



English Language Proficiency (Canada): Program Information & Request for Transcript

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: The applicant must complete Section A in its entirety.

Step 2: The nursing school or educational institution must complete Section B in its entirety and attach an official transcript.

SECTION A: INSTRUCTIONS FOR APPLICANT

Please complete Section A. When fully completed, send this form **directly to the nursing school/educational institution where you completed your nursing education.**

APPLICANT INFORMATION

First Name

Last Name

CRNM Applicant ID Number

Date of Birth

Previous Name (s)

Name of Nursing School/Educational Institution

Name of Program Completed

Graduation Date

Student Number (if applicable)

As part of my application to become a registered nurse in Manitoba, Canada, the College of Registered Nurses of Manitoba is requesting information about my nursing education to demonstrate that I am proficient in the English language.

I hereby authorize/give my consent to _____ (Name of Nursing School) to provide any and all information it possesses regarding my education to the College of Registered Nurses of Manitoba. This constitutes your legal authority to provide this and any other information that may be requested by the College of Registered Nurses of Manitoba, in any way, that may be relevant to my application.

Applicant's Signature _____

Date (yyyy/mm/dd) _____

Applicant: do NOT complete Section B.

CRNM will only accept this document if it is sent directly to the CRNM by the nursing school/educational institution.

SECTION B: INSTRUCTIONS TO NURSING SCHOOL/EDUCATIONAL INSTITUTION

1. Please complete Section B of this form and include an **official transcript** for the applicant's nursing education program. Course descriptions are not required. The College of Registered Nurses of Manitoba may request additional information.
2. Please send this form and the official transcript to the College of Registered Nurses of Manitoba in an envelope printed/stamped with the Nursing School letterhead, seal or stamp.

School of Nursing/Educational Institution Name

Type of School (College, University, Hospital, Vocational, etc.)

Address

Telephone Number (include country code)

City/Town

Email Address

Province/State

Postal/Zip Code

Country

Fax Number (include country code)

Name of Program Completed by Applicant

Date of Admission (yyyy/mm/dd)
Date of Completion (yyyy/mm/dd)

What is the primary language of your educational institution? _____

Primary mode of nursing education program delivery (check one)

- On site – in class
- Online – distance learning
- Other (please specify) _____

Did the nursing education program include clinical practicum/placements? Yes No

If yes, how many hours of clinical education were completed?

What was the primary language of instruction in the nursing education program completed by the applicant:

Language of Instruction - Theory _____
Language of Instruction - Clinical _____

The clinical practicum, placement, or co-op experience involved (please check all that apply):

- Direct interaction with patients, clients and/or healthcare professionals
- Virtual simulation:

Specify percentage of (%) of Clinical completed virtually _____

At the time of graduation, was the nursing program recognized or approved in the jurisdiction in which it was completed?

Yes No

If yes, what is the name of the organization that provided official recognition?

What type of organization provided official recognition:

- Nursing Regulatory Body/Board
- Government Licensing Authority
- Accrediting Organization

___ Other Please specify_____

Nursing School/Educational Institution Contact - Full name (first and last)

Title

Telephone number

Email address

Signature

Date (yyyy/mm/dd)

Place school seal within the box below.

Please mail completed form and official transcript to the College of Registered Nurses of Manitoba at the mailing address at the top of this form.

The CRNM gratefully acknowledges the contribution of the College of Nurses of Ontario to the preparation of this form.