



College of
Registered Nurses
of Manitoba

Application Package

Registered Nurse (Nurse Practitioner – Temporary Practice)

2024 Registration

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College of
Registered Nurses
of Manitoba

Instructions for Registered Nurse (Nurse Practitioner - Temporary Practice) 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.

In order to practise as a registered nurse (nurse practitioner temporary) in Manitoba and to use the designation registered nurse (nurse practitioner temporary) or RN(NP temporary), you must be registered with the College of Registered Nurses of Manitoba (the College) in the registered nurse (nurse practitioner - temporary practice) membership class.

To be eligible for registration in this membership class in Manitoba, you must be currently registered in good standing as an RN(NP) in another Canadian jurisdiction. Registration in the RN (nurse practitioner - temporary practice) membership class is only valid for a four-month period of time and is renewable, upon application, for one additional four-month period.

Registration in the registered nurse (nurse practitioner - temporary practice) membership class is restricted to one or more of the following purposes:

1. To conduct or participate in a training course or clinical presentation related to the practice of registered nursing.
2. To conduct or engage in a research program related to the practice of registered nursing.
3. To demonstrate equipment or techniques to be used in clinical care related to the practice of registered nursing.

You must declare your purpose(s) for seeking temporary registration from the criteria listed above. Upon approval, a public condition is placed on your temporary registration limiting your scope of practice in Manitoba to the specific purpose(s) for which registration was granted. Any practice outside of that specific purpose(s) may result in cancellation of your certificate of practice and a referral to the Investigation Committee.

Assessment for registration as an RN(NP - temporary) 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 and assigned an applicant number.**

Application

Complete the application for registration in the registered nurse (nurse practitioner - temporary practice) membership class and return it with the non-refundable application processing fee. Your completed application should only be sent once by email, fax or mail to prevent duplicate charges to your credit card.

Verification of Registration

Complete the upper portion of the request for verification of registration form and submit it to the appropriate regulatory body/bodies where you are currently registered. To be eligible for registration in the registered nurse (nurse practitioner - temporary practice) membership class you must be currently registered as an RN(NP) in good standing in another Canadian province or territory and are required to obtain verification from your current regulatory body or bodies.

You may make copies of this form if you need more than one. The regulatory bodies must complete the form and return it directly to the College. Verifications of registration are valid for one year from the date they were completed or sooner if an expiry date is indicated. **Faxes, photocopies and scanned copies will not be accepted.**

Verification of Practice Hours

Complete the upper portion of the request for verification of practice hours form and submit it to all employers for whom you have worked in the past five years. The employers must complete the form and return it directly to us.

Background Checks

The following three checks are required:

- nationwide criminal record check (with vulnerable sector search)
- adult abuse registry check
- child abuse registry check

See our fact sheet on [background checks](#) for details on what is required and how you can obtain these.

English Language Proficiency

Applicants must meet the English Language Proficiency requirement. For information on how to meet this requirement, please review the College's [Language Proficiency Policy](#).

Information on English language testing can be found here: <https://www.crnmb.ca/resource/approved-language-testing/>

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)

Professional Liability Protection

Professional liability protection is a requirement for registration on all practicing registers in Manitoba. You will need to obtain professional liability protection from the Canadian Nurses Protective Society, please visit www.cnps.ca for information on obtaining coverage.

Next Steps

If there are inconsistencies in any of the information you provide during the application process, we reserve the right to require additional supporting documentation, which may be over and above the items outlined above. The College may make improvements or changes to the information described at any time without notice.

Your registration assessment will begin once we receive all requirements.

Fees

Registration fees vary depending on the time of year. You can find a full list of fees on our website:

crnm.mb.ca/applicants/temporary

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 ext. 300 (toll-free in Manitoba)

registration@crnm.mb.ca



Application for Registration

Registered Nurse (Nurse Practitioner - Temporary Practice) 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 with the College of Registered Nurses of Manitoba (the College) before I commence employment as a registered nurse (nurse practitioner - temporary), including any orientation.

