



Request for Verification of Practice Hours for RN(NP)s 2026

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.

2023: _____

2024: _____

2025: _____

In which province/state were hours worked in? _____

2026: _____

Name

Position/Title

Signature

Date

STAMP OR OFFICIAL SEAL: