



College of  
Registered Nurses  
of Manitoba

# Application Package

Internationally Educated Nurses – Expedited Registration Pathway

*Effective March, 2026*

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# Instructions for Internationally Educated Nurses (IENs) – Expedited Registration Pathway

## 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.

In order to practise as a registered nurse in Manitoba and use the designation registered nurse, RN or graduate nurse, GN, you must hold a valid certificate of practice with the College of Registered Nurses of Manitoba (the College) in the registered nurse membership class or the graduate nurse membership class.

**Please review the eligibility criteria including required education, recency of practice and licensure requirements outlined in the [IEN Handbook](#) to ensure this is the correct application pathway for you.**

If you do not meet all of the eligibility criteria listed above, you are not eligible to apply through the expedited registration pathway. Please complete the Internationally Educated Nurse Application found here:

<https://www.crnmb.ca/applicants/internationally-educated-nurses/>

\* Specialized nursing degrees ie. psychiatry/mental health, adult, pediatrics, or midwifery that restricted your area of practice are not accepted for the purposes of the expedited registration pathway.

**Please review the [IEN Handbook](#) on the College website for detailed application instructions and information.**

## Step 1

Internationally educated nurse applicants under the expedited registration pathway for applicants from Australia, Ireland, New Zealand and the UK must first apply for an educational credential assessment from an accepted service provider, as identified in [policy AA-9: Documents from Third Parties](#). Once your educational credential assessment report has been completed, you can begin the application process.

## Step 2

To open an application file, you must submit the following items as one complete package:

### □ Internationally Educated Nurse – Expedited Registration Pathway Application Form

Complete the Internationally Educated Nurse Expedited Countries Application Form and upload it through your CRNM profile on the CRNM website. To access the upload function, once in your profile, under the “IEN” section click the “Change” button and follow the prompts. You will be provided with a “Form Upload” option, please upload a saved PDF copy of your completed application form. You will be able to pay the application processing fee online once you have uploaded your application form.

### □ Fees

Application processing fee: **\$ 483.00 CAD**

### □ 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.

## Step 3

We require the following items before your application will be considered complete and brought forward for assessment:

□ **ECA Report-** must be received from the ECA service provider.

### □ Background checks:

The following three checks are required:

- nationwide criminal record check (with vulnerable sector search)
- adult abuse registry check
- child abuse registry check

See our [fact sheet](#) on background checks here for details on what is required and how you can obtain these. The background check documents can be uploaded in your CRNM profile once your application has been reviewed by College staff.

### □ Verification of Registration:

Verification of all current registrations as well as any registrations held in the previous seven years that were not captured through NNAS is required. Complete the upper portion of the request for [verification of registration form](#) and submit it to the appropriate regulatory body/bodies where you have been registered. The regulatory 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.

### □ Verification of Practice Hours:

Verification of your registered nursing practice hours for the previous five year is required from your employer(s). Please complete the upper portion of the request for [verification of practice hours](#) form and submit it to all employers for whom you have worked in the past five years. The employers must complete the form and return it directly to the College by emailing the completed form to: [hours@crnm.mb.ca](mailto:hours@crnm.mb.ca).

### □ English Language Proficiency:

It is recognized that a high degree of proficiency in reading, writing, listening, and speaking in English is extremely important for providing safe registered nursing care in Manitoba. Demonstrated English language proficiency is one element of fitness to engage in registered nursing practice. Applicants are required to demonstrate English language proficiency to be approved to write the NCLEX-RN or approved for RN registration if the NCLEX-RN has already been written.

For information on ways English language proficiency can be demonstrated, as well as information on benchmark scores and appropriate type of language test, please see policy AA-2 Language Proficiency on our website here:

<https://www.crnmb.ca/resource/language-proficiency-aa-2/>

### 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.

Following receipt of the registration requirements outlined above, your application will be reviewed and assessed to ensure you meet initial registration requirements.

### □ Completion of the *Registered Nurse Practice Course* -

Successful completion of the online course [Registered Nurse Practice Course \(NRSG-1012\)](#) offered through Red River College Polytech is required before being eligible for the last steps in the registration process. Previous completion of the course within one year of your application to the College will be accepted. For enrollment information please contact Red River College Polytech at: <https://www.rrc.ca>.

## □ Exam Eligibility:

Once you have successfully completed the Registered Nurse Practice course, you will be notified when you are eligible to apply to write the NCLEX-RN. You must write and pass the exam in order to be eligible to apply for registration with the College. If you have already passed the NCLEX-RN, you will not need to write the exam again.

## □ Supervised Practice or Transitional Practice Experience

Once all requirements for registration are met you are eligible for RN registration, with no limit on scope of practice, with the condition of either:

- 250 hours of supervised practice for applicants who have graduated within the last two years and do not meet the minimum number of practice hours identified under eligibility criteria, or;
- 250 transitional practice hours.

Supervised or transitional practice hours must be completed within one year of the date of registration and accrued with a designated employer as identified in the [Designated Employers for Supervised and Transitional Practice policy AA-31](#).

## Fees

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

<https://www.crnmb.ca/applicants/internationally-educated-nurses/>

## Questions?

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

204-774-3477 ext. 300

1-800-665-2027 ext. 300 (toll-free in Manitoba)

[registration@crnm.mb.ca](mailto:registration@crnm.mb.ca)

Please note: Applications remain open for six months.



# Application for Registration

## Internationally Educated Nurses – Expedited Countries Pathway

Submission of this application does not guarantee registration. Do not make life or career decisions based on the probability that you may be registered. Plan ahead for the time it will take to receive and review all required documents and complete our evaluation.

### Declaration:

I understand that this is an application form only and that I must meet the criteria for registration outlined in The Regulated Health Professions Act (the RHPA) and the College of Registered Nurses of Manitoba General Regulation. I understand that in order to practise nursing in Manitoba, I am required by law to hold a valid certificate of practice with the College of Registered Nurses of Manitoba (the College) before I commence employment as a registered nurse (RN), including any orientation.

### Applicant Information

_____	_____	_____
Last name	First name	Middle name
_____	_____	
Former/alias/other names	Address	
_____	_____	_____
City/town	Province/state	Country
_____	_____	_____ / _____ / _____
Postal/zip code	Phone	Date of birth (yy/mm/dd)
_____	_____	_____
Email	NNAS file number	

- Have you completed an approved registered nursing program\* that led to your initial RN registration ?  
(please check)  Yes     No  
\*Specialized nursing degrees (e.g. psychiatry/mental health, pediatrics, midwifery etc.) are not accepted for the purposes of the expedited registration pathway

If yes, please provide education information in the table below:

Name of School	City, Province/State, Country	Course Completion Date (mm/yy)	Education Credential (BN, BSN, ADN)

2. Have you practiced as a registered nurse for a minimum of 450 hours in the previous two years or 1,125 hours in the previous five years in one of the designated countries?  YES  NO

3. Are you currently registered in good standing as a registered nurse in one of the designated countries?  YES  NO

4. Do you hold any other current active practicing registration of any kind (including licensed practical nurse registration) in any jurisdiction(s) in Canada or worldwide?  YES  NO  
If yes, please provide information below:

Jurisdiction	Type of Registration	Date obtained	Expiry Date

5. Have you been registered (including licensed practical nurse registration) in any other jurisdictions (including Canada and worldwide) in the last seven years?  YES  NO

If yes, please provide information below:

Jurisdiction	Type of Registration	Date obtained	Expiry Date

6. Has your ECA report been completed?  YES  NO  
If NNAS is your chosen ECA provider, please provide the NNAS application number: \_\_\_\_\_

7. Have you previously applied to the College of Registered Nurses of Manitoba?  YES  NO  
If yes, please indicate date: \_\_\_\_\_

8. Have you ever applied to another Canadian province/territory or another country to practise as a registered nurse? YES NO  
If yes, indicate Canadian province(s)/territory or other country:  
\_\_\_\_\_
9. Have you ever been registered to practise as a health-care provider in Canada? YES NO  
If yes, provide information regarding your registration and practice:  
\_\_\_\_\_
10. Have you resided outside of Canada within the past six months? YES NO  
If yes, where:  
\_\_\_\_\_
11. Have you been referred for and/or completed a competency assessment (such as a substantially equivalent competency assessment) in another Canadian province/territory? YES NO  
If yes, indicate the province/territory: \_\_\_\_\_ and date:  
\_\_\_\_\_  
Did you complete the assessment?  
If yes, what was the outcome?  
\_\_\_\_\_  
If not, why not?  
\_\_\_\_\_
12. Have you written the NCLEX-RN exam? YES NO  
If yes, please indicate exam date(s) and jurisdiction that gave you exam eligibility.  
  
Date: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_  
Date: \_\_\_\_\_, Jurisdiction: \_\_\_\_\_
13. Are you currently the subject of an investigation or proceeding related to your suitability to practice as a registered nurse or any other health care professional within Canada or elsewhere in the world? YES NO
14. Are you currently or have you ever been the subject of a finding of conduct unbecoming or professional misconduct or incompetence related to the practice of registered nursing or any other health profession in Canada or elsewhere in the world? YES NO
15. Are you currently or have you ever been the subject of a finding of professional negligence or malpractice in Canada or elsewhere in the world? YES NO
16. Have you ever been denied registration or been the subject of a disciplinary finding by any professional regulatory body? YES NO
17. Have you ever had your registration/license revoked, suspended, restricted or subjected to individual terms and conditions by any regulatory authority in any jurisdiction? YES NO

18. Have you ever worked as or held yourself out as a registered nurse without being registered with a regulatory body? YES NO
19. Does your name now appear or has it ever appeared on a child abuse registry or adult abuse registry? YES NO
20. Have you ever been charged, convicted or found guilty (even if you have received a conditional discharge, absolute discharge or suspended sentence) of a criminal or regulatory offence? YES NO
21. Have you ever been charged, convicted or found guilty (even if you have received a conditional discharge, absolute discharge or suspended sentence) of careless driving causing death under The Highway Traffic Act of Manitoba or similar legislation? YES NO
22. Do you have a physical or mental condition or disorder, including an addiction that may impair your ability to engage in the practice of registered nursing in a safe and effective manner? YES NO

## Authorization and Consent

I authorize the collection, use and disclosure of personal information concerning myself consistent with the confidentiality provisions set out in section 140(2) of *The Regulated Health Professions Act*.

In addition, I authorize the College of Registered Nurses of Manitoba (“the College”) to carry out the procedures necessary for the assessment of my eligibility for registration. This includes making copies of my application and any other documents provided for the purpose of assessment and/or contacting pertinent institutions or authorities to verify the authenticity of my documents and the information provided. I agree that a copy of this application and any other documents provided by me or on my behalf may be sent by the College to other regulatory bodies and/or pertinent institutions or authorities allowing them to release information to the College.

I declare that all of the information I have provided, or has been provided on my behalf, in my application is complete and truthful. This applies to this application for registration as well as all documents received during the application process (such as educational transcripts, verifications of registration and written correspondence). I understand that the College will immediately cancel my application and I may be prohibited from applying in the future if:

1. I have provided any inaccurate information
2. I have omitted required information
3. the College determines that any documents submitted by me or on my behalf during the application or assessment process have been altered, tampered with or forged.

I have read and understand the information on this form and agree to the terms stated herein.

I do solemnly declare that the foregoing information and statements are true in every particular, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED before me at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
City/town, province/state, country

\_\_\_\_\_  
Applicant name (please print legibly)

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Witness name (please print legibly)

\_\_\_\_\_  
Witness signature

\* Electronic signatures are not accepted. Documents signed with an electronic signature will need to be resubmitted.

Payment

All fees are non-refundable, non-transferable and include GST.

## Options

Method	Online	Mail
Certified cheque or money order		✓
E-transfer	1. Ensure your completed application form has been submitted to the College. 2. Create and send the e-transfer to: <a href="mailto:etransfer@crnm.mb.ca">etransfer@crnm.mb.ca</a> . If the bank account used to make the e-transfer is listed under a different name than the name on your application, please send a second email to <a href="mailto:etransfer@crnm.mb.ca">etransfer@crnm.mb.ca</a> associated the name on your application to the name of the bank account used for the e-transfer. <b>E-transfers which are not follow up with the required identification information will be rejected.</b>	
Credit Card	✓	

Work will not begin on your application until payment has been received.

## Questions?

890 Pembina Hwy  
Winnipeg, MB R3M 2M8  
[registration@crnm.mb.ca](mailto:registration@crnm.mb.ca)

**Phone:** 204-774-3477 ext. 300  
**Toll-free:** 1-800-665-2027 ext. 300 (in Manitoba)  
**Fax:** 204-775-7117

## Due with application

Application processing fee: **\$483.00 CAD**