OFFICE USE ONLY	Date	Signature
Approved for RN (NP - temporary) 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_CDN-GLACCOUNT: 30100-10		

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		

1. Have you worked within the past two years as a registered nurse in another Canadian jurisdiction where evidence of English language proficiency was required for registration eligibility? YES NO

2. Have you completed an approved basic nursing education program in Canada within the past two years where the education was provided in English or there was an English language requirement for admission to the program? YES NO

3. Have you completed one of the English language proficiency tests accepted by the College, receiving the minimum required results? YES NO

4. Have you previously applied to the College of Registered Nurses of Manitoba? YES NO
 If yes, please indicate date: _____

5. Have you ever applied to another Canadian province/territory or another country to practise as a registered nurse (nurse practitioner)? YES NO
 If yes, indicate Canadian province(s)/territory or other country: _____

6. Have you ever been registered to practise as a health-care provider in Canada? YES NO
 If yes, provide information regarding your registration and practice: _____

7. Have you resided outside of Canada within the past six months? YES NO
 If yes, where: _____

8. Have you written an approved RN(NP) exam (CNPE, PNCB-Pediatric, AANPCP-Adult Gerontology)? YES NO
 If yes, please indicate exam date(s) and province/state:
 Date: _____ Jurisdiction: _____
 Date: _____ Jurisdiction: _____
 Date: _____ Jurisdiction: _____

9. Are you currently the subject of an investigation or proceeding related to your suitability to practice as a registered nurse or any other health care professional within Canada or elsewhere? YES NO

10. Are you currently or have you ever been the subject of a finding of conduct unbecoming or professional misconduct or incompetence related to the practice of registered nursing or any other health profession in Canada or elsewhere? YES NO

11. Are you currently or have you ever been the subject of a finding of professional negligence or malpractice in Canada or elsewhere? YES NO

12. Have you ever been denied registration or been the subject of a disciplinary finding by any professional regulatory body? YES NO
13. Have you ever had your registration/license revoked, suspended, restricted or subjected to individual terms and conditions by any regulatory authority in any jurisdiction? YES NO
14. Have you ever worked as or held yourself out as a registered nurse without being registered with a regulatory body? YES NO
15. Does your name now appear or has it ever appeared on a child abuse registry or adult abuse registry? YES NO
16. Have you ever been charged, convicted or found guilty (even if you have received a conditional discharge, absolute discharge or suspended sentence) of a criminal or regulatory offence? YES NO
17. Have you ever been charged, convicted or found guilty (even if you have received a conditional discharge, absolute discharge or suspended sentence) of careless driving causing death under *The Highway Traffic Act* of Manitoba or similar legislation? YES NO
18. Do you have a physical or mental condition or disorder, including an addiction that may impair your ability to engage in the practice of registered nursing in a safe and effective manner? YES NO
19. Where did you first obtain registration as an RN(NP)? _____
Date: _____
20. Are you currently registered where you first obtained registration? YES NO
If no, please provide expiry date of registration: _____
21. Do you hold current active practicing registration of any kind (including licensed practical nurse registration) in any jurisdiction(s) in Canada or worldwide? YES NO

If yes, please provide information below:

Jurisdiction	Type of Registration	Date Obtained	Expiry Date

22. Please indicate your advanced nursing education:

Name of School	City, Province/State, Country	Language of Instruction	Course Completion Date (mm/yy)	Education Credential

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23. Did you obtain registration in the jurisdiction in which you completed your advanced nursing education? YES NO
24. Have you practised a minimum of 300 hours as an RN(NP) in the previous year (Canadian hours only)? YES NO
25. Have you practised a minimum of 900 hours as an RN(NP) in the previous three years (Canadian hours only)? YES NO

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 Messages

We are required to communicate information to you as it relates to your registration and other regulatory activities. This includes newsletters, reports, research requests, messages about academic/educational activities and information on new services. These communications do not require consent under Canada’s anti-spam legislation (CASL).

However, CASL does require us to obtain your consent to send commercial electronic messages, which could include offers to purchase services, products or tickets to events, as well as similar offers from third parties.

You can change your preferences anytime by logging into your member profile or emailing info@crnm.mb.ca

- Yes. I consent to receiving commercial electronic messages from the College.
- No. I do not consent to receiving commercial electronic messages from the College.

Payment

All fees are non-refundable, non-transferable and include GST.

Currently, fees can only be paid via credit card over the phone 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.

