



College of
Registered Nurses
of Manitoba

Application Package

2026 Reinstatement of a Certificate of Practice in the Registered Nurse
Membership Class

Effective December, 2025

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Instructions for Reinstatement

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 to use the designation registered nurse or RN, you must have a valid certificate of practice with the College of Registered Nurses of Manitoba (the College) in the registered nurse membership class. Assessment for reinstatement as an RN or RN(NP) 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 eligible for reinstatement for a certificate of practice in the registered nurse membership class, you must meet the following requirements:

- ☐ Application form
- ☐ Verification of registration
- ☐ Verification of practice hours
- ☐ Continuing competence requirements
- ☐ Background checks
- ☐ Proof of identification
- ☐ Professional liability protection

Application

Complete this application for reinstatement if you were registered in 2025 and missed the renewal deadline for 2026.

Your completed application should only be emailed to registration@crnm.mb.ca once. Once your application is received an invoice for the application processing fee will be generated in your CRNM profile. You will then need to log in and pay the application processing fee before work will begin on your reinstatement application.

Verification of Registration

Complete the upper portion of the request for verification of registration form and submit it to the appropriate regulatory body/bodies where you are currently registered or have been registered in the last seven years.

You may make copies of this form if you need more than one. 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

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 seven years. The employers must complete the form and return it directly to us.

Continuing Competence

Applicants must meet the continuing competence requirements for reinstatement, which include:

- practise as an RN for a minimum of 1125 hours in the five years immediately before you are applying; or
- practise as an RN for a minimum of 450 hours in the two years immediately before you are applying

For applicants who do not have the minimum number of RN practice hours, please see College policy [AA-6](#) for information on options available.

You must also complete any outstanding jurisprudence learning modules.

Background Checks

The following three checks are required:

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

Please view the Background Checks Fact sheet for specific information on how to obtain these documents:

https://www.crnmb.ca/uploads/document/document_file_194.pdf?t=1621611296

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)

Professional Liability Protection

Professional liability protection is a requirement for registration. If you have not already obtained professional liability protection for Manitoba from the Canadian Nurses Protective Society, will you need to do so. Please visit www.cnps.ca.

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](#).

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 ext. 300 (toll-free in Manitoba)

registration@crnm.mb.ca



Application for Reinstatement of a Certificate of Practice 2026

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		CRNM #

1. 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: _____

2. 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? ☐ YES ☐ NO

If yes, what was the outcome? _____

If not, why not? _____

3. Have you successfully completed a nursing education program or course of instruction in the last four years? ☐ YES ☐ NO

If yes, please indicate your nursing education:

Name of Program	Location	Date

4. Do you hold **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. Have you practised a minimum of 1,125 hours as a registered nurse in the previous five years (Canadian hours only)? ☐ YES ☐ NO
7. Have you practised a minimum of 450 hours as a registered nurse in the previous two years (Canadian hours only)? ☐ YES ☐ NO
8. Have you resided outside of Canada within the past six months? ☐ YES ☐ NO

If yes, where:

9. 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? ☐ YES ☐ NO
10. 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? ☐ YES ☐ NO
11. Are you currently or have you ever been the subject of a finding of professional negligence or malpractice in Canada or elsewhere? ☐ YES ☐ NO
12. Have you ever been denied registration or been the subject of a disciplinary finding by any professional regulatory body? ☐ YES ☐ NO
13. Are you currently under investigation by any regulatory authority in any jurisdiction? ☐ YES ☐ NO
14. 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
15. Have you ever worked as or held yourself out as a registered nurse without being registered with a regulatory body? ☐ YES ☐ NO
16. Does your name now appear or has it ever appeared on a child abuse registry or adult abuse registry? ☐ YES ☐ NO
17. 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
18. 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
19. 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.**

Electronic Messages

We are required to communicate information to you as it relates to your registration and other regulatory activities. This includes newsletters, reports, research requests, messages about academic/educational activities and information on new services. These communications do not require consent under Canada’s anti-spam legislation (CASL). However, CASL does require us to obtain your consent to send commercial electronic messages, which could include offers to purchase services, products or tickets to events, as well as similar offers from third parties.

You can change your preferences anytime by logging into your member profile or emailing info@crnm.mb.ca

☐ Yes. I consent to receiving commercial electronic messages from the College.

☐ No. I do not consent to receiving commercial electronic messages from the College.

Payment

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

Fees can only be paid online via credit card, e-transfer, or certified cheque or money order sent via Canada Post.

Questions?

210 Commerce Drive

Winnipeg, MB R3P 2W1

registration@crnm.mb.ca

Phone: 204-774-3477 ext. 300

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

Fax: 204-775-7117



College of
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of Manitoba

210 Commerce Drive
Winnipeg, MB R3P 2W1

P 204-774-3477
F 204-775-6052
TF (Manitoba) 1-800-665-2027

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. Initial registration date: _____
3. Registered by: ☐ Examination ☐ Endorsement
4. Registration expiry date: _____
5. Current registration status: ☐ Practicing ☐ Non-practicing ☐ Other: _____
6. Is there a current investigation or proceeding relating to suitability to practise? ☐ Yes ☐ No
7. Has there been a finding of conduct unbecoming or professional misconduct or incompetence related to practice? ☐ Yes ☐ No
8. Has there been a finding of professional negligence or malpractice? ☐ Yes ☐ No
9. Is this registration suspended or revoked? ☐ Yes ☐ No
10. Does this registration currently have conditions attached to it? ☐ Yes ☐ No
11. Has this registration previously had conditions attached to it? ☐ Yes ☐ No
12. Name of examination written: _____
13. Date of examination: _____

Name

Position/title

Email

Signature

Date

STAMP OR
OFFICIAL SEAL:



Request for Verification of Practice Hours 2026

PART A: Applicant

Complete this section **only**. Have any employers you have worked for in the past five 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's position/area of responsibility

RN Start Date

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 during the past seven years.
Do not include LPN hours, graduate nurse hours,
vacation, sick time or leaves of absence.

2023: _____ 2019: _____
2024: _____ 2020: _____
2025: _____ 2021: _____
2022: _____

Name Position/Title

Signature Date

STAMP OR OFFICIAL SEAL