



College of  
Registered Nurses  
of Manitoba

# Application Package

Registered Nurse (Nurse Practitioner – Temporary Practice)

***Effective: September, 2023***

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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 upload it through your CRNM Profile on the CRNM website. To access your CRNM profile, you must first create an account with the College. Once you have created your account and logged into your CRNM profile, you will see the “Temporary (RNNP)” section, click the “Change” button and follow the prompts. You will be provided with a “Form Upload” option, please upload a saved PDF copy of your completed application form. You will be able to pay the application processing fee online once you have uploaded your application form.

## 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. Background check documents are to be uploaded directly into your CRNM profile once your application has been reviewed by College staff.

## 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/wp-content/uploads/2022/01/Language-Testing-Nov-2022.pdf>

## 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)

A copy of your photo identification is to be uploaded directly into your CRNM profile once your application has been reviewed by College staff.

### Professional Liability Protection

You will need to wait for an email from the College with your CRNM number so you can provide this number to the insurance provider when obtaining your liability protection. You are required to obtain professional liability protection through the Canadian Nurses Protective Society (CNPS) and you have two options for obtaining coverage:

1. **Through a link on the Association of Regulated Nurses of Manitoba website.** Please contact the Association directly if you have questions about this option: [www.arnm.ca](http://www.arnm.ca)

OR

2. **Directly from CNPS.** Please visit [www.cnps.ca](http://www.cnps.ca) for additional information on this option.

### 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](http://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](mailto: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](mailto: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.

## Options

Method	Online	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: <a href="mailto:etransfer@crnm.mb.ca">etransfer@crnm.mb.ca</a> . 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 <a href="mailto:etransfer@crnm.mb.ca">etransfer@crnm.mb.ca</a> associated the name on your application to the name of the bank account used for the e-transfer. <b>E-transfers which are not follow up with the required identification information will be rejected.</b>	
Credit Card	✓	

## Questions?

890 Pembina Hwy

Winnipeg, MB R3M 2M8

[registration@crnm.mb.ca](mailto: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: \$ 215.25 (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.



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Winnipeg, MB R3M 2M8

P 204-774-3477 ext. 300  
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. Initial registration date: \_\_\_\_\_

3. Registered by:  Examination  Endorsement

4. Registration expiry date: \_\_\_\_\_

5. Current registration status:  Practicing  Non-practicing  Other: \_\_\_\_\_

6. Is there a current investigation or proceeding relating to suitability to practise?  Yes  No

7. Has there been a finding of conduct unbecoming or professional misconduct or incompetence related to practice?  Yes  No

8. Has there been a finding of professional negligence or malpractice?  Yes  No

9. Is this registration suspended or revoked?  Yes  No

10. Does this registration currently have conditions attached to it?  Yes  No

11. Has this registration previously had conditions attached to it?  Yes  No

12. Name of examination written: \_\_\_\_\_

13. Date of examination: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position/title

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*  
STAMP OR  
OFFICIAL SEAL:



**College of  
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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 Practice Hours for RN(NP)s 2023

### 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.

_____	_____	_____/_____/_____ Date of birth (yy/mm/dd)	
Last name First name			
_____ 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.

2020: \_\_\_\_\_

2021: \_\_\_\_\_

2022: \_\_\_\_\_

_____	_____
Name Position/Title	
_____	_____
Signature Date	

STAMP OR OFFICIAL SEAL: