

HEALTH PROFESSION CORPORATION PERMIT RENEWAL APPLICATION

It is the **registrant's responsibility** to have confirmed with their Lawyer/Accountant that any shareholder changes that have occurred since the previous application meet the criteria for a Health Professions Corporation (HPC) as described in *The Regulated Health Professions Act* and Regulations.

The College of Registered Nurses of Manitoba does not provide registrant consultation related to self-employed practice business models.

Name of Corporation:	
Purpose: This Corporation shall carry out the practice of Registered Nursing. Provide a summary of the registered nursing services (RN or RN(NP)) that will/are being provided through this corporation:	
Business Address(es) of Corporation:	
Mailing Address of Corporation: (If different from above. The address provided in this section WILL NOT be made available to the public unless also listed above.)	
Postal Code	E-mail
Telephone	Facsimile

Shareholder/Director Names (identify director)	Certificate of Practice #

Declarations:

The registrant hereby declares:

1. Regulated members have appropriate liability insurance as confirmed by consultation with Canadian Nurses Protective Society.
2. All HPC shareholders do not have criminal records and are in good standing with the College of Registered Nurses of Manitoba
3. CRNM will be notified of any substantive changes to nursing practice within the HPC or if any shareholder, director, or officer who is a member of CRNM Certificate of Practice has conditions or undertakings.
4. Any shareholder/officer changes that have occurred since the previous application have been reviewed with my advisor(s) and meet the criteria for an HPC as described in The Regulated Health Professions Act and Regulations.
5. The name of each regulated member through whom the HPC will be carrying on the practice of the regulated health profession would be available upon CRNM request.

Name:

Certificate of Practice #:

Date:

By entering my name, I affirm that I am fulfilling my professional responsibilities and complying with all applicable practice expectations and the declaration statements

ENCLOSED WITH THIS APPLICATION:

- Current [Certificate of Status](#) from the Companies Office
- Current [Annual Return](#) File Summary from the Companies Office
- Complete renewal permit application and processing fee (\$250 + GST = \$262.50) in one of below three options.

OPTION ONE - Online:

- Sign into your CRNM profile in Alinity and locate “my invoices” on the home page
- Select the sign (>) located beside your invoice
- Follow the directions to make a credit card payment
- Email selfemployed@crnm.mb.ca once the payment is made using this option

OPTION TWO – E-transfer:

- Create and send the e-transfer to etransfer@crnm.mb.ca
- Send an email to etransfer@crnm.mb.ca identify your name, CRNM number, the name on the bank account used for the e-transfer, and that it is for an HPC permit renewal. **E-transfers which are not followed up with the required identification information will be rejected.**

OPTION THREE – Certified cheque:

- Provide a certified cheque to CRNM

Submit application and supporting documents to:

College of Registered Nurses of Manitoba
210 Commerce Drive
Winnipeg, MB R3P 2W1
Email: selfemployed@crnm.mb.ca

When documents submitted electronically, originals must be available to be inspected by the College when requested.

Resources:

Health Profession Corporation, Policy AA-1:

<https://www.crnmb.ca/wp-content/uploads/2022/01/AA-1-Health-Profession-Corporation.pdf>

College of Registered Nurses of Manitoba General Regulation: https://web2.gov.mb.ca/laws/regs/current/_pdf-regs.php?reg=114/2017

The Regulated Health Professions Act:

<https://web2.gov.mb.ca/laws/statutes/ccsm/r117.php?lang=en>