



Application for Registered Nurse (Graduate Nurse Practitioner) Membership Class

Submission of this application does not guarantee registration. Do not make life or career decisions based on the probability that you may be registered. Plan ahead for the time it will take to receive and review all 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 practise nursing in Manitoba, I am required by law to hold a valid certificate of practice in the registered nurse (graduate nurse practitioner) membership class with the College of Registered Nurses of Manitoba (the College) before I commence employment as a registered nurse (graduate nurse practitioner), including any orientation.

OFFICE USE ONLY	Date	Signature
Eligible for RN(GNP) registration		
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_GNP-GLACCOUNT: 30125-10		

Applicant Information

Last name

First name

CRNM Registration number

Client population for whom you provide health-care services: ☐ Family (all ages) ☐ Pediatric (neonatal) ☐ Adult

I understand the following requirements:

1. Upon approval for registration in the RN(GNP) membership class, I am permitted to practise as an RN(GNP) for a period of four months and I may submit another application for the purpose of renewing my RN(GNP) certificate of practice for another four months if required.
2. Upon approval for registration in the RN(GNP) membership class, I am permitted to use the title registered nurse (graduate nurse practitioner) and designation RN(GNP).
3. I am only permitted to practise under the supervision of an RN(NP) registrant of the College of Registered Nurses of Manitoba or a physician member of the College of Physicians and Surgeons of Manitoba.
4. I may not independently:
 - a. prescribe
 - b. order or receive diagnostic tests
 - c. perform minor surgical procedures
5. I must establish a mentor relationship with a Manitoba RN(NP) or physician who will supervise my practice and provide a co-signature on prescriptions and diagnostic tests I order.
6. I am required to provide completed mentor reports to the College (manager of registration services) every three months from the date of registration as an RN(GNP).
7. My RN(GNP) certificate of practice will expire 30 days after the College receives the results of the NP exam or immediately following a second failure or withdrawal from the exam.
8. Practice hours accrued while in the RN(GNP) membership class can be claimed as RN hours for the purpose of renewing a certificate of practice in the registered nurse membership class.
9. Failure to comply with the conditions as set out in this document will result in the executive director of the College reviewing my RN(GNP) registration status, which may result in disciplinary action.

Signature

Date

Payment

All fees are non-refundable and non-transferable. Work will not begin on your application until payment has been received.

Options

Method	Instructions
Certified Cheque or Money Order	Send by mail 210 Commerce Dr, Winnipeg, MB R3P 2W1
Visa or Mastercard	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.
E-transfer	<ol style="list-style-type: none">1. Ensure your completed application form has been submitted to the College.2. Create and send the e-transfer to: etransfer@crnm.mb.ca3. If the bank account used to make the e-transfer is listed under a name different from 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.

Questions?

210 Commerce Dr
Winnipeg, MB R3P 2W1
registration@crnm.mb.ca

Phone: 204-774-3477 ext. 300
Toll-free: 1-800-665-2027 ext. 300 (in Manitoba)
Fax: 204-775-7117

Fees

Due with Application

Application processing fee:	\$ 110.25 *
Graduate Nurse Practitioner registration fee:	
Certificate of Practice	\$ 283.50
Certificate of Registration	\$ 52.50**

Total: \$ 446.25 (incl. GST)

**This fee is only required for initial applications to the graduate nurse practitioner membership class. It is not required if you are applying for renewal and you are currently in good standing in the graduate nurse practitioner membership class.*

*** This fee is only required for initial graduate nurse practitioner registration, it is not required if you are applying for GNP renewal.*



College of
Registered Nurses
of Manitoba

Effective January 1, 2024

Registered Nurse (Graduate Nurse Practitioner) Mentor Form

Declaration

I have read and understand the requirements of registered nurse (graduate nurse practitioner) registration as outlined below.

I _____, _____ agree to be a mentor for _____
Mentor name Designation Applicant name

I agree to:

- support their professional nursing practice through discussion of integration of theory to nurse practitioner practice
- supervise their practice and provide a co-signature on prescriptions and diagnostic tests
- regularly meet with the individual
- review and sign the individual's mentor reports (see example) that must be submitted to the College every three months

Mentor signature

Date

Return Form

College of Registered Nurses of Manitoba

Fax: 204-775-7117

Email: registration@crnm.mb.ca

Mail: 210 Commerce Dr Winnipeg, MB R3P 2W1



Registered Nurse (Graduate Nurse Practitioner) Employer Form

Declaration

I have read and understand the requirements of registered nurse (graduate nurse practitioner) registration as outlined below. I agree to support the practice of the registered nurse (graduate nurse practitioner) and the RN(GNP)/mentor relationship.

Employer name

Facility/organization

Position/title

Employer signature

Date

RN(GNP) Requirements

1. Upon approval for registration in the RN(GNP) membership class, the RN(GNP) is permitted to practise as an RN(GNP) for a period of four months and may submit another application for the purpose of renewing their RN(GNP) certificate of practice for another four months if required.
2. Upon approval for registration in the RN(GNP) membership class, the RN(GNP) is permitted to use the title Registered Nurse (Graduate Nurse Practitioner) and designation RN(GNP).
3. The RN(GNP) is only permitted to practise under the supervision of an RN(NP) registrant of the College of Registered Nurses of Manitoba or a physician member of the College of Physicians and Surgeons of Manitoba.
4. The RN(GNP) may not independently prescribe, order and receive diagnostic tests, or perform minor surgical procedures.
5. The RN(GNP) must establish a mentor relationship with a Manitoba RN(NP) or physician who will supervise his/her practice and provide a co-signature on prescriptions and diagnostic tests he/she orders.
6. The RN(GNP) is required to provide completed mentor reports to the College (manager of registration services) every three months from the date of registration as an RN(GNP).
7. The RN(GNP)'s certificate of practice will expire 30 days after the College receives the results of the NP examination immediately following a second failure or withdrawal from the examination.
8. Practice hours accrued while in the RN(GNP) membership class can be claimed as RN hours for the purpose of renewing a certificate of practice for the registered nurse membership class.
9. Failure to comply with the conditions as set out in this document will result in the executive director of the College reviewing the RN(GNP)'s registration status.

Return Form:

College of Registered Nurses of Manitoba

Fax: 204-775-7117

Email: registration@crnm.mb.ca

Mail: 210 Commerce Dr Winnipeg, MB R3P 2W1