College of Registered Nurses of Manitoba

# HEALTH PROFESSION CORPORATION PERMIT APPLICATION

The College of Registered Nurses of Manitoba does not provide registrant consultation related to self-employed practice business models. The expectation is that the registrant consults with a person (lawyer/accountant) familiar with *The Regulated Health Professions Act* and Regulation, to make that determination prior to submitting a permit application.

It is the **registrant's responsibility** to meet and have confirmed, by their Lawyer/Accountant, that they meet the criteria for a Health Professions Corporation as described in *The Regulated Health Professions Act* and Regulations.

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| **Name of Corporation:** | |
| **Purpose:** This Corporation shall carry out the practice of Registered Nursing. Provide a summary of the registered nursing services (RN or RN(NP) that will/ are being provided through this corporation: | |
| **Business Address(es) of Corporation:** | |
| **Mailing Address of Corporation** (If different from above. The address provided in this section WILL NOT be made available to the public unless also listed above.) | |
| **Postal Code** | **E-mail** |
| **Telephone** | **Facsimile** |

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| Shareholder/Directors Names (identify director) | Certificate of Practice # |
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| **Declarations:**<br><br>The registrant hereby declares: |
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| 1. I, after consultation with my advisor(s) confirm that this corporation meets the criteria for a Health Professions Corporation (HPC) in accordance with *The Regulated Health Professions Act* and the Regulations.<br><br>**Name of Person and Designation:**<br><br>**Name of Firm:**<br><br>**Address of Firm:**<br><br>**Phone Number of Firm:**<br><br>**Email Address:** |
| 2. Corporation Name meets HPC criteria (includes reference to nursing and contains the corporate modifier). |
| 3. Regulated members have appropriate liability insurance as confirmed by consultation with Canadian Nurses Protective Society |
| 4. All HPC shareholders do not have criminal records and are in good standing with their Regulatory College |
| 5. CRNM will be notified of any substantive changes to nursing practice within the HPC or if any shareholder, director, or officer who is a member of CRNM Certificate of Practice has conditions or undertakings. |
| 6. The name of each regulated member through whom the HPC will be carrying on the practice of the regulated health profession would be available upon CRNM request. |

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Name:

Certificate of Practice #:

Date:

By entering my name, I affirm that I am fulfilling my professional responsibilities and complying with all applicable practice expectations and the declaration statements.

**Enclosed with this application are:**

- Corporation's name reservation form from Companies Office
- Self-employed Nursing Practice Notification and Declaration form for all regulated members of the Health Profession Corporation
- Initial permit application fee ($500 + GST = $525)
  When ready, contact selfemployed@crnm.mb.ca for payment options

Submit application and supporting documents to:

**College of Registered Nurses of Manitoba**
210 Commerce Drive
Winnipeg, MB R3P 2W1
Email: selfemployed@crnm.mb.ca

When documents submitted electronically, originals must be available to be inspected by the College when requested.

**Resources:**

Health Profession Corporation, Policy AA-1:
https://www.crnm.mb.ca/wp-content/uploads/2022/01/AA-1-Health-Profession-Corporation.pdf

College of Registered Nurses of Manitoba General Regulation: https://web2.gov.mb.ca/laws/regs/current/_pdf-regs.php?reg=114/2017

The Regulated Health Professions Act:
https://web2.gov.mb.ca/laws/statutes/ccsm/r117.php?lang=en