



Please read carefully. This instruction sheet contains important information to ensure timely registration renewal.
You may not practise as a Registered Psychiatric Nurse without a valid registration certificate.

IMPORTANT – NOVEMBER 15TH DEADLINE

Register early to avoid any delays in processing your registration renewal. The CRPNM by-laws set November 15th as the administrative deadline. Your completed renewal application and the payment must be sent to the CRPNM by this date. If your application and payment has not been received by November 15th you will be considered to be in default.

COMPLETING THE RENEWAL FORM

All sections on the registration renewal form must be completed in order to process your application. This instruction sheet has been prepared to assist you in completing the form. Please read carefully. Incomplete applications will be returned by regular mail which may cause delays in the processing of your registration renewal.

- 1) **APPLICANT INFORMATION** Please make corrections in the space provided if the pre-printed information is incorrect or has changed.
- 2) **APPLICATION** Please indicate one of the options on the form using the following information:
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| Practising register | In order to practise as a Registered Psychiatric Nurse in Manitoba and use the designation of Registered Psychiatric Nurse, RPN, or any variation of that title you must be on the Practising register of the College of Registered Psychiatric Nurses of Manitoba. |
| Non-Practising register | Individuals on the Non-Practising register are NOT authorized to practise as a Registered Psychiatric Nurse or to use the designation Registered Psychiatric Nurse, RPN, or any variation of that title. |
| Not renewing | If you are not renewing your registration please be advised that you are NOT authorized to practise as a Registered Psychiatric Nurse or to use the title RPN or any variation of that title. Please complete the form so that we may update our records. |

3) **CONTINUING COMPETENCE**

- a) **Hours of Practise** The requirement for renewal to the Practising register is that the applicant must have engaged in a minimum of 1400 hours of practise in the immediately preceding five year period. The hours that you have reported for the past four years are printed on your personal renewal application form. You will report your 2009 hours (the fifth year) on this form.
- You are responsible to report your hours of practise on an annual basis. If in previous years you did not enter hours of practise or responded with comments such as "I work full-time" you will find that your hours of practise were entered as 0.00. If you had more than one workplace, in a given year, all of the hours have been added together. Please make any corrections directly onto the form. Contact your employer if you require assistance in determining your practise hours.
- 2009 Hours of Practise** If you were on the Practising register in 2009 or any portion thereof, you are required to report your hours of practise. In the space provided, report your **total hours** of practise as a Registered Psychiatric Nurse with all employers from January 1 to December 31, 2009.
- In calculating your hours of practise **do not include vacation or sick time**. You may project your hours to December 31. Contact your employer(s) if you require assistance in determining your practise hours.
- Don't have 1400 hours?** If you are a new graduate, have recently completed the refresher program or are a new registrant from another province or country you may not have 1400 hours of recorded practise. Your eligibility has been determined by the initial registration process. Please enter your total practise hours for 2009.
- Other persons who do not have the 1400 hours of practise should contact the CRPNM office.

b) **CRPNM CONTINUING COMPETENCE PROGRAM**

Participation in the CRPNM Continuing Competence Program is a requirement for registration renewal. Over the past year, you have completed and documented a self-assessment, developed and implemented a learning plan and have maintained a professional portfolio. You will continue to engage in these processes, on an annual basis, for as long as you wish to renew to the Practising register. You may be subject to an audit of your participation in the Continuing Competence Program at a later date. If you require assistance in meeting the requirements please contact the CRPNM office.

- 4) **2009 EMPLOYMENT** The *Registered Psychiatric Nurses Act* requires that the CRPNM have **complete** information for **all** employers. The information requested meets provincial, national and the CRPNM requirements for data. If you are unsure which code best describes your practise please refer to the CIHI definitions posted on the CRPNM website (www.crpnm.mb.ca) or contact the office.
- Please provide information for all employers in 2009. Your primary employer would be the employer for which you worked the most hours or your current employer. List all other employers you have or had in 2009. Use a separate sheet if you have more than one employer. Please record all other employment with the same information as on the renewal form (name, contact information & codes).

SECTION 1 - PLACE OF WORK CODES. Indicate only one code for each employer

(01) General Hospital or Mental Health Centre	(05) Personal Care Home	(06) Home Care
(07) Community Mental Health	(08) Business/Industry	(09) Private Agency
(10) Self Employed/Private Practise	(12) Educational Institution	(13) Association/Government
(14) Other	(15) Residential Care	(16) Corrections

SECTION 2 - POSITION & PRIMARY AREA OF RESPONSIBILITY

For **DIRECT CARE** choose from the following:

POSITION CODES Indicate only one code for each employer

(06) Staff Psychiatric Nurse/Community Psychiatric Nurse (CMHW)	(10) Consultant
(14) Clinical Specialist	(11) Other

