

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
Board of Registration in Nursing
www.mass.gov/dph/boards/rn

**Instructions and Information for
APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE AUTHORIZATION**

Important Note: To practice as an Advanced Practice Registered Nurse (APRN) in Massachusetts (MA), you must hold a valid, current Registered Nurse (RN) license issued by the MA Board of Registration in Nursing (Board). Temporary licenses are not issued. An APRN may practice only in the clinical category of advanced practice for which the Board has authorized (see application for clinical categories).

APRN Authorization Requirements

[M.G.L. c. 112, s. 80B & 244 CMR 4.00 & 9.04 (1), (2) and (4) & Licensure Policy 00-01]

1. Good moral character, as established by M.G.L. c 112 s. 74 and Board Policy.
2. Current, valid Massachusetts licensure as a Registered Nurse (RN).
3. Graduation from an APRN education program accredited by a Board-recognized national accreditation body.
4. Current advanced practice certification by Board-approved nationally recognized certifying body.
5. Payment of all required fees.

Carefully read the following information and instructions prior to completing the enclosed application.

Instructions for Completing APRN Authorization Application and Fees

The Board has contracted with Professional Credential Services, Inc. (PCS), Nashville, TN, for the processing of applications, verifications, and fees. Once an online application is submitted, all correspondence is by email to the address provided in your application.

Each application for initial, additional or reciprocal authorization must be received by PCS, fully completed, with required documentation, before it will be reviewed. The following documentation must be verified for each application for APRN authorization:

1. Applicant must have current Massachusetts RN license. APRNs seeking reciprocity must apply for and receive Massachusetts RN licensure in addition to applying for APRN authorization. The online licensure applications are available at www.pcshq.com.
2. Verification of certification status sent by a Board approved APRN certification organization directly to PCS at **ATTN: MA Board of Registration in Nursing, C/O MA Nurse Coordinator, Professional Credential Services, P.O. Box 198788, Nashville, TN 37219** or by email to aprn@pcshq.com. The following APRN certifying organizations are accepted by the Board:
 - Nurse Anesthetists: National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA);
 - Nurse Midwives: American Midwifery Certification Board (AMCB);
 - Nurse Practitioners: American Academy of Nurse Practitioners (AANP), American Nurses Credentialing Center (ANCC), National Certification Corporation (NCC), Pediatric Nursing Certification Board (PNCB), American Association of Critical-Care Nurses (AACN);
 - Psychiatric Nurse Mental Health Clinical Specialists: American Nurses Credentialing Center (ANCC);
 - Clinical Nurse Specialists: American Nurses Credentialing Center (ANCC), American Association of Critical-Care Nurses (AACN).
3. Official transcript from the APRN nursing education program the applicant graduated from contained in a sealed envelope sent directly to PCS at **ATTN: MA Board of Registration in Nursing, C/O MA Nurse Coordinator, Professional Credential Services, P.O. Box 198788, Nashville, TN 37219**.

4. If the applicant is currently or has ever been licensed as a nurse (LPN and/or RN and/or APRN) in any state or jurisdiction, verification of licensure status must be completed. PCS will verify your Massachusetts nurse license; for all others you must complete the steps below.
 - For all states which participate in the Nursys License Verification System:
 - Go to www.nursys.com and follow the instructions including paying the necessary fee. Nursys will post your verification online and it will remain available for 90 days.
 - For all states which do not participate in the NURSYS License Verification System:
 - Complete the authorization portion at the top of page 4 of the attached [Verification of Nurse Licensure \(RN/LPN\) form verification](#) and/or page 5 of the attached [Verification of Advanced Practice Registered Nurse Authorization \(APRN\) form](#);
 - Enclose the appropriate verification fee (*contact the Board of Nursing in that state for fee and instructions*); and
 - Submit the form directly to the Board of Nursing in that state (*that board will complete the form and must mail directly to PCS on your behalf*).
5. If you answer “yes” to any questions related to the good moral character licensure requirement, consult the Board’s [Licensure Policy 00-01: Determination of Good Moral Character Compliance](#) and the [Determination of Good Moral Character Compliance Information Sheet](#) at www.mass.gov/dph/boards/rn **before** submitting application. The Board must determine your compliance with this requirement before authorizing APRN practice.
6. Submission of completed online application and fee acknowledges that the applicant understands and agrees to all provisions herein
7. **Important note:** All fees are non-refundable and non-transferable. The application fee must be made by credit card online at the time of application submission.
8. **Retain copies of all information and completed application for future reference.** You will have the opportunity to print your completed online application after submitting payment.

VALOR Act

Active military members and spouses of members of the armed forces of the United States may be eligible for certain provisions of the VALOR Act. For additional information, please go to:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/hcg/dhpl/attention-active-military-military-spouses-and-veteran.html>.

Social Security Number

A United States Social Security Number (SSN) is required. Pursuant to M.G.L. c. 30A, s. 13A, the Massachusetts Board of Registration in Nursing is required to obtain your SSN on behalf of the Massachusetts Department of Revenue (DOR). The DOR will use your SSN to ascertain whether you are in compliance with Massachusetts laws relating to taxes and child support. If you do not have a SSN *and are eligible for one*, you must obtain one and provide it to the Board. In the absence of an SSN, this application will not be processed and the fees will not be refunded nor transferred. For complete SSN information, contact the U.S. Social Security Administration at: 800-772-1213, or www.ssa.gov.

The Board has contracted with PCS in Nashville, TN, for the processing of applications, forms, and fees.

All applications must be completed online at www.pcshq.com
Important note: all fees are non-refundable and non-transferable.


Inquiries should be directed to: customerservice@pcshq.com
toll free at: 1.877.887.9727 or visit <http://www.pcshq.com>

Applications are reviewed only after *all* required documents and fees are received. Authorization is granted based on the applicant's compliance with the above eligibility requirements.

- Your application is active for one year from the date it is received by PCS. All requirements must be completed and all documents must be received while your application is active. Submission of subsequent applications required for incomplete, inaccurate, altered or changed information remain active from the date the original application is received by PCS.
- **Applications with missing or incomplete entries will not be accepted for review and require submission of a new application.**
- Changes in identifying data such as address or name that occur between the time of application submission and receipt of authorization will require submission of a new application. Telephone calls are not accepted for changes
- **PCS has no control over timely submission of documentation.** Once PCS has received your completed application INCLUDING all required application related documents, please allow approximately three (3) business days for the review and authorization process.
- If you are submitting this application within 90 days of the expiration date of your MA RN license, you may have to renew early in order to ensure that the time frame for expiration of your Massachusetts RN license exceeds 90 days. You can renew your RN license anytime within the 90 days prior to the expiration date on line at <http://onlineservices.hhs.state.ma.us/> or by requesting a paper application at renew.bymail@state.ma.us.
- Should your school transcript not readily identify specific APRN clinical category preparation and/or advanced course requirements (graduate level health assessment, pathophysiology and pharmacotherapeutics), you may be requested to obtain additional information from your educational program.
- PCS emails *Letter of Authorization* within one (1) week of approval and submits notification to the Board electronically, then MA Board posts authorization on its website within 3 business days.
- You may **NOT** practice as an APRN until your authorization appears on the Board's website. It is the applicant's responsibility to confirm the authorization as current on the Board's website

Complete checklist below prior to submitting the online application. Your electronic signature attests that you have read and completed all application requirements.

Contact PSC with any questions: 877-887-9727 Web site: <http://www.pcshq.com> E-mail: customerservice@pcshq.com

Check if Complete	Application Checklist	Additional Information
<input type="checkbox"/>	Completed online application. No missing or inaccurate information.	Use "N/A" if a question does not apply.
<input type="checkbox"/>	Correct APRN clinical category selected.	Must match educational program and certification.
<input type="checkbox"/>	MA RN license expiration date exceeds 90 days	If necessary, renew MA RN license to ensure expiration date exceeds 90 days
<input type="checkbox"/>	Nursys contacted for LPN, RN, APRN verification(s)	Fee must be included.
<input type="checkbox"/>	Non-Nursys participating states contacted for LPN, RN, APRN verification(s)	Contact each Board for instructions and fees.
<input type="checkbox"/>	Request transcript from APRN education program	Must be sent to PCS directly from educational program.
<input type="checkbox"/>	Request verification of APRN certification	Must be sent to PCS directly from certifying organization.
<input type="checkbox"/>	If you answer "yes" to any questions related to the good moral character licensure requirements. 	Consult the Board's Licensure Policy 00-01: Determination of Good Moral Character Compliance and follow directions contained in Determination of Good Moral Character Compliance Information Sheet at www.mass.gov/dph/boards/rn before submitting application. The Board must determine your compliance with this requirement before authorizing APRN practice.



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VERIFICATION OF LICENSED PRACTICAL AND/OR REGISTERED NURSE LICENSURE

APPLICANT: COMPLETE THIS SECTION ONLY

I, _____, RN LPN/LVN License Number _____, am applying to the Massachusetts Board of Nursing for licensure by reciprocity. I hereby authorize you to furnish to the Massachusetts Board of Nursing the information requested below.

This is the original state of issue? Yes No

 (Date) (Signature) (Maiden Name)

APPLICANT: DO NOT WRITE BELOW THIS LINE

Applicant Name as Appearing on Original License _____

Applicant Name as Appearing on Current License _____

NURSING EDUCATION

PROGRAM NAME AND LOCATION: _____

_____ **Board Approved: Yes** **No**

Language of Nursing Instruction: _____ **Classroom Instruction** _____ **Course Textbooks** _____ **Clinical Practice** _____

Program: Practical Nurse/Vocational Nurse Registered Nurse Withdrawn from RN program

Type: Certificate Diploma