



Application for Change in Client Population

OFFICE USE ONLY	Date	Signature
Approved for change as requested		

Applicant Information:

(to be completed by the applicant)

_____	_____	_____
Last Name	First Name	Registration No.
_____	_____	
Former Name	Address	
_____	_____	_____
City/Town	Province/State	Country
_____	_____	_____
Postal/Zip Code	Phone No.	Date of Birth (yy/mm/dd)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	_____	
	Email	

The College of Registered Nurses of Manitoba General Regulation requires RN(NP)s to apply and be given approval to engage in extended practice within a defined population. Furthermore, RN(NP)s are expected to provide only those services they are authorized and competent to provide and refer clients who require health services beyond the individual nurse's competence.

Part I

1. Please identify the client population you identified upon application to the RN(NP) membership class. This information is also contained on Nurse Check.

Client Population: Family (all ages) _____ Pediatric (including neonatal) _____ Adult _____

2. Please identify the client population you wish to request changed.

New Client Population: Family (all ages) _____ Pediatric (including neonatal) _____ Adult _____

Part II

Please address the following questions by writing directly on the form or adding additional pages/attachments as necessary.

1. Please explain how your master's degree in nursing or the equivalent has prepared you to practice within the new area of practice and/or new client population.

2. Please list any additional education since graduation from your master's degree in nursing or the equivalent.

3. How will the change in client population affect your nursing practice?

4. Please identify the anticipated learning needs with the change in client population.

5. Please identify the plans to address learning needs with the change in client population.

I declare that all of the information I have provided, or has been provided on my behalf, in my application is complete and truthful. 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; or
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

Applicant Name (please print legibly)

Applicant Signature

Witness Name (please print legibly)

Witness Signature