



User Guide:

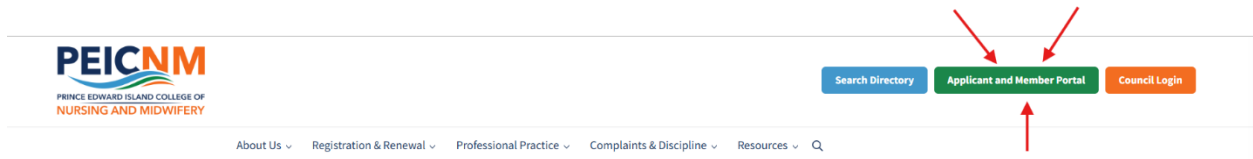
Renewal for RNs, NPs, RPNs

September 2026

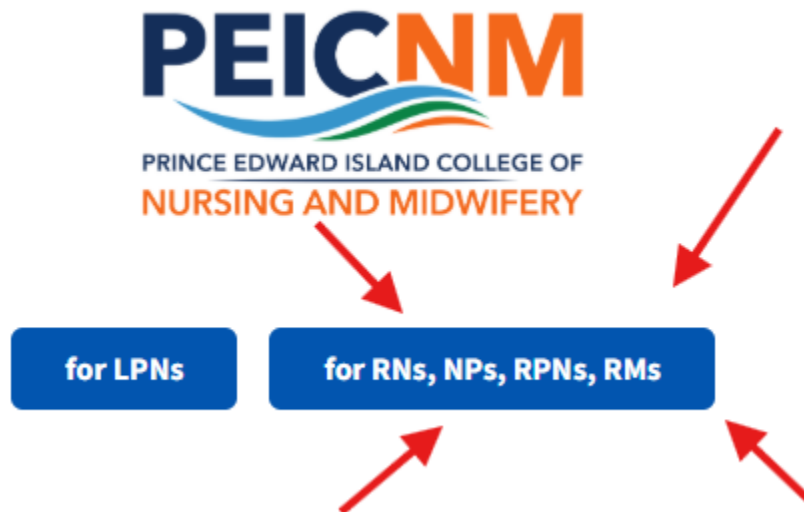
1. Before you start renewal with PEICNM, you should register for your professional liability protection (PLP) through the Canadian Nurses Protective Society (CNPS). Please log in to your MyCNPS account (<https://my.cnps.ca/>) to do so.

For registrants on PAD: This is a new step for this year. Traditionally, PEICNM collected your CNPS fee, along with your registration renewal fee, and transferred the funds to CNPS on your behalf. This year, CNPS fees are not included in your PAD deductions. You will need to register for CNPS PLP and other Core Services directly with CNPS on the MyCNPS portal. Please visit <https://my.cnps.ca/> to create an account and register for your professional liability protection.

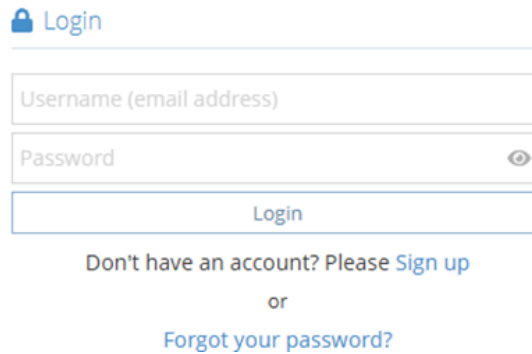
2. Go to [www.peicnm.ca](http://www.peicnm.ca) and click on “Member and Applicant Login”, which is found along the top of the webpage (as shown by the red arrows in the picture below).



3. Then click on the button for your appropriate designation, as shown in the picture below.

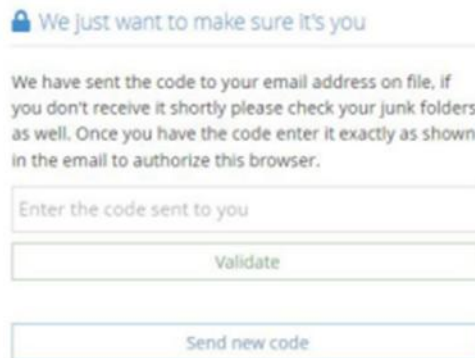


4. You will be brought to the login screen. Your username is the email address you have provided to PEICNM. If you don't remember your password, click on "forgot your password". You will be sent an email that will allow you to create a new password.



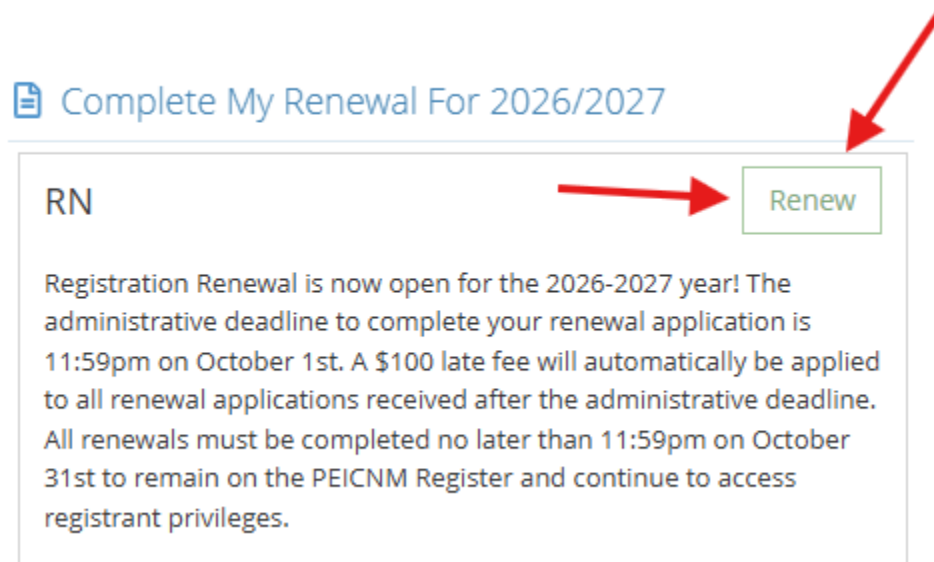
The login screen features a blue padlock icon followed by the word "Login". Below this is a form with three input fields: "Username (email address)", "Password" (with an eye icon for toggling visibility), and a "Login" button. At the bottom, there are two links: "Don't have an account? Please Sign up" and "Forgot your password?", separated by the word "or".

5. Alinity uses two-factor authorization. This security feature verifies your identity when you log into Alinity using a new browser or device. You will be emailed a code. Copy and paste the code into the field box on the screen and click on "validate". You will then have access to your PEICNM profile.



The two-factor authorization screen has a blue padlock icon followed by the text "We just want to make sure it's you". Below this is a paragraph of instructions: "We have sent the code to your email address on file, if you don't receive it shortly please check your junk folders as well. Once you have the code enter it exactly as shown in the email to authorize this browser." The form contains three input fields: "Enter the code sent to you", a "Validate" button, and a "Send new code" button.

- You will then be on the home page and can start renewal. Click on “Renew”. It looks like the picture below.



- You will be brought to the profile update page. This is the first part of the renewal process.

1 2 3 4

Profile Update 2025/2026 - Learning Plan 2026 2026/2027 - Learning Plan Renewal

**PERSONAL**

*It is the member's responsibility to ensure the College has current and up-to-date contact and employment information. We are committed to protecting the security of your personal information.*

Registration # Gender Birth date Age

**Current Name**

First name Preferred first name Middle name(s) Last name

Suffix

Do you have a preferred name that is different from your first name? ☒ Yes ☐ No

\* Preferred first name

Add Click to request a change to your legal name

8. You will then verify your address and contact information. If you need to change your address, please click “Add”. You can change your phone number and email address in the text boxes.

Please note that if you have made a change to your email address, it will only change the email address that is used for correspondence from the College. To update the email address that you use to login to the Member and Applicant area, please contact PEICNM.

#### Current Address

Apartment / Box No. / Address or Street No.

-

-

-

City

Postal/Zip code

Add

Click here to update your address

#### Contact Information

Mobile phone # ?

Home phone # ?

\* Email

Example: 506-555-5555

( ) -

#### Spoken/Written Languages

No additional language records exist.

9. You will then see a list of your education. If you need to add additional education, you can do so by clicking “Add”.

#### NURSING EDUCATION

Below is a list of your education on record. Please note: If your existing education record states "other" as a designation, please contact [info@crnpei.ca](mailto:info@crnpei.ca) and we will update this for you.

| Designation | Institute | Granted year |
|-------------|-----------|--------------|
|             |           | -            |

| Designation | Institute | Granted year |
|-------------|-----------|--------------|
|             |           |              |

| Designation | Institute | Granted year |
|-------------|-----------|--------------|
|             |           |              |

Add

Click here to add nursing education

10. You will then be asked questions regarding Workforce Information. Post-basic nursing education means education in nursing beyond a diploma.

#### WORKFORCE INFORMATION

Please indicate the employment status you primarily held between **01-Nov-2025 - 31-Oct-2026**. If you held any employment at all between the dates listed, you must select an employment status from the "current employment status" drop-down. This workforce information is remitted to the Canadian Institute of Health Information on an annual basis.

\* Choose your highest level of post-basic nursing education

\* Choose your highest level of non-nursing education

**Note:** Post-basic refers to education beyond a diploma

\* Total years Practicing

\* Current employment status

#### Practice hours

11. You will then see your practice hours for the last two registration years. The hours for 2025/2026 will appear as 0. This is expected as you will enter this information in the next section under Employment.

#### Practice hours

Practice hours for the last 2 registration years will appear below. The hours for 2025/2026 will appear below as 0, however, you will enter this information in the next section under EMPLOYMENT.

| Registration year | Start date | End date   | Hours |
|-------------------|------------|------------|-------|
| 2023/2024         | 2023-11-01 | 2024-10-31 | 0     |
| Registration year | Start date | End date   | Hours |
| 2024/2025         | 2024-11-01 | 2025-10-31 | 2060  |
| Registration year | Start date | End date   | Hours |
| 2025/2026         | 2025-11-01 | 2026-10-31 | 0     |

12. You will now list your employment and practice hours for the 2025/2026 registration year (November 1, 2025-October 31, 2026). It will include your employer that was listed from last year. If you need to make changes to the included employer(s), please click “yes”.

Employment

*\*NOTE: If you were on leave and did not work, you will need to enter 0 for practice hours to proceed.  
Please ensure that you select the closest/most appropriate option from the dropdown menu for "position title", practice scope, and "primary area of practice"*

|                |                          |
|----------------|--------------------------|
| Position title | Contact phone            |
| Other          | -                        |
| Status         | Primary area of practice |
| Full time      | -                        |

Please enter the total practice hours for the employer for the current registration year.  
The number of hours can be 0 but cannot exceed 4000. Keep in mind that a whole number must be used.

\* Practice hours

1950

\* Do you need to make changes to the above employer?

☐ Yes ☐ No

You can also add a new employer by clicking “add” as seen below. When entering information about your employer, please be specific as possible. For example, please say “Prince Edward Home” instead of “Health PEI”. If the employer is not in the list, please enter the name and contact information in the text box.

[Add](#) Click here to add additional employer(s)

You are required to report all nursing employment to PEICNM as part of the registration renewal process.

13. If you hold a registration in any other jurisdictions (for example, CNO), please enter that information next.

14. Please answer the questions regarding being involved with PEICNM. When answered please click on next.

**ADDITIONAL QUESTIONS**

There are several opportunities to become involved with PEICNM. If you are interested in participating, select one or more of the following for future consideration:

Are you interested in volunteering to be a member of the PEICNM Council? ☐ Yes ☒ No

Are you interested in volunteering to be a member of an Investigation Committee or a Hearing Committee? ☐ Yes ☒ No

Are you interested in volunteering in the event of an emergency that requires quick recruitment of qualified RNs, RPNs, and NPs? ☐ Yes ☒ No

15. You will then be asked to evaluate the learning goals you identified during the previous registration year. Your previous goal will be displayed, and you will be asked to reflect on your learning and how it has impacted your nursing practice. For guidance on completing this section, please refer to the Continuing Competency Guidance Document (found [here](#)). Once you have completed your evaluation, select Next to continue.

**GOALS 2025/2026**

Please indicate your goal for 2025/2026

The goal you wrote last year will be shown here.

Why do you want to meet this learning goal? How will this help improve your nursing practice or client outcomes?

The information you wrote last year will be shown here.

What activities are you going to do to achieve this learning goal?

The activities you decided last year will be shown here.

\* Evaluation of 2025/2026 Learning Goal  

You need to evaluate last year's goal and learning here.

16. You will then be asked to create your learning plan for the upcoming registration year. The requirements for the learning plan are explained in detail in the Continuing Competency Guidance Document ([found here](#)). As part of your learning plan, you will first be asked to read the [Indigenous Cultural Safety, Cultural Humility, and Anti-Racism Practice Directive](#). After reflecting on the reading, you will answer the first question. You will then create a learning goal related to your individual nursing practice. Your goal must be aligned with the Standards of Practice. Links to the applicable standards are provided within the renewal form. Once you have completed your learning plan, select Next to continue.

#### LEARNING GOALS 2026/2027

*The required process is outlined in the Continuing Competence Program (CCP) Guidance Document, which can be accessed [here](#). Please review Steps 3 and 4 of the document carefully to ensure you are meeting all CCP requirements.*

*As described in Step 3 of the CCP Guidance Document, you are required to read the Indigenous Cultural Safety, Cultural Humility, and Anti-Racism Practice Directive. It can be accessed [here](#).*

#### GOALS 2026/2027

*Following your review of the practice directive, reflect on the learning you have gained and describe:*

- \* How will this knowledge affect your nursing practice? How do you intend to apply this learning to support safe, competent, and ethical nursing?

*As part of the CCP process, you are required to develop a SMART learning goal. Guidance on creating a SMART goal is provided in Step 4 of the CCP Guidance Document.*

*It must be related to your individual nursing practice and aligned with a specific Standard of Practice. The Standards of Practice can be accessed [here](#) for LPNs, RNs, NPs, and RPNs.*

- \* What is your goal for 2026/2027

- \* What activities are you going to do to achieve this learning goal?



Next

Save for later

17. You will then be asked about professional liability protection with the CNPS. If you completed this step as instructed in step #1, please click on the “Verify” button. This will link your CNPS with your PEICNM profile.

If you did not register for your professional liability protection yet, please do so now.

**Canadian Nurses Protective Society (CNPS) - Professional Liability Protection**

You must obtain PLP directly from the Canadian Nurses Protective Society (CNPS)..

- If you have not already done so, [Click Here](#) to obtain your professional liability protection.

Please click the “verify” button to validate purchase of your professional liability protection. This is a required step. You will not be able to submit this form until your professional liability protection has been validated. If confirmation message does not appear below, please [contact CNPS](#) to have the issue resolved.

Professional liability protection (PLP) is a requirement for registration on all practicing registers in Prince Edward Island.

Confirmation of your professional liability protection coverage will be communicated to the College from CNPS when you [click the 'Verify' button](#).

Verify



18. You will answer the set of declarations next. Please answer yes or no to each question.

**DECLARATIONS**

Are you currently the subject of any complaint, investigation, or other discipline proceeding by any registration/licensing authority?

☐ Yes ☐ No

Have you had conditions and/or restrictions placed on your registration by PEICNM or any other registration/licensing authority in another jurisdiction?

☐ Yes ☐ No

Have you been charged or convicted of an offense under the Criminal Code, the Food & Drug Act, and the Controlled Drugs & Substances Act, or similar legislation within the previous 12 months or that has not previously been reported to PEICNM?

☐ Yes ☐ No

To your knowledge, is there any event, circumstance, or condition concerning your competence, character, capacity or conduct that may impact your registration and ability to practice safely?

☐ Yes ☐ No

19. You will then be asked to complete two declarations. Please read the information provided and acknowledge each declaration by selecting the corresponding checkbox. Once both declarations have been acknowledged, select Submit at the bottom of the page.

**I declare that:**

- I am the person completing this registration renewal.
- The information provided on this form is true and complete.
- I will immediately report to PEICNM should anything occur while registered that would alter my responses to any of the questions contained in this form.
- I understand that information provided by me to PEICNM during registration renewal may be used internally by PEICNM for its regulatory functions.
- I consent to PEICNM verifying information, which may include contacting employers, institutions, or authorities cited in my registration renewal form.
- I have read and understood the Standards for Practice pertaining to my designation.

 ☐ \* I acknowledge and accept the above declaration

**Disclosure of Information**

By completing this renewal form, you are consenting to PEICNM sharing the following information to:

1. The Canadian Institute of Health Information (CIHI)- Registration Number, Registration Status, Education, Employment Information.  
*Only aggregate data is released in CIHI publications. CIHI may disclose record level data to Statistics Canada as required by s.13 of the Statistics Act. CIHI may disclose record level data to the provincial government but only with the consent of PEICNM.*
2. Nursys Canada- Name, Registration Number, Date of Birth, Designation, Conditions/Restrictions, Discipline History, Initial Registration Date, and Current Registration Status.  
*This information is provided to Nursys Canada for the purpose of creating a unique identifier for each nurse registered in Canada. This information is only available to other nursing regulatory bodies in Canada and the US. All information related to Canadian Nursys is stored in Canada.*

PEICNM will disclose personal information without notice only if required to do so by law or if in good faith it believes that such action is necessary to comply with obligations imposed by law.

 ☐ \* I acknowledge and accept the above declaration

**WARNING:** Please make sure that all information entered is accurate before your final submission.



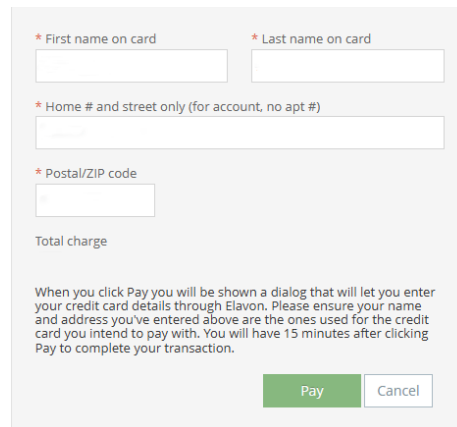
 Submit

Save for later

Withdraw

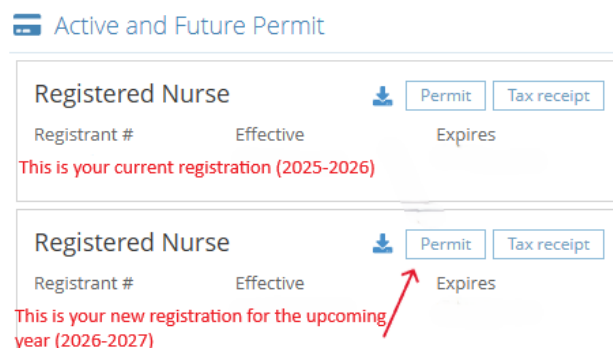
20. The final stage is payment. You will see your invoice. Click “pay”. In certain situations, your registration renewal may not be automatically approved (eg: not enough practice hours, change of email address, employer not listed in the database) so you will not be provided an invoice immediately. PEICNM staff will manually review those renewals and be in touch with you with next steps.

21. You will then be directed to the Elavon to complete your payment. Hit “pay”.



A screenshot of a payment form from Elavon. It contains several input fields: "First name on card", "Last name on card", "Home # and street only (for account, no apt #)", and "Postal/ZIP code". Below these is a "Total charge" section. At the bottom, there is a green "Pay" button and a grey "Cancel" button. A disclaimer text states: "When you click Pay you will be shown a dialog that will let you enter your credit card details through Elavon. Please ensure your name and address you've entered above are the ones used for the credit card you intend to pay with. You will have 15 minutes after clicking Pay to complete your transaction."

22. Once you have paid, you will be given a registration. You will be able to view your proof of registration and tax receipt on your homepage. **Do not click on “verification of registration”.** This is to send a verification to another jurisdiction. Please click on “permit”. Please ensure that you do have an active registration for the 26/27 registration year. If you do not see this on the homepage, please contact PEICNM.



A screenshot of the "Active and Future Permit" section on a website. It displays two registration entries for a "Registered Nurse". The first entry is for the 2025-2026 period, with a red note stating "This is your current registration (2025-2026)". The second entry is for the 2026-2027 period, with a red note stating "This is your new registration for the upcoming year (2026-2027)". Both entries show fields for "Registrant #", "Effective", and "Expires". To the right of each entry are two buttons: "Permit" and "Tax receipt". A red arrow points to the "Permit" button for the 2026-2027 registration.