



# Document Transfer Request Form

Please complete and submit this form to the College of Registered Nurses of Manitoba at: [registration@crnm.mb.ca](mailto:registration@crnm.mb.ca). We will provide electronic copies of requested registration application documents to the identified regulatory body. Please include the name and address of the regulatory organization to send the documents to.

**Part A: Requested**

_____	_____	_____
<b>Last Name</b>	<b>First Name</b>	<b>Date of Birth (yy/mm/dd)</b>
_____	_____	_____
<b>Address</b>		<b>City/Town</b>
_____	_____	_____
<b>Province/State</b>	<b>Country</b>	<b>Postal/Zip Code</b>
_____	_____	_____
<b>Home Phone No.</b>	<b>Work Phone No.</b>	<b>Email</b>
_____	_____	_____
<b>Document(s) Requested</b>		<b>Registration No.</b>
_____		_____

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

_____	_____
<b>Signature</b>	<b>Date</b>
.....	.....

**Part B: Send to:**

_____		
<b>Receiving Institution/Organization Na</b>		
_____		
<b>Address</b>		
_____	_____	_____
<b>City/Town</b>	<b>Province/State</b>	<b>Country</b>
_____	_____	_____
<b>Postal/Zip Code</b>	<b>Email</b>	
_____	_____	

### Payment:

A non-refundable processing fee of \$47.25 (including GST) is required to complete the request. Fees can be paid via e-transfer, credit card over the phone, or certified cheque or money order sent via Canada Post. Requested documents will be sent via email to the organization you have listed above within 10 business days from the date of your request and payment are received.