Options

Method	Over the Phone	Mail
Certified cheque or money order		✓
E-transfer	1. Ensure your completed application form has been submitted to the College. 2. 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 associated the name on your application to the name of the bank account used for the e-transfer. E-transfers which are not follow up with the required identification information will be rejected.	
Visa or Mastercard	✓	

Questions?

890 Pembina Hwy
Winnipeg, MB R3M 2M8
registration@crnm.mb.ca

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

Due with Application

Application processing fee: \$ 231.00 (incl. GST)

Applicant Declaration

I hereby declare that I am seeking registration in the registered nurse (nurse practitioner - temporary practice) membership class for the following purpose(s).

Check all that apply:

- To conduct or participate in a training course or clinical presentation related to the practice of registered nursing.
- To conduct or engage in a research program related to the practice of registered nursing.
- To demonstrate equipment or techniques to be used in clinical care related to the practice of registered nursing.

Name of employer: _____

I will be practising at _____ between _____ and _____
Location Date Date

I understand I can only engage in the practice of registered nursing in accordance with the purpose for which registration is granted.

I understand that in accordance with s. 2.33(1) of the College of Registered Nurses of Manitoba General Regulation, I will have a condition on my certificate of practice limiting my scope of practice in Manitoba to the specific purpose for which registration is granted. Any practice outside of that specific purpose may result in a cancellation of my certificate of practice and a referral to the Investigation Committee.

I understand my certificate of practice in the temporary practice membership class is valid for a four-month period and may be renewed, upon application, one time for an additional four months.

Dated this _____ day of _____, 20_____.

Applicant signature

Witness signature

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



**College of
Registered Nurses
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890 Pembina Highway
Winnipeg, MB R3M 2M8

P 204-774-3477
TF (Manitoba) 800-665-2027
F 204-775-7117
registration@crnm.mb.ca

Request for Verification of Registration

PART A: Applicant to complete

Please complete this page and forward BOTH pages to the registering/licensing authorities. If you require more copies, please photocopy this form.

Last name

First name

_____/_____/_____
Date of birth (yy/mm/dd)

Registration number (if applicable)

Address

City/town

Province/state

Postal/zip code

Email

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

Signature

Date

PART B: Registering/licensing authority to complete

Please complete this page and forward directly to the College of Registered Nurses of Manitoba.

Name of registering board/authority

Name of nursing education program

Location

Graduation year

1. Was the above program an approved nursing education program at the time of completion? Yes No
2. Type of Registration (**please check all that apply**): Registered Nurse Registered Nurse & Midwife
 Licensed/Registered Practical Nurse Nurse Practitioner Other (specify): _____
3. Initial registration date: _____
4. Registered by: Examination Endorsement
5. Registration expiry date: _____
6. Current registration status: Practicing Non-practicing Other: _____
7. Is there a current investigation or proceeding relating to suitability to practise? Yes No
8. Has there been a finding of conduct unbecoming or professional misconduct or incompetence related to practice? Yes No
9. Has there been a finding of professional negligence or malpractice? Yes No
10. Is this registration suspended or revoked? Yes No
11. Does this registration currently have conditions attached to it? Yes No
12. Has this registration previously had conditions attached to it? Yes No
13. Name of examination written: _____
14. Date of examination: _____

Name

Position/title

Email

Signature

Date

STAMP OR
OFFICIAL SEAL:



Request for Verification of Practice Hours for RN(NP)s 2025

PART A: Applicant

Complete this section **only**. Have any employers you have worked for in the past three years complete the next section and forward it directly to us. Make copies of this form if necessary.

_____ / /
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 for release of information as requested by the College of Registered Nurses of Manitoba.

_____ / _____
Signature Date

PART B: Employer

Please complete this section and forward the form directly to the College of Registered Nurses of Manitoba.

_____ / _____
Place of employment RN(NP)'s position/area of responsibility

_____ Address

_____ / _____ / _____ / _____
City/town Province/state Postal/zip code Country

_____ / _____
Phone Email

Practice Hours

Please state the number of hours this employee has worked as an RN(NP) during the past three years. Do not include vacation, sick time or leaves of absence.

2022: _____

2023: _____

2024: _____

_____ Name

_____ Position/Title

_____ Signature

_____ Date

STAMP OR OFFICIAL SEAL: