



Request for Verification of Registration or Exam Writing in Manitoba

PART A: Applicant

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 to the College of Registered Nurses of Manitoba for the release of the requested information.

Signature Date

PART B: Receiving Institution/Organization

Receiving institution/organization name Reason verification required

Address

City/town Province/state Postal/zip code Country

Phone Fax Email

OFFICE USE ONLY			
Date received: _____	Reference no. _____	Payment amount: _____	<input type="checkbox"/> CAD <input type="checkbox"/> USD
Batch no. _____	Date entered: _____	Date completed: _____	Completed by: _____
Item code: VERIFICATION-GLACCOUNT: 38600-10			

Payment

Due with submission of request form:

Verification document fee: \$78.75 (incl. GST)

All fees are non-refundable, non-transferable.

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

Options

Method	Over the Phone	Mail
E-transfer – please see here for instructions on how to pay via e-transfer		
Visa or Mastercard* please see below for further information	✓	
Certified Cheque or Money Order		✓

* If you wish to pay via credit card, do not include a credit card number on your application. Once your request has been received, the College will contact you to arrange for payment. For credit card payments, please allow 3-5 business days for payment collection. Work will not begin on your request until payment has been received.