



English Language Proficiency: Designated Manitoba Employer Attestation Form

Collection of Personal Information

Please review CRNM's Privacy Policy (<https://www.crnmb.ca/the-college/privacy-policy/>) to understand how your personal information will be used.

How to complete this form

Step 1: An applicant must complete Section A in its entirety.

Step 2: A Manitoba-regulated health care professional who works for a designated Manitoba employer and who is directly supervising the applicant must complete Section B in its entirety.

SECTION A: INSTRUCTIONS FOR APPLICANT

1. Please complete all three parts of Section A.
2. Once completed, send this form **directly** to your **health care or health care support employer* where you are currently working.**

This form is to be completed and returned **directly** to the College of Registered Nurses of Manitoba ("the College") by a Manitoba-regulated health care professional who is directly supervising you or has directly supervised you in a health care or health care support service setting (*see accepted list of employers below) within the last two (2) years.

1. APPLICANT INFORMATION

First Name:

Last Name:

CRNM Applicant ID Number:

Date of Birth:

2. EMPLOYMENT INFORMATION

Job Title

Initial Date of Employment

Facility Name

Employer Address

City/Town

Postal Code

Supervisor Name

Title

Telephone

Email

3. CONSENT

____ For the purposes of the College's due diligence, I understand the College may disclose or make inquiries about this form during the registration process.

I give consent to my current and previous employers to release information regarding my English language proficiency to the College of Registered Nurses of Manitoba to be used solely for the purpose of assessing English proficiency.

Applicant Signature

Date

SECTION B: INSTRUCTIONS FOR MANITOBA REGULATED HEALTH CARE PROFESSIONAL IN A DESIGNATED MANITOBA EMPLOYER

1. Please complete both parts of Section B of this form.
2. Once completed, please sign, date and email this form **directly** to the College of Registered Nurses of Manitoba ("the College") to: registration@crnm.mb.ca

NOTE: The College will consider your attesting to this applicant's level of English language proficiency if you are employed by, and have supervised the applicant in the past two (2) years at, one of the following designated Manitoba employers and affiliated sites:

- Shared Health

- Interlake-Eastern Regional Health Authority
- Northern Health Region
- Prairie Mountain Health
- Southern Health-Santé Sud
- Winnipeg Regional Health Authority
- CancerCare Manitoba
- Indigenous Services Canada – Manitoba region
- Manitoba Justice Corrections Facility

_____By completing this form, you are attesting that you are proficient in the English language.

_____By completing this form, you are attesting whether this applicant to the College, for registration as a registered nurse, can communicate and comprehend effectively in English at the level required of a registered nurse for safe practice. This includes their ability to read, write, listen and speak, while providing health care or health care support services.

_____By completing this form, you are also attesting to having supervised the applicant in their work in a position that involves direct communication with patients, families, and members of the health care team, and that you directly observed frequent examples of the applicant's interactions, both verbal and in writing, with these individuals in the practice setting.

1. CONFIRMATION OF LANGUAGE PROFICIENCY

Competent communication in the English language is required in:

- Contexts that are both moderately demanding (familiar, low-risk situations) and demanding (high-stakes situations where communication can have significant consequences)
- Circumstances that are both predictable (routine and familiar) and unpredictable (variable and changeable social, educational, and work-related situations)
- Interactions that require the use of a variety of communication methodologies (in person, phone, email, written correspondence)
- Both formal and informal situations (conversations, meetings, work-related interactions)

READING

The following are examples of where reading and comprehension may be observed:

- reading and understanding policies, regulations, standards, and forms etc.
- reading and understanding written instructions by another health care provider
- reading and understanding written instructions by a supervisor or instructor
- reading and understanding charts, tables, or schedules
- reading and understanding reports left by coworkers
- reading and understanding patient records or patient health information
- reading and understanding information the applicant researched

_____ By initialing here, I am *confirming* the applicant's ability to read English proficiently.

_____ By initialing here, I am *unable to confirm* the applicant's ability to read English proficiently.

WRITING

The following are examples of where writing skills may be observed:

- noting instructions or comments in a patient's file, chart, or e-health record
- documenting information in a way that can be understood and used by others
- preparing reports or multi-page documents in a way that can be understood by others
- completing forms
- taking notes during a conversation, presentation etc. and summarizing them in writing for others

_____ By initialing here, I am *confirming* the applicant's ability to write in English proficiently.

_____ By initialing here, I am *unable to confirm* the applicant's ability to write in English proficiently.

LISTENING AND UNDERSTANDING

The following are examples of where listening skills may be observed:

- listening to multi-step, complex directions from another health care provider and appropriately carrying them out
- listening to requests from patients or clients and appropriately carrying them out
- listening and applying health care specific terminology or language appropriately

_____ By initialing here, I am *confirming* the applicant's ability to listen in English proficiently.

_____ By initialing here, I am *unable to confirm* the applicant's ability to listen in English proficiently.

SPEAKING

The following are examples of where speaking skills may be observed:

- communicating with others to solve problems
- explaining a problem and presenting a possible solution
- responding to the instructions of a colleague, supervisor or instructor clearly and in a way that demonstrates comprehension
- speaking to and responding to patient requests or needs in a way that patients understand
- speaking using different means of technology (phone, webinar, other electronic media)

_____ By initialing here, I am *confirming* the applicant's ability to speak English proficiently.

_____ By initialing here, I am *unable to confirm* the applicant's ability to speak English proficiently.

Please add any other relevant information regarding this applicant's English language proficiency:

2. MANITOBA REGULATED HEALTH CARE PROFESSIONAL INFORMATION

First Name:

Last Name:

Health Care Profession:

Name of Regulator:

Registration Number:

Telephone Number:

Work Email:

Name of organization/facility where you supervised the applicant:

Type of health care setting(s):

Applicant's position title:

Date of hire:

Type of Employment:

_____ Full-time (30 hours or more/week)

_____ Part time (less than 30 hours/week)

_____ Casual (As needed)

Applicant Hours worked in the previous two years: _____

When did you last work with the applicant? (year, month, day):

____ By initializing here, I *confirm* that within the last two (2) years, I am/was the applicant's **direct supervisor**, and I **directly** observed frequent examples of the applicant's interactions, both verbal and in writing, with patients, families, and members of the health care team.

Signature

Date

Position (please print)
