



College of
Registered Nurses
of Manitoba

Application Package

Registered Nurse (Authorized Prescriber) Notation

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College of
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Instructions for Registered Nurse (Authorized Prescriber) Notation Applicants

Application Process

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.

You must meet the requirements to be approved for the registered nurse (authorized prescriber) notation. If you are not currently registered in the RN membership class with the College you will need to also complete the application for registration in the registered nurse membership class to obtain a certificate of practice.

Assessment for the RN(AP) notation requires the College to open a file for you to begin your application process. **We do not keep any documentation received before an application file has been opened.**

To be eligible for the registered nurse (authorized prescriber) notation, you must meet the following requirements:

1. Successful completion of the RRC Polytech Nurse Prescriber Program

OR

2. Hold a current certification as one of the following:

- Certified Diabetes Educator
- Sexual Assault Nurse Examiner
- International Travel Health Certification

AND

Successful completion of one of the approved prescribing courses:

- RRC Polytech Prescribing Course NURS-1100 [Essentials of RN Prescribing Practice](#)
- Athabasca University Manitoba RN Prescribing Program

AND

Successful completion of the RRC Polytech Nurse Prescriber Clinical Practicum Course PRAC-2300 [Consolidated Clinical Practicum](#)

To open a file with the College you must submit:

- ☐ Application form
- ☐ Proof of identification
- ☐ Employer Support Form (required only if you have not completed the required education and clinical and are required to undergo an AP CCA)

Application

Complete the application for the registration for registered nurse (authorized prescriber) notation and return it with the non-refundable application processing fee (\$147.00). Your completed application should only be sent by email.

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)

Course Completion Letter

- If you have already completed parts or all of the education and clinical, course completion letter(s) are required and must be received directly from the educational institution. This may include a course completion letter from RRC Polytech if you completed the Nurse Prescriber Program or if you have separately completed the RRC Polytech prescribing and clinical courses only. If you completed the Athabasca University Manitoba RN Prescribing Course, please arrange for Athabasca University to send the College a course completion letter.

Proof of Certification

- If you have completed one of the 3 accepted certifications, proof of current certification is required:
 - Certified Diabetes Educator
 - Sexual Assault Nurse Examiner
 - International Travel Health Certification
- Please arrange for confirmation of your certification to come directly to the College from the issuing organization.

Employer Support Form

- A completed Employer Support Form is required only if you have not completed the required education and clinical and are therefore required to undergo an AP CCA. Please have your employer complete the attached form and send directly to the College on your behalf.

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 (toll-free in Manitoba)

registration@crnm.mb.ca



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Application for the Registered Nurse (Authorized Prescriber) Notation

Submission of this application does not guarantee approval of the notation. Please plan ahead for the time it will take to receive and review required documents and complete our evaluation.

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. I understand that in order to practice as a registered nurse (authorized prescriber) in Manitoba, I am required by law to have a valid notation on my certificate of practice with the College of Registered Nurses of Manitoba (the College) before I commence employment as a registered nurse (authorized prescriber), including any orientation.

OFFICE USE ONLY	Date	Signature
Approved for the RN(AP) Notation		
Date received: _____ Reference no. _____ Payment amount: _____ <input type="checkbox"/> CAD <input type="checkbox"/> USD		
Batch no. _____ Date entered: _____ Date completed: _____ Completed by: _____		
Item code: APP_RNAP-GLACCOUNT: 30150-10		

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		_____ CRNM #

1	Are you currently registered as an RN in Manitoba?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	<p>Do you currently work in the role of nurse prescriber?</p> <p>If yes, please indicate your client population:</p> <p><input type="checkbox"/> Travel Health</p> <p><input type="checkbox"/> Reproductive health, sexually transmitted infections and blood borne pathogens</p> <p><input type="checkbox"/> Diabetes health</p> <p>If yes, please indicate your employer: _____</p> <p>If yes, a completed Employer Support Form is required</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Have you completed the full Red River College Nurse Prescriber Program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	<p>Are you currently certified in one of the following (please check the certification below):</p> <p><input type="checkbox"/> Certified Diabetes Educator</p> <p><input type="checkbox"/> Sexual Assault Nurse Examiner</p> <p><input type="checkbox"/> International Travel Health</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	<p>Have you completed one of the accepted prescribing courses (please check the completed course):</p> <p><input type="checkbox"/> RRC Polytech Complete Nurse Prescriber Program</p> <p><input type="checkbox"/> RRC Polytech Prescribing Course NURS-1100 Essentials of RN Prescribing Practice</p> <p><input type="checkbox"/> Athabasca University Manitoba RN Prescribing Course</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5	<p>Have you completed one of the accepted nurse prescriber clinical practicum courses (please check the completed course):</p> <p><input type="checkbox"/> RRC Polytech Complete Nurse Prescriber Program</p> <p><input type="checkbox"/> RRC Polytech Nurse Prescriber Clinical Practicum Course PRAC-2300 Consolidated Clinical Practicum</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	<p>Please indicate the client population for which you are seeking a notation:</p> <p><input type="checkbox"/> Travel Health</p> <p><input type="checkbox"/> Reproductive health, sexually transmitted infections and blood borne pathogens</p> <p><input type="checkbox"/> Diabetes health</p>		

Authorization and Consent

I authorize the collection, use and disclosure of personal information concerning myself consistent with the confidentiality provisions set out in section 140(2) of *The Regulated Health Professions Act*.

In addition, I authorize the College of Registered Nurses of Manitoba (“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 have read and understand the information on this form and agree to the terms stated herein.

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 signatures are not accepted. Documents signed with an electronic signature will need to be resubmitted.**

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	Online	Mail
Certified cheque or money order		✓
E-transfer * see below		
Visa or Mastercard	✓	

*e-transfers:

Ensure your completed application form has been submitted to the College.

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 associating the name on your application to the name of the bank account used for the e-transfer. **E-transfers which are not followed up with the required identification information will be rejected.**

Due with Application:

Application processing fee: \$147.00 (incl. GST)



A completed Employer Support Form is only required if you have not completed the education and clinical coursework and are therefore required to undergo an AP CCA. Please have your employer complete the attached form and send directly to the College on your behalf.

confirm that _____ (CRNM Registrant) is currently providing care in one or more of the following areas (check all that apply):

- ☐ Travel Health
- ☐ Reproductive health, sexually transmitted infections and blood borne pathogens
- ☐ Diabetes health

Date _____

Return Form:

College of Registered Nurses of Manitoba

Fax: 204-775-7117

Email: registration@crnm.mb.ca

Mail: 210 Commerce Drive Winnipeg, MB R3P 2W1