

Nurses Recruitment & Retention Fund (NRRF)

REFRESHER/RE-ENTRY (FINANCIAL ASSISTANCE) PROGRAM

Financial assistance for up to 80% of course costs (to a maximum of \$2,000) for an individual to re-enter the RN, RPN and LPN workforce, contingent upon the completion of approved RN, RPN or LPN Refresher or Re-Entry Program. For information regarding the program or the registration process, please contact your professional licensing body (CLPNM, CRNM, CRPNM) and the following applicable educational institution:

LPN Refresher Program:

- Assiniboine Community College | 204-725-8700, ext. 6881
- <https://assiniboine.net/programs/practice-nursing-refresher>

RN Refresher Program:

- Red River College | 204-632-2303
- <https://catalogue.rrc.ca/programs/wpg/parttime/regnp-na>

RPN Refresher Program (Multiple Sites)

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

In order to qualify for this grant, you require:

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

FAQ

Who can apply for the Refresher/Re-Entry Program assistance and what are the requirements?

- Individuals who are Manitoba residents and are accepted into an approved LPN, RN, RPN Refresher or Re-Entry Program.
- NRRF will support up to 80% of course costs to a maximum of \$2,000 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-Re-Entry Program Agreement will necessitate repayment of funds. Reasons include:
 - Academic failure.
 - Failure to secure employment within 6 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. RNs must pass the CRNE, LPNs must pass the CPNRE, etc.

How long does the application process take?

- The application process takes 4 to 6 weeks.

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

- This is done once you have completed the Refresher program:
 - Human Resources.
 - Department manager or nursing supervisor (nurses cannot sign on behalf of themselves).

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 per 6.2.9 of the [Refresher/Re-Entry Program Policy](#): "Applicants who change employers within their one year term of service, but maintain their eligibility for reimbursement of RN, RPN, LPN Refresher/Re-Entry 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."

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

NURSES RECRUITMENT AND RETENTION FUND (NRRF)
Application for
REFRESHER/RE-ENTRY (FINANCIAL) ASSISTANCE

Shared Health
1502-155 Carlton Street
Winnipeg, MB R3C 3H8

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 (if applicable):	Postal Code (if applicable):
Contact Numbers		
Home:	Work:	Mobile:
SECTION B – COURSE INFORMATION		
LPN Refresher	RN Refresher	RPN Refresher
Course Tuition Fee ¹ :	Name of Manitoba Post-Secondary Educational Institution ² :	
Course Start Date:	Expected Date of Course Completion:	
Are you receiving tuition or other financial support from other sources? Yes No If Yes, please see footnote #1 and provide details of all other financial support in a separate letter and attach to this application.		
Are you currently registered as a nurse in Manitoba? Yes – Which College of Nurses? _____ No		
Are you currently employed as a nurse in Manitoba? Yes – What is the name of your employer? _____ No		
Are you required to write the licensing exam upon completion of the refresher program? Yes – How many times have you previously written the Canadian Licensing exam? _____ No		

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¹ An 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 Institution on or after April 1, 1999. Applicants who register prior to April 1, 1999 will be considered ineligible for financial assistance.

² In 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 (SIAT) or Douglas College, "Manitoba" can be read as "Saskatchewan" or "British Columbia".

SECTION C – STUDENT DECLARATION & AGREEMENT

I HEREBY DECLARE THAT:

- I have been accepted as a student at _____
(Name of Post-Secondary Educational Institution)

In the province of 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 pocket towards education costs in attending the Course) if any one or more of the following events occur:
 - I do not successfully complete this Course (by the date specified above) for any reason, including academic failure.
 - I cease to be enrolled in this Course for any reason.
 - If I am not employed as a nurse in a permanent position (part-time or full-time) of a 0.6 EFT or greater, in the Province of Manitoba with an approved employer within 6 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.
 - I do not successfully complete the Canadian licensing exam.
 - 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 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.

Applicant's
Signature _____

Date Signed: _____

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

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SECTION D – ENROLLMENT CERTIFICATION AND UNDERTAKING

The Post-Secondary Educational Institution:

- Certifies that the Applicant whose name appears on the application form is accepted as a student in the _____ Course ("Course") effective _____ (Date).
- Hereby undertakes to notify the Fund by email 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.
- Will provide written confirmation to the Fund upon the student successfully completing the Course.
- 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.

Signature

Date Signed:

Position/Title

Post-
Secondary
Institute

SECTION E – CONSENT TO RELEASE INFORMATION

I HEREBY CONSENT TO:

- The Post-Secondary Educational Institutions 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.
- The Provincial licensing body releasing all information regarding successful completion of the Canadian Licensing exam.

Applicant's
Signature

Date Signed:

SECTION F – EMPLOYEE DELCARATION AND AGREEMENT

I DECLARE THAT:

- I am not currently in default with any other NRRF program or incentive.

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- 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 **Refresher/Re-Entry Program Policy**. Please initial here _____.
- I have been employed continuously in the nursing profession in Manitoba since _____ and I intend to continue my employment in 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 in an approved employer 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. 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 CONTACT AND JOB INFORMATION CHANGE, I WILL NOTIFY THE FUND IMMEDIATELY.

Applicant's
Signature _____

Date

Signed: _____

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)

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WE AGREE THAT IF THIS PERSON LEAVES THIS ORGANIZATION BEFORE COMPLETING A FULL YEAR OF EMPLOYMENT AT 0.6 FTE 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:

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

Section A

Section B

Section C

Section D

Section E

Section F

Section G

Course Tuition Receipt

Copy of Official Letter of Employment

Copy of Nursing College Registration

SUBMIT YOUR COMPLETED APPLICATION TO: nrrf@sharedhealthmb.ca

****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.