REGISTRATION IN EMERGENCY SITUATIONS - TEMPORARY PRACTICING STATUS

INTRODUCTION

During an emergency, the College of Registered Nurses of Manitoba (the College) can expedite the registration of qualified registered nurses from other jurisdictions or individuals previously registered in Manitoba by temporarily registering them on the temporary practicing registered nurse register. The College believes that the prompt registration of these health care professionals is an essential component of emergency health care planning and a benefit to the public.

Registration on the temporary practicing registered nurse register for the purpose of responding to an emergency lasts for a maximum of **120 days**. There is no processing or registration fee. Only former Manitoba practicing registered nurses and registered nurses currently registered in another Canadian jurisdiction can register for temporary practicing status for emergency situations.

The College's Executive Director will declare whether a situation is deemed to be an emergency.

WHO IS ELIGIBLE?

Current Registered Nurses in Canada

To qualify for registration for temporary practicing status for emergencies, a registered nurse from another Canadian jurisdiction must:

- Confirm that she/he is applying to practice in Manitoba for the sole purpose of providing assistance during an emergency situation;
- Provide information on all requirements applicable to temporary practicing status;
- Authorize her/his current employer and/or previous employers to provide information on current practice;
- Authorize the nursing regulatory body with which she/he currently holds registration/licensure to provide confirmation of the applicant's registration/licensure; and
- Provide a copy of her/his current Certificate of Registration/License from her/his jurisdiction and proof of identity with photo identification.

Previous Manitoba Registrants

To qualify for registration for temporary practicing status for emergencies, former Manitoba registered nurses must:

- Confirm that she/he is applying to practice in Manitoba for the sole purpose of providing assistance during an emergency situation;
- Provide information on all requirements applicable to temporary practicing status;
- authorize her/his previous employer and/or previous employers to provide information on previous practice; and
- Provide proof of identity with photo identification.

LIMITED SCOPE OF PRACTICE

Former registered nurses may have restrictions placed on their scope of practice depending on how long they have been away from practicing as a registered nurse. These restrictions are in place to help ensure the delivery of safe, competent care. The categories will exist based on nursing hours and years away from active practice.

Category I

Away from practice for less than 5 years.

- No restrictions on scope of practice.

Category II

Away from practice more than 5 years, but less than 10 years.

- Reviewed on a case-by-case basis, but typically those approved for Category II may not be in charge of a nursing unit, and must practice with another registered nurse (other than those holding temporary practicing status) readily available for in-person consultation.

Category III

Away from practice more than 10 years.

- Reviewed on a case-by-case basis, but typically not eligible for temporary practicing status registration.

AGREEMENT REQUIRED

Applicant must complete and submit a Temporary Practicing Status Agreement/Undertaking. The agreement/undertaking allows the College to rapidly access vital practice and registration information directly from the applicant's employer and/or former employers, and/or the applicant's current regulatory body (if applicable) so it can process the application quickly.

For more information, please contact CRNM Registration Services at (204) 784-5181 or (800) 665-2027 (Manitoba toll-free)

This publication is provided for general information. For more specific information see the CRNM *Standards of Practice for Registered Nurses*, the Canadian Nurses Association *Code of Ethics for Registered Nurses* and the Registered Nurses Act and Regulations. CRNM publications are available on our website at www.crnm.mb.ca

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College of Registered Nurses of Manitoba
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Email: registration@crnm.mb.ca
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Temporary Practicing Status Applicant Instructions

In order to practice as a registered nurse - temporary in Manitoba and to use the designation registered nurse, a person must be registered with the College of Registered Nurses of Manitoba (CRNM) on the temporary practicing registered nurse register. As an active practicing registered nurse in another Canadian jurisdiction, or a former registered nurse who has practiced within the past 10 years, you will be eligible for temporary registration after satisfactory completion of the following five requirements:

1. **Manitoba Health:**
   Ensure you have submitted your information to Manitoba Health at 1-866-799-0174 or calltoaction@gov.mb.ca. They will be responsible for your placement at a health care facility.

2. **Application:**
   Complete the Application for Temporary Practicing Status and return it to CRNM in person, by fax or via email.

3. **Agreement/Undertaking:**
   Complete the Temporary RN Practicing Status Agreement/Undertaking and return it to CRNM with your application in person, by fax or via email.

4. **Proof of Identification:**
   Please provide us with a copy of one of the following: passport, driver's license or Canadian citizenship.

5. **Proof of Registration/Licensure (if applicable):**
   Please provide a copy of your certificate of practice if you are currently registered in another Canadian jurisdiction.

Note: *Your first and last name as well as your temporary registration number will be posted on the College's website for the duration of your registration on the temporary practicing registered nurse register.*

If you have any questions, please call Registration Services at (204) 784-5181 or toll-free in Manitoba (800) 665-2027 ext. 181, or email registration@crnm.mb.ca

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Website: www.crnm.mb.ca
Attn : Emergency Registration

Application for Temporary Practicing Registration (Emergency Situations)

Note: This is an application form only. All applicants must meet the criteria for registration outlined in the Registered Nurses Act and Regulations.

