

Nurses Recruitment & Retention Fund (NRRF)

LPN to RN or RPN Bridging Grant Application

The LPN to RN or RPN Bridging Grant was developed to provide financial assistance to LPNs continuing their education to become a RN or RPN.

FAQ

Who can apply for the LPN to RN or RPN Bridging Grant and what are the requirements?

- LPNs who are currently employed by an eligible employer in Manitoba who are accepted into an approved BN or BPN Program.
- LPNs who completed the BN or BPN program as of January 1, 2024 and subsequent years, and have completed within 6 months of date of registration with the College of Registered Nurse of Manitoba or College of Registered Psychiatric Nurses of Manitoba
- Confirmed employment as a RN or RPN (post-graduation from a BN or BPN program) with an eligible employer in Manitoba, in a permanent or term position that is at least one (1) year in duration and a 0.6 EFT or higher.
- Acceptance of and compliance with the conditions of a return-of-service commitment of one (1) year.

Who can sign my Employer Certification and Agreement (Section G) of the application form?

- Human Resources
- Department manager or nursing supervisor (nurses cannot sign on behalf of themselves)

How long does the application process take?

- The application process takes 4 to 6 weeks.

How do I submit my application to your office?

- Applications are emailed to the NRRF Facilitator at nrrf@sharedhealthmb.ca

What if I move while I am completing my service agreement with NRRF?

- Should your contact information change, please email nrrf@sharedhealthmb.ca

What if I change employers or move to a new position within the same facility/region?

- As stated in the LPN to RN or RPN Bridging Grant policy:

6.2.9 "Applicants who change employers within their one-year term of service but maintain their eligibility for the LPN to RN or RPN Bridging Grant **must submit a revised return of service commitment signed by the new employer.** The nurse must fulfill the remainder of their contract with the new employer."

IMPORTANT

The application must be completed electronically and will require an electronic signature.

If you are unable to attach an electronic signature, please follow these steps:

1. Complete application electronically
2. Print application and sign Section F
3. Scan all pages of the application and save as a PDF
4. Give application to your employer to complete Section G
5. Email completed application to NRRF



SECTION A – PERSONAL INFORMATION		
Surname:	First Name:	Middle Name:
Personal Email Address:	Work Email Address:	Date of Birth:
Current Mailing Address in Manitoba:		
P.O. Box (if applicable):	City/Town:	Postal Code:
Previous Address in Manitoba (if applicable):		
P.O. Box (if applicable):	City/Town:	Postal Code:
Contact Numbers		
Home:	Work:	Mobile:
SECTION B – OTHER NRRF GRANTS		
Have you applied for other grants with NRRF?	No	Yes
If yes, which grant(s):	Date grant(s) received/applied for:	
SECTION C – NURSING CATEGORY & LICENSE NUMBER		
Licensed Practical Nurse (LPN) bridging to	RN	RPN
LPN License/Registration # _____	RN/RPN License/Registration # _____	
Date of Initial Registration _____	Date of Initial Registration _____	
SECTION D – NURSING EDUCATION		
Which educational institute did you attend to obtain your initial nursing education?	What was your grad date?	
Which educational institute did you attend to obtain your BN/BPN nursing education?	What was your grad date?	
How did you hear about NRRF (Please check all that apply)?		
Job Fair	Employer	Advertising or Publication

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Internet	School	Other (Please specify) _____
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SECTION E - EMPLOYMENT IN MANITOBA

Name of Employer/Organization: _____

Employer's Address: _____

Employee's Position:	Department:
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SECTION F – EMPLOYEE DECLARATION & AGREEMENT

I DECLARE THAT:

- I am not currently in default with any other NRRF program or incentive.
- I have given complete and true information on this form and I understand that failure to do so may prevent my qualifying for assistance in the future.
- I understand that should I change positions or employers while fulfilling my service agreement, I must complete a revised service agreement and complete the time remaining in my service agreement with NRRF.
- I have read and understand the **LPN to RN or RPN Bridging Grant Policy**. Please initial here _____.
- I have been employed continuously in the nursing profession in Manitoba since _____ and I intend to continue my employment as a nurse in Manitoba for not less than 12 months from that date at 0.6 EFT or higher.

I AGREE THAT if I am not employed in Manitoba as a nurse for the full 12 months at 0.6 EFT or higher:

1. I will notify NRRF in writing of the last day of my employment immediately upon tendering my resignation or termination.
2. I will repay all of my financial assistance (pro-rated) to NRRF.

I UNDERSTAND THAT MY EMPLOYMENT MUST BE FOR A CONTINUOUS TERM OF 12 MONTHS. NRRF MAY EXTEND THE TIME TO COMPLETE THE TERM OF 12 MONTHS OF SERVICE OR GRANT TEMPORARY ABSENCES FOR PREGNANCY OR HEALTH RELATED MATTERS. EACH REQUEST WILL BE EXAMINED ON ITS OWN MERITS BY THE NRRF FACILITATOR FOR A FINAL DECISION. SHOULD MY CONTACT AND JOB INFORMATION CHANGE, I WILL NOTIFY NRRF IMMEDIATELY.

Applicant's Signature _____	Date Signed: _____
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SECTION G – EMPLOYER CERTIFICATION & AGREEMENT

WE CERTIFY THAT:

1. (Name of Nurse) _____ has been employed as a
 (Type of Nurse _____ since (Date) _____ at a _____
 EFT position by our organization.
2. We intend to employ this person for a period no less than 12 months in a 0.6 EFT or higher permanent or
 term position for which other qualified candidates were not available.
3. This individual was recruited from _____
 (Educational Institution, City/Town, Employer in MB)

WE AGREE THAT IF THIS PERSON LEAVES THIS ORGANIZATION BEFORE COMPLETING A FULL YEAR OF EMPLOYMENT AT 0.6 EFT OR HIGHER, WE WILL PROVIDE WRITTEN NOTICE TO THE NRRF FACILITATOR IMMEDIATELY UPON DETERMINING THAT THE INDIVIDUAL’S EMPLOYMENT WILL BE TERMINATED.**

Employers’ Signature _____	Date Signed: _____
Employers’ Name _____	Employers’ Address _____
Employers’ Position: _____	_____
Facility: _____	Phone # _____
RHA: _____	Email Address: _____

****Note to Employer:** Please notify NRRF if an applicant does not complete their NRRF Service Agreement by completing the Employer Verification of Incomplete Service Agreement Form.

CHECKLIST: Ensure your application is complete and the required documents are attached before submission.

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| Section A | Section B |
| Section C | Section D |
| Section E | Section F |
| Section G | |
| Copy of Official Letter of Employment | Copy of RN or RPN Nursing College Registration |

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SUBMIT YOUR COMPLETED APPLICATION TO: nrrf@sharedhealthmb.ca