



College of  
Registered Nurses  
of Manitoba

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# 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: