



College of
Registered Nurses
of Manitoba

Application Package

Registered Nurse (Temporary Practice, Pandemic Service Provision)

Effective April 1st, 2020

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**College of
Registered Nurses
of Manitoba**

Instructions for Registered Nurse (Temporary Practice, Pandemic Service Provision) 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.

In order to practise as a registered nurse (temporary practice, pandemic service provision) in Manitoba and to use the designation registered nurse (temporary pandemic service provision) or RN (temporary, pandemic service provision), you must be registered with the College of Registered Nurses of Manitoba (the “College”) in the registered nurse (Temporary Practice, Pandemic Service Provision) membership class.

To be eligible for registration in this membership class in Manitoba, you must be currently registered in good standing as an RN in another Canadian jurisdiction. In the case of pandemic service provision, those who have formerly held a certificate of practice in the registered nurse membership class in Manitoba may also be eligible, if they meet the registration requirements. Registration in the RN (Temporary Practice, Pandemic Service Provision) membership class is only valid for a four-month period of time and is renewable, upon application, and at the discretion of the CEO/Registrar of the College.

Registration in the Registered Nurse (Temporary Practice, Pandemic Service Provision) membership class for the purpose of pandemic service provision is restricted to the sole purpose of providing registered nursing care in Manitoba during the COVID-19 pandemic. This does not mean that your patient population includes only those confirmed with COVID-19.

Upon approval, a public condition is placed on your temporary registration limiting your scope of practice in Manitoba to the specific purpose for which registration was granted. If approved, you will be permitted to engage in the practice of registered nursing for the pandemic service provision. Any practice outside of that specific purpose may result in cancellation of your certificate of practice and a referral to the Complaints Investigation Committee.

Application

Complete the application for registration and submit electronically to: registration@crnm.mb.ca

Proof of Identification

Acceptable forms of identification include a copy of your:

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

Please scan and email or take a photo and email your photo identification to: registration@crnm.mb.ca

Professional Liability Protection

If you are currently registered in another Canadian jurisdiction in which you have professional liability protection through the Canadian Nurse Protective Society (the "CNPS") you will need to submit, with your application, a copy of your CNPS Official Receipt as proof of your current liability protection.

If you do not have CNPS coverage as part of your current registration in another Canadian jurisdiction or if you are not currently registered as a registered nurse anywhere in Canada, CNPS coverage is a requirement for registration in Manitoba and will be arranged by the College through CNPS on your behalf.

Currency of Practice Requirement:

In order to be eligible for an RN(temporary practice, pandemic service provision) certificate of practice you must fulfill at least one of the following requirements related to currency of practice:

- practise as an RN for a minimum of 1125 hours in the five years immediately before you are applying
- practise as an RN for a minimum of 450 hours in the two years immediately before you are applying
- pass an approved entry-to-practice exam in the four years immediately before you are applying
- have been a former registrant of the College and completed an assessment of prior learning and successfully complete a course of instruction based on the learning needs identified by the assessment

Verification of Practice Hours

Verification of Practice hours will be required unless you have recently had your hours verified with the College. 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 us via email.

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.

Fees

- The RN(temporary practice, pandemic service provision) application fee & the registration fee for a certificate of practice in temporary membership class are being waived by the College.
- The cost of professional liability protection from the Canadian Nurse Protective Society is being covered by the Government of Manitoba

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 Registration

Registered Nurse (Temporary Practice, Pandemic Service Provision) Membership Class

Submission of this application does not guarantee registration.

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* (the “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 (temporary), including any orientation.

OFFICE USE ONLY	Date	Signature
Approved for RN (Temporary Practice, Pandemic Service Provision) registration		

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

1.	<p>Have you previously applied to the College of Registered Nurses of Manitoba?</p> <p>If yes, please indicate date: _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO																				
2.	<p>Have you previously held a certificate of practice with the College of Registered Nurses of Manitoba?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO																				
3.	<p>Do you hold current active practicing registration of any kind (including licensed practical nurse registration) in any jurisdiction(s) in Canada or worldwide?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO																				
<p>If yes, please provide information below:</p> <table border="1" data-bbox="293 688 1230 957"> <thead> <tr> <th data-bbox="293 688 678 783">Jurisdiction</th> <th data-bbox="678 688 935 783">Type of Registration</th> <th data-bbox="935 688 1097 783">Date Obtained</th> <th data-bbox="1097 688 1230 783">Expiry Date</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Jurisdiction	Type of Registration	Date Obtained	Expiry Date																		
Jurisdiction	Type of Registration	Date Obtained	Expiry Date																				
4.	<p>Please indicate your basic nursing education:</p> <table border="1" data-bbox="293 1024 1230 1367"> <thead> <tr> <th data-bbox="293 1024 513 1171">Name of School</th> <th data-bbox="513 1024 748 1171">City, Province/State, Country</th> <th data-bbox="748 1024 902 1171">Language of Instruction</th> <th data-bbox="902 1024 1092 1171">Course Completion Date (mm/yy)</th> <th data-bbox="1092 1024 1230 1171">Education Credential</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name of School	City, Province/State, Country	Language of Instruction	Course Completion Date (mm/yy)	Education Credential																	
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5.	<p>Where did you first obtain registration as an RN?</p> <p>_____</p> <p>Date: _____</p>																						
6.	<p>Are you currently registered where you first obtained registration?</p> <p>If no, please provide expiry date of registration: _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO																				
7.	<p>Have you ever been registered to practise as another category of health-care provider in Canada?</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO																				

	If yes, provide information regarding your registration and practice:		
8.	<p>Have you written the Canadian Registered Nurse Exam (CRNE), the Quebec Professional Nursing Exam (OIIQ) or the NCLEX-RN exam?</p> <p>If yes, please indicate exam date(s) and province/state that gave you eligibility.</p> <p>Date: _____ Jurisdiction: _____</p> <p>Date: _____ Jurisdiction: _____</p> <p>Date: _____ Jurisdiction: _____</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.	Have you practised a minimum of 1,125 hours as a registered nurse in the previous five years (Canadian hours only)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10.	Have you practised a minimum of 450 hours as a registered nurse in the previous two years (Canadian hours only)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11.	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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12.	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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13.	Are you currently or have you ever been the subject of a finding of professional negligence or malpractice in Canada or elsewhere?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14.	Have you ever been denied registration or been the subject of a disciplinary finding by any professional regulatory body?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15.	Have you ever had your registration/license revoked, suspended, restricted or subjected to individual terms and conditions by any regulatory authority in any jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16.	Have you ever worked as or held yourself out as a registered nurse without being registered with a regulatory body?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17.	Does your name now appear or has it ever appeared on a child abuse registry or adult abuse registry?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

18.	Have you ever been charged, convicted or found guilty (i.e. conditional discharge, absolute discharge or suspended sentence) of a criminal or regulatory offence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19.	Have you ever been charged, convicted or found guilty (i.e. conditional discharge, absolute discharge or suspended sentence) of careless driving causing death under <i>The Highway Traffic Act</i> of Manitoba or similar legislation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20.	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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Authorization and Consent

I authorize the collection, use and disclosure of personal information concerning myself consistent with the confidentiality provisions set out in subsection 140(2) of the RHPA.

In addition, I authorize 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 understand and acknowledge that, in order to be eligible for this registration, I am required to have professional liability protection through the CNPS in accordance with the requirements of subsection 2.32(1) of the Regulation.

I authorize and hereby provide my consent to the College to provide to the CNPS, on my behalf, the required fee as well as my legal name, professional designation, College registration number, telephone number, address, email address, and the date temporary registration was approved in Manitoba.

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

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 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.

Questions?

890 Pembina Hwy
Winnipeg, MB R3M 2M8
registration@crnm.mb.ca

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

Practice Declaration

I hereby declare that I am seeking registration in the Registered Nurse (Temporary Practice, Pandemic Service Provision) membership class for the sole purpose of providing registered nursing care in Manitoba during the COVID-19 pandemic

Name of employer (if known): _____

I will be practising at (if known) _____ between _____ and _____
Location Date Date

I will provide to the College, through the registrant profile on the College website, the name and contact information of my employer(s) in Manitoba and will keep that information current should it change over the course of the four-month registration period.

I will inform the College if for any reason my employment ends in Manitoba during the four-month registration period.

I understand I can only engage in the practice of registered nursing in accordance with the purpose for which registration is granted as listed above.

I understand that in accordance with subsection 2.33(1) of the Regulation, I will have a public condition placed on my certificate of practice limiting my scope of practice in Manitoba to the specific purpose for which registration is granted. Any practice outside of that specific purpose may result in a cancellation of my certificate of practice and a referral to the Complaints Investigation Committee.

I understand my certificate of practice in the temporary practice membership class is valid for a four-month period and may be renewed, upon application and at the discretion of the CEO/Registrar of the College.

I understand that this certificate of practice may be cancelled if the CEO/Registrar determines that I engaged in the practice of registered nursing for a purpose other than the one specified in this Declaration.

Dated this _____ day of _____, 2020.

Applicant signature

Witness signature

Background Checks Declaration

I, _____, of the
City of _____, in the Province of _____, Canada

MAKE OATH AND DECLARE THAT:

1. I have submitted an application for registration in the Registered Nurse (Temporary Practice – Pandemic Service Provision) membership class.
2. I have no criminal record and have never received a pardon for any criminal conviction.
3. I have never been charged or convicted of or pleaded guilty to a criminal or regulatory offence and have never received an absolute or conditional discharge, or a suspended sentence.
4. I have never been charged or convicted of or pleaded guilty to a charge of careless driving causing death under The Highway Traffic Act of Manitoba or similar legislation and have never received an absolute or conditional discharge, or a suspended sentence for such a charge.
5. My name does not and has never appeared on a Child or Adult Abuse Register in any jurisdiction.
6. I make this Declaration in support of my application for registration in the Registered Nurse (Temporary Practice – Pandemic Service Provision) membership class.
7. I understand and acknowledge that, if any statements in this Declaration are false, I will be subject to sanction by the College, which may include cancellation of my certificate of practice and removal from the Registered Nurse (Temporary Practice – Pandemic Service Provision) membership class.
8. I make this Declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Applicant's Signature

Date