PRIMARY AREA OF RESPONSIBILITY CODES Indicate only one code for each employer

(01) Medical/Surgical	(03) Pediatric	(05) Geriatric Services
(06) Crisis/Emergency Services	(10) Occupational Health	(14) Oncology
(15) Rehabilitation Services	(16) Palliative Care	(19) Other Direct Care
(51) Child and Adolescent Services	(52) Developmental Habilitation Services	(53) Addiction Services
(54) Acute Services	(55) Forensic Services	

For **ADMINISTRATION** choose from the following:

POSITION CODES Indicate only one code for each employer

(01) Chief Executive Officer	(02) Director/Assistant Director
(03) Unit Manager/Assistant Manager	(11) Other

PRIMARY AREA OF RESPONSIBILITY CODES Indicate only one code for each employer

(21) Service	(22) Education	(29) Other Administration
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For **EDUCATION** choose from the following:

POSITION CODES Indicate only one code for each employer

(08) Instructor/Professor/Educator	(11) Other
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PRIMARY AREA OF RESPONSIBILITY CODES Indicate only one code for each employer

(31) Teaching students	(32) Teaching employees	(39) Other Education
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For **RESEARCH** choose from the following:

POSITION CODES Indicate only one code for each employer

(11) Other

PRIMARY AREA OF RESPONSIBILITY CODES Indicate only one code for each employer

(41) Psychiatric Nursing Research	(49) Other Research
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SECTION 3 - EMPLOYMENT STATUS CODES Indicate only one code for each employer.

(01) Full time	(02) Part time	(03) Casual
(09) Currently on leave	(30) Seeking	(40) No longer employed

If you are not employed, please note that it is your responsibility to contact the CRPNM with the above information when employment is obtained.

5) NOT EMPLOYED IN PSYCHIATRIC NURSING

If you are not employed in psychiatric nursing or you are on the Non-Practising register, please complete this section.

6) EDUCATION COMPLETED AFTER INITIAL GRADUATION

Complete this section for any new education you have completed in the past year.

7) ADDITIONAL REGISTRATION

If you hold current Practising registration with any other regulatory body, in any jurisdiction, please complete this section.

8) DISCLOSURE

Consistent with the *Registered Psychiatric Nurses Act* this information **must** be disclosed. If you answer "yes" to any of the questions you must provide additional written documentation. The information is then forwarded to the Registrar for review.

9) RENEWAL DECLARATION**YOU ARE NOT REGISTERED UNTIL YOUR FEES ARE PAID IN FULL AND WE HAVE RECEIVED AND PROCESSED YOUR REGISTRATION RENEWAL APPLICATION**

The form must be signed and dated or it will be returned to you. Your signature is a declaration that the statements made in your application are true and correct to the best of your knowledge. This is a legal document. Falsification of the application or the submission of any falsified documents is an offence under the *Registered Psychiatric Nurses Act*. You may be subject to an audit of any and all information declared.

10) PAYMENT PRE-AUTHORIZED PAYMENT PLAN

If you were on the debit plan, the last withdrawal will be on October 1st. The prepaid amount will be noted on your registration renewal form. Should the CRPNM receive notification of any returned items after the registration renewal packages have been mailed, you will be notified by mail of the outstanding amount. Your registration renewal cannot be processed until all of the fees have been paid in full. This includes any outstanding NSF fees and penalties. The CRPNM accepts Visa and MasterCard. You can provide the credit card information, the expiry date and your signature on the registration renewal form or pay in person at the CRPNM office.

**CHEQUES:**

The CRPNM also accepts debit payments (Interac) and money orders. Please pay in person at the CRPNM office if using Interac. Business hours are Monday to Friday, 9:00 – 5:00.

Post-dated cheques will **not** be accepted. Personal cheques will not be accepted after November 15, 2009. Any returned cheques will result in a \$25.00 service charge.

11) FEES FOR UNAUTHORIZED PRACTISE & REINSTATEMENT

All applications for the renewal of registration received after December 1st will be subject to a late fee of \$50.00 plus GST. Registration that has not been renewed by noon on December 31, 2009 will be cancelled as of midnight, December 31, 2009. Both you and your employer will be informed of the cancellation. You may not practise as a Registered Psychiatric Nurse without a valid registration certificate. Unauthorized practise is practise without a valid registration certificate. The penalty for unauthorized practise is \$250.00 plus GST.

If your registration is cancelled and you wish to practise as a Registered Psychiatric Nurse you will need to apply for reinstatement. The reinstatement fee is 33% of the current year's fee plus GST. This reinstatement fee would be in addition to the unauthorized practise fee in cases where persons were practising without a valid registration certificate. Applicants for reinstatement must meet all of the requirements for registration. This includes recent criminal records and child abuse registry checks.