a four-month period of time and is renewable, upon application, and at the discretion of the CEO/Registrar of the College.

Registration in the Registered Nurse (Temporary Practice, Pandemic Service Provision) membership class for the purpose of pandemic service provision is restricted to the sole purpose of providing registered nursing care in Manitoba during the COVID-19 pandemic. This does not mean that your patient population includes only those confirmed with COVID-19.

Upon approval, a public condition is placed on your temporary registration limiting your scope of practice in Manitoba to the specific purpose for which registration was granted. If approved, you will be permitted to engage in the practice of registered nursing for the pandemic service provision. Any practice outside of that specific purpose may result in cancellation of your certificate of practice and a referral to the Complaints Investigation Committee.

Application

Complete the application for temporary registration (pandemic service provision) and return it with the non-refundable application processing fee. Your completed application should only be emailed to registration@crnm.mb.ca once to avoid duplicate charges.

Proof of Identification

Acceptable forms of identification include a copy of your:

- Passport;
- permanent resident card;
- driver's license; or,
- other government-issued picture identification and marriage/divorce certificate (only to verify name change).

Please scan and email or take a photo and email your photo identification to: registration@crnm.mb.ca

Professional Liability Protection

Professional liability protection through the Canadian Nurse Protective Society (CNPS) is required. Coverage may be arranged by the College through CNPS on your behalf if you do not have current coverage.

Currency of Practice Requirement:

In order to be eligible for an RN(temporary practice, pandemic service provision) certificate of practice you must fulfill at least one of the following requirements related to currency of practice:

- 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
- have been a former registrant of the College and completed an assessment of prior learning and successfully complete a course of instruction based on the learning needs identified by the assessment

English Language Proficiency

All applicants must meet the English language proficiency requirement. Please see the College's [Language Proficiency Policy](#) for additional information.

Verification of Practice Hours

Registrants are required to have their RN practice hours verified. To have your hours verified, 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 via email.

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

Employment Confirmation

To be eligible for temporary registration in the pandemic service provision membership class, applicants must identify their prospective employer and the specific position or type of work they will be performing while registered. The position or type of work must be temporary in nature and specifically related to pandemic service provision ie. immunizations, covid screening etc. If the position is not related to a specific pandemic service need, the applicant will not be eligible for temporary registration in the pandemic service provision membership class. Those who wish to practice in a position or area outside of pandemic service provision are encouraged to consider applying for [RN registration](#)

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.

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



Application for Registration

Registered Nurse (Temporary Practice, Pandemic Service Provision) Membership Class

Submission of this application does not guarantee registration.

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* (the “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 Practice, Pandemic Service Provision) registration		

Applicant Information

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

Email		

1.	<p>Have you previously applied to the College of Registered Nurses of Manitoba?</p> <p>If yes, please indicate date: _____</p>	<input type="radio"/> YES	<input type="radio"/> NO																				
2.	<p>Have you previously held a certificate of practice with the College of Registered Nurses of Manitoba?</p>	<input type="radio"/> YES	<input type="radio"/> NO																				
3.	<p>Do you hold current active practicing registration of any kind (including licensed practical nurse registration) in any jurisdiction(s) in Canada or worldwide?</p>	<input type="radio"/> YES	<input type="radio"/> NO																				
	<p>If yes, please provide information below:</p> <table border="1" data-bbox="293 632 1230 951"> <thead> <tr> <th data-bbox="293 632 651 785">Jurisdiction</th> <th data-bbox="651 632 911 785">Type of Registration</th> <th data-bbox="911 632 1089 785">Date Obtained</th> <th data-bbox="1089 632 1230 785">Expiry Date</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Jurisdiction	Type of Registration	Date Obtained	Expiry Date																		
Jurisdiction	Type of Registration	Date Obtained	Expiry Date																				
4.	<p>Please indicate your basic nursing education:</p> <table border="1" data-bbox="293 963 1230 1365"> <thead> <tr> <th data-bbox="293 963 488 1173">Name of School</th> <th data-bbox="488 963 748 1173">City, Province/State, Country</th> <th data-bbox="748 963 911 1173">Language of Instruction</th> <th data-bbox="911 963 1089 1173">Course Completion Date (mm/yy)</th> <th data-bbox="1089 963 1230 1173">Education Credential</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name of School	City, Province/State, Country	Language of Instruction	Course Completion Date (mm/yy)	Education Credential																	
Name of School	City, Province/State, Country	Language of Instruction	Course Completion Date (mm/yy)	Education Credential																			
5.	<p>Where did you first obtain registration as an RN?</p> <p>_____</p> <p>Date: _____</p>																						
6.	<p>Are you currently registered where you first obtained registration?</p> <p>If no, please provide expiry date of registration: _____</p>	<input type="radio"/> YES	<input type="radio"/> NO																				
7.	<p>Have you ever been registered to practise as another category of health-care provider in Canada?</p>	<input type="radio"/> YES	<input type="radio"/> NO																				

	If yes, provide information regarding your registration and practice:		
8.	<p>Have you written the Canadian Registered Nurse Exam (CRNE), the Quebec Professional Nursing Exam (OIIQ) or the NCLEX-RN exam?</p> <p>If yes, please indicate exam date(s) and province/state that gave you eligibility.</p> <p>Date: _____ Jurisdiction: _____</p> <p>Date: _____ Jurisdiction: _____</p> <p>Date: _____ Jurisdiction: _____</p>	<input type="radio"/> YES	<input type="radio"/> NO
9.	Have you practised a minimum of 1,125 hours as a registered nurse in the previous five years (Canadian hours only)?	<input type="radio"/> YES	<input type="radio"/> NO
10.	Have you practised a minimum of 450 hours as a registered nurse in the previous two years (Canadian hours only)?	<input type="radio"/> YES	<input type="radio"/> NO
11.	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?	<input type="radio"/> YES	<input type="radio"/> NO
12.	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?	<input type="radio"/> YES	<input type="radio"/> NO
13.	Are you currently or have you ever been the subject of a finding of professional negligence or malpractice in Canada or elsewhere?	<input type="radio"/> YES	<input type="radio"/> NO
14.	Have you ever been denied registration or been the subject of a disciplinary finding by any professional regulatory body?	<input type="radio"/> YES	<input type="radio"/> NO
15.	Have you ever had your registration/license revoked, suspended, restricted or subjected to individual terms and conditions by any regulatory authority in any jurisdiction?	<input type="radio"/> YES	<input type="radio"/> NO
16.	Have you ever worked as or held yourself out as a registered nurse without being registered with a regulatory body?	<input type="radio"/> YES	<input type="radio"/> NO
17.	Does your name now appear or has it ever appeared on a child abuse registry or adult abuse registry?	<input type="radio"/> YES	<input type="radio"/> NO

18.	Have you ever been charged, convicted or found guilty (even if you have received a conditional discharge, absolute discharge or suspended sentence) of a criminal or regulatory offence?	<input type="radio"/> YES	<input type="radio"/> NO
19.	Have you ever been charged, convicted or found guilty (even if you have received a conditional discharge, absolute discharge or suspended sentence) of careless driving causing death under <i>The Highway Traffic Act</i> of Manitoba or similar legislation?	<input type="radio"/> YES	<input type="radio"/> NO
20.	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?	<input type="radio"/> YES	<input type="radio"/> NO

Authorization and Consent

I authorize the collection, use and disclosure of personal information concerning myself consistent with the confidentiality provisions set out in subsection 140(2) of the RHPA.

In addition, I authorize 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 understand and acknowledge that, in order to be eligible for this registration, I am required to have professional liability protection through the CNPS in accordance with the requirements of subsection 2.32(1) of the Regulation.

I authorize and hereby provide my consent to the College to provide to the CNPS, on my behalf, the required fee as well as my legal name, professional designation, College registration number, telephone number, address, email address, and the date temporary registration was approved in Manitoba.

I have read and understand the information on this form and agree to its terms.

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

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

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

Currently, fees can only be paid via credit card over the phone, e-transfer, or certified cheque or money order sent via Canada Post.

Please do not include a credit card number on your application. Once your application has been received, the College will contact you to arrange for payment. Please allow 3-5 business days for payment collection. Work will not begin on your application until payment is received.

Options

Method	Over the Phone	Mail
Certified cheque or money order		✓
E-transfer	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.	
Visa or Mastercard	✓	

Due with Application

Application processing fee: \$ 231.00

Fees

- The cost of professional liability protection from the Canadian Nurse Protective Society **may** be covered by the Government of Manitoba if you are returning to practice for a temporary period of time specifically to assist with pandemic service provision; or you are currently registered in another Canadian jurisdiction and are obtaining registration in Manitoba specifically to assist with pandemic service provision.

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

Employment Confirmation

While providing registered nursing services in Manitoba I will be employed by:

Position or type of work I will be performing while registered:

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 publicly available 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 Complaints 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

*electronic signatures are not accepted

