

Nurses Recruitment and Retention Fund Refresher (Educational) Financial Assistance

Financial assistance for up to 80% of course costs (up to a maximum of \$2,000) per individual are available to complete nursing refresher programs, and are offered by distance education. For information regarding the programs or the registration process, please contact your professional licensing body (CRNM, CLPNM, CRPNM) and the following applicable educational institution:

RN Refresher Program:

Red River College | 204.632.2303

Website: <https://catalogue.rrc.ca/Programs/WPG/Parttime/REGNP-NA>

LPN Refresher Program:

Assiniboine Community College | 204.725.8700 ext. 6881

Website: <https://assiniboine.net/programs/practical-nursing-refresher>

RPN Refresher Program (multiple sites):

Website: <https://crpnm.mb.ca/about-rpns/education/>

In order to qualify you require:

- Review of qualifications by professional licensing body
- Acceptance into Refresher Program at applicable educational institution
- Agreement to work in Manitoba in a full-time or part-time (min. 0.6EFT) nursing position for one year upon successful completion of Refresher Program

FAQ

Who can apply for Refresher Assistance and what are the requirements?

- Individuals who are Manitoba residents and are accepted into an approved RN Refresher Program.
- The Nurses Recruitment and Retention Fund will support up to 80% of course costs to a maximum of \$2000 per individual for Refresher course costs or portion thereof. Credit is calculated based on the formula of 80% of total course costs, to a maximum of \$2,000 per individual.
- Non-compliance with the Refresher agreement will necessitate repayment of funds. Reasons include:
 - Academic failure
 - Failure to secure employment within 3 months of program completion
 - Failure to complete 12 consecutive months of employment with an approved employer
 - Failure to pass the Canadian licensing exam for the specified designation (ex. RN Refreshers must pass the CRNE, LPN Refreshers must pass the CPNRE, etc.)

Who can sign my Employer Certification and Agreement (Section G)?

- This is done once you have completed your Refresher Program.
 - Human Resources
 - Nurse manager or nursing supervisor (Nurses cannot sign on behalf of themselves)

How long does the application process take?

- The application process takes 2 to 4 weeks.

How do I submit my application to your office?

- Applications are emailed to the NRRF Facilitator. See application.

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 am not happy with my current employment situation and decide to change employers, or move to a new position within the same facility/region?

- As stated in the Refresher Policy:
6.2.10 Applicants, who change employers within their one year term of service but maintain their eligibility for reimbursement of RN Refresher Program costs, **must submit a revised return of service commitment signed by the new employer.** The employee must fulfill the remainder of their contract with the new employer.

For further detail, please review the [Refresher policy](#).

✓ LIST

Please ensure all required documents are included with your application. **Incomplete applications will not be considered and will only further delay any processing.*

Section A

Section B

Section C

Section D

Section E

Section F

Section G

Copy of College Registration Number (CRNM, CLPNM, or CRPNM letter of registration or card)

Copy of official letter of employment

**Application for
REFRESHER (FINANCIAL) ASSISTANCE**



Please submit all applications or questions to the NRRF Facilitator

NURSES RECRUITMENT AND RETENTION FUND (NRRF)
1502-155 CARLTON STREET, WINNIPEG MB R3C 3H8
NRRF@sharedhealthmb.ca

SECTION A

Surname:		First Name:		Middle Initial(s):
Mailing Address in Manitoba: Apt. Suite # (if applicable) – Street # - P.O. Box			Social Insurance Number (for Income Tax purposes):	
City/Town:		Postal Code:		Email address:
Home:		Cell:		Work:
<input type="checkbox"/> ✓ This box if permanent address is the same as mailing address. If not, please fill shaded area below:				
Apt. Suite # (if applicable) – Street #			P.O. BOX (if applicable):	
City/Town:			Postal Code:	

SECTION B

COURSE CATEGORY (✓ applicable box)

RN REFRESHER LPN REFRESHER RPN REFRESHER

Course(s) Tuition Fee ¹	Name of Manitoba Post-Secondary Educational Institution ²	
\$		
Course(s) START date	Expected date of course(s) COMPLETION	

Are you receiving tuition or other financial support from other source(s)? Yes: No:
(✓ applicable answer)

If your answer is "Yes", please see footnote #1 and please provide details of all other financial support in a separate letter to be attached.

Are you currently registered as a nurse in Manitoba?	
<input type="checkbox"/>	Yes - Which college of nurses?
<input type="checkbox"/>	No
Are you currently employed as a nurse in Manitoba?	
<input type="checkbox"/>	Yes - What is the name of your employer?
<input type="checkbox"/>	No
Are you required to write the licensing exam upon completion of the refresher program?	
<input type="checkbox"/>	Yes – How many times have you previously written the Canadian licensing exam?
<input type="checkbox"/>	No

¹An official tuition receipt is required to be attached to this Application only if you are currently enrolled as a student in a Post-Secondary Educational Institution or have completed the Course, and you have already paid the Course tuition fees out of pocket. In order to be eligible for any financial assistance from the Fund you must have registered with a Manitoba Post-Secondary Educational Institution² on or after April 1, 1999. Applicants who register prior to April 1, 1999 will be considered ineligible for financial assistance. **NOTE:** Financial assistance provided by the Fund is a taxable benefit under the Federal Income Tax Act.

²In the case of an Applicant who is or will be enrolled in the RPN Refresher Course at the Saskatchewan Institute of Applied Science and Technology (SIAST), or Douglas College, "Manitoba" can be read as "Saskatchewan." or "British Columbia".

SECTION C - STUDENT DECLARATION AND AGREEMENT

(Applicants must sign Section A, B, C and E - Educational institute must sign Section D before submitting to NRRF)

I HEREBY DECLARE THAT:

I have been accepted as a student at _____ in the Province of
(NAME OF POST-SECONDARY EDUCATIONAL INSTITUTION)

Manitoba, in the Course known as _____ ("Course").

Following successful completion of the Course, I intend to seek and obtain employment in an approved permanent provincial nursing position in the Province of Manitoba and to continue that employment for at least 12 months. Employments with private or federally funded facilities as well as casual positions are not eligible.

I will provide the Fund with the name of my employer, my employer's address and other information relative to my employment upon commencing employment by returning the last page of this application form and applicable information.

I AGREE THAT:

I will repay all financial assistance provided on my behalf to the Post-Secondary Educational Institution (or to me if I have paid out of pocket towards education costs in attending the Course) if any one or more of the following events occur:

- (1) I do not successfully complete this Course (by the date specified above) for any reason, including academic failure;
- (2) I cease to be enrolled in this Course for any reason;
- (3) If I am not employed as a nurse in a permanent position (part time or full time) of 0.6 EFT or greater, in the Province of Manitoba with an approved employer within 3 months of my completing the Course; or I fail to continue to be employed as a nurse for a period of 12 consecutive months thereafter.
- (4) I do not successfully complete the Canadian licensing exam.
- (5) If any of the information supplied by me in this Application is subsequently determined by the Fund's representative to be false, inaccurate or misleading.

I FURTHER AGREE that if any of these events listed in items 1 – 5 occur, that I will notify the Fund in writing at the address specified at the bottom of the APPLICATION FORM within 30 days following the event, and that I will repay to the Government of Manitoba all financial assistance provided to the Post-Secondary Educational Institution (or to me) for education costs within 60 days of the occurrence of the event. I acknowledge that repayment of the financial assistance shall be in the full amount without any reduction or prorating for my time expended by me in attending the Course and shall be a debt due and owing by me to the Government of Manitoba until paid in full.

DATE

X

SIGNATURE OF APPLICANT

Note: All refresher course financial assistance is subject to final approval by NRRF.



SECTION D - ENROLLMENT CERTIFICATION AND UNDERTAKINGS

ENROLLMENT CERTIFICATION AND UNDERTAKINGS

1. The Post-Secondary Educational Institution certifies below that the Applicant whose name appears on the APPLICATION FORM is accepted as a student in the _____ Course ("Course") effective _____ (DATE).
2. The Post-Secondary Educational Institution hereby undertakes to notify the Fund by written notice within thirty (30) days of either of the following:
 - a. If the student is no longer enrolled in the Course;
OR
 - b. If the student fails to successfully complete the Course for any reason, including academic failure, by the Date of Completion specified in the Student Declaration and Agreement.
3. The Post-Secondary Educational Institution will provide written confirmation to the Fund upon the student successfully completing the Course.
4. The Post-Secondary Educational Institution will make no refunds (of the tuition and other fees applicable to the Course and paid out of the Nurses Recruitment and Retention Fund) available to the student if the student withdraws from the Course, it being understood and acknowledged that any refund shall be paid to the Government of Manitoba.

_____ **X** _____
 DATE SIGNATURE POSITION OR TITLE OF SIGNATORY AND
 NAME OF POST-SECONDARY INSTITUTE

SECTION E – CONSENT TO RELEASE INFORMATION

I HEREBY CONSENT TO:

- Post-Secondary Educational Institution releasing all information referred to in Section B to the Nurses Recruitment and Retention Fund and my signature below shall be sufficient authority for such release of information.
- Provincial licensing body releasing all information regarding successful completion of the Canadian licensing exam.

_____ **X** _____
 DATE SIGNATURE OF APPLICANT



SECTION F - EMPLOYEE DECLARATION AND AGREEMENT

I DECLARE THAT:

1. I am not currently in default with any other NRRF program or incentive.
2. 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.
3. 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.
4. I have read and understand the **Refresher Assistance Policy**. Please initial here:
5. I have been employed continuously in the nursing profession in Manitoba since (DATE) _____ and I intend to continue my employment with an approved employer 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 with an approved employer in Manitoba, as a nurse for the **full 12 months at 0.6 EFT or higher***:

1. I will notify the Nurses Recruitment and Retention Fund in writing of the last day of employment immediately upon tendering my resignation or termination.
2. I will repay all of my financial assistance to the Nurses Recruitment and Retention Fund.

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

_____ **X** _____
DATE SIGNATURE OF APPLICANT

SECTION G – EMPLOYER CERTIFICATION AND AGREEMENT

WE CERTIFY THAT:

1. (NAME OF NURSE) _____ has been employed as a
(DESIGNATION - AREA) _____ since (DATE) _____ at a _____ EFT position by our organization.
2. We intend to employ this person for a period **no less than 12 months** at 0.6 EFT or higher, in a permanent or term position for which other qualified candidates were not available.
3. This individual was recruited from _____
(EX. INSTITUTION, EMPLOYER, CAREER FAIR)

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 NURSES RECRUITMENT AND RETENTION FUND IMMEDIATELY UPON DETERMINING THAT THE INDIVIDUAL'S EMPLOYMENT HAS BEEN TERMINATED.**

EMPLOYERS' SIGNATURE AND PRINTED NAME: X _____ _____ EMPLOYERS' POSITION: _____ FACILITY: _____ RHA: _____	DATE SIGNED: _____ EMPLOYERS' ADDRESS: _____ _____ PHONE #: _____ EMAIL ADDRESS: _____
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**** Note to Employer:** If the applicant does not complete their ROS commitment with your facility, please notify the NRRF Facilitator by completing the [Employer Verification of Incomplete Service Agreement form](#).