Last Name _____ First Name _____ Middle Name _____

Former Name _____

Address _____

City/Town _____ Province/State _____ Country _____

Postal/Zip Code _____ Phone No. _____ Date of Birth (yy/mm/dd)_____

First Language _____ Gender: ❑ Male ❑ Female Email _____

List employers in last 10 years. If necessary attach information on separate sheet.

Place of Employment _____

Address _____ City/Town _____

Province/State _____ Country _____ Postal/Zip Code _____

Phone No. _____ Date of Employment _____

Place of Employment _____

Address _____ City/Town _____

Province/State _____ Country _____ Postal/Zip Code _____

Phone No. _____ Date of Employment _____

1. Have you ever been registered with the College of Registered Nurses of Manitoba? Yes ❑ No ❑
   If yes, please indicate: Registration # _____
2. Within the past year, have you been denied registration or had a finding by any professional regulatory body?
   Yes ❑ No ❑
3. Within the past year, have you had your registration/license revoked, suspended, restricted or subjected to individual terms and conditions by any regulatory authority in any jurisdiction?
   Yes ❑ No ❑
4. Within the past year, have you been convicted of an offence under the Criminal Code, Controlled Drugs and Substances Act or Food and Drugs Act?
   Yes ❑ No ❑

5. Do you have a physical or mental condition or disorder that impairs your ability to practice nursing competently and safely?

Yes ❑ No ❑

6. Do you have an addiction to alcohol or drugs that impairs your ability to practice nursing competently and safely?

Yes ❑ No ❑

If you answered "Yes" to questions 1, 2, 3, 4 and/or 5, please provide more details and where necessary, provide written documentation.

_____

_____

_____

_____

_____

7. Do you hold current active practicing registration in any jurisdiction in Canada? Yes ❑ No ❑

   If yes, please specify: _____

   Include province/territory registration number: _____

8. Have you been registered in any other jurisdiction in the last seven years? Yes ❑ No ❑

   If yes, please specify below:

   1. _____ From _____(year) to _____ (year)
   2. _____ From _____(year) to _____ (year)
   3. _____ From _____(year) to _____ (year)

Declaration
The statements contained in this application are true to the best of my knowledge. Falsification of this application or the submission of any falsified documents to the College of Registered Nurses of Manitoba is an offence under the Registered Nurses Act. I authorize the College to use any information currently in its possession concerning any of the disclosure questions to which I have responded "yes".

Signature _____ **Date** _____

OFFICE USE ONLY	Date	Signature
Approved for Registration (C1)		
Approved for Registration (C2)		
Approved for Registration (C3)		

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Attn : Emergency Registration

Temporary RN Practicing Status Agreement/Undertaking

This form must be completed by the applicant

I, _____, understand that under the *Registered Nurses Act*, I
name of applicant
may be entitled to Temporary Practicing Registered Nurse registration.

I wish to receive Temporary Practicing Registered Nurse registration in Manitoba to be effective _____
date
in order that I may provide registered nursing services on an emergency basis at

_____.
employer

I understand that the College of Registered Nurses of Manitoba (CRNM) has requested an agreement from me to process my Temporary Practicing Registered Nurse registration.

I,_____ , undertake and agree to the following:
name of applicant

- Confirm that I am applying to practice in Manitoba for the sole purpose of providing assistance during an emergency situation;
- Provide information respecting all requirements applicable to the Temporary Practicing Registered Nurse registration;
- Authorize my employer(s) and/or previous employer(s) within the past 10 years to provide information to the CRNM Executive Director respecting current practice; and
- Provide authorization to the registered nursing regulatory body with which I currently hold/held licensure/registration to provide the CRNM Executive Director with information confirming my licensure/registration with that regulatory body as well as information in respect of my current standing with that regulatory body.

Further, I understand and agree that:

1. The Temporary Practicing Registered Nurse registration, once issued to me, shall be subject to the following restrictions, conditions and limitations:

    a. I shall only engage in the practice of registered nursing at
    _____
    employer

    b. I shall only engage in the practice of registered nursing which relates to any terms, conditions and/or limitations as outlined in my certificate of practice.

    c. I shall restrict my practice of registered nursing as outlined in my certificate of practice.

2. The Temporary Practicing Registered Nurse registration shall be subject to these restrictions, conditions and limitations unless altered by an agreement in writing between CRNM and myself.

3. I shall inform CRNM if my assignment at _____ is terminated for
   employer
   any reason.

4. That I shall inform CRNM if I choose to leave my position at _____
   employer

5. That I hereby authorize _____ to provide any information to
   employer
   CRNM regarding my registered nursing practice or if applicable, reasons for termination.

I further acknowledge that pursuant to the *Registered Nurses Act* and its regulations, my Temporary Practicing Registered Nurse registration will be subject to the following conditions:

6. To practice the profession of registered nursing only within the scope of my assignment at _____ and in accordance with the terms, conditions and limitations
   employer
   set out in my certificate.

7. My Temporary Practicing Registered Nurse registration will expire on the last day of my appointment or assignment at _____ - and is not to exceed 120 days of duration from the date of issue.

Signature _____ **Date** _____

Witness _____ **Date** _____

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