



College of
Registered Nurses
of Manitoba

Instructions for Registered Nurse (Nurse Practitioner) Applicants

Application Process

Our primary mode of communication with applicants is by email. Please provide a valid email address on your application form and check your email (including your junk folder) on a regular basis. Once your application has been reviewed, you will receive a confirmation email outlining all requirements needed to complete the application process.

You must meet the requirements to be registered with the College of Registered Nurses of Manitoba in the registered nurse membership class and in the registered nurse (nurse practitioner) membership class. If you do not currently hold a valid certificate of practice in the RN membership class with the College you will need to also complete the application for registration in the registered nurse membership class to obtain a certificate of practice.

Assessment for a certificate of practice in the RN(NP) membership class requires the College to open a file for you to begin your application process. **We do not keep any documentation received before an application file has been opened and assigned an applicant number.**

To be assessed for eligibility for a certificate of practice in the registered nurse (nurse practitioner) membership class, the College must receive the following documentation:

1. Application Form

To access the Active RN(NP) application, please log in to your CRNM Registrant Profile on the CRNM website. In the “Active RN (NP)” section, click the “Change” button and follow the prompts. The application form must be submitted along with the non-refundable application processing fee. You will be able to pay the application processing fee online once you have completed and submitted your application form.

2. Verification of Registration

Verification of all current RN(NP) registrations in any other jurisdiction as well as any previous RN(NP) registration(s) held in the last seven years is required. To obtain a verification, complete the upper portion of the request for verification of registration form and submit it to the appropriate regulatory body/bodies where are currently or were previously registered as an RN(NP).

You may make copies of this form if you need more than one. The regulatory body/bodies must complete the form and return it directly to the College. Verifications of registration are valid for one year from the date they were completed or sooner if an expiry date is indicated. **Faxes, photocopies and scanned copies will not be accepted.**

3. Verification of Practice Hours

If applicable, complete the upper portion of the request for verification of practice hours form and submit it to all employers for whom you have worked as an RN(NP) in the past three years. Employers must complete the form and return it directly to us on your behalf.

4. Proof of Identification

Acceptable forms of identification include a copy of your:

- passport
- permanent resident card
- driver's license
- other government-issued picture identification and marriage/divorce certificate (only to verify name change)

A copy of your photo identification can be uploaded through your CRNM profile once your application has been reviewed by College staff.

5. Professional Liability Protection

You are required to obtain RN(NP) professional liability protection through the Canadian Nurses Protective Society (CNPS). Please visit www.cnps.ca for information on obtaining coverage.

Next Steps

If there are inconsistencies in any of the information you provide during the application process, we reserve the right to require additional supporting documentation, which may be over and above the items outlined above. The College may make improvements or changes to the information described at any time without notice.

Your registration assessment will begin once we receive all requirements.

Fees

Registration fees vary depending on the time of year. You can find a full list of fees on our website:

crnm.mb.ca/applicants/nurse-practitioners

Questions?

Contact our registration team Monday through Friday, 8:30 a.m. to 4:30 p.m.

204-774-3477 ext. 300

1-800-665-2027 (toll-free in Manitoba)

registration@crnm.mb.ca



**College of
Registered Nurses
of Manitoba**

890 Pembina Highway
Winnipeg, MB R3M 2M8

P 204-774-3477
TF (Manitoba) 800-665-2027
F 204-775-7117
registration@crnm.mb.ca

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. Type of Registration (**please check all that apply**): Registered Nurse Registered Nurse & Midwife
 Licensed/Registered Practical Nurse Nurse Practitioner Other (specify): _____
3. Initial registration date: _____
4. Registered by: Examination Endorsement
5. Registration expiry date: _____
6. Current registration status: Practicing Non-practicing Other: _____
7. Is there a current investigation or proceeding relating to suitability to practise? Yes No
8. Has there been a finding of conduct unbecoming or professional misconduct or incompetence related to practice? Yes No
9. Has there been a finding of professional negligence or malpractice? Yes No
10. Is this registration suspended or revoked? Yes No
11. Does this registration currently have conditions attached to it? Yes No
12. Has this registration previously had conditions attached to it? Yes No
13. Name of examination written: _____
14. Date of examination: _____

Name

Position/title

Email

Signature

Date

STAMP OR
OFFICIAL SEAL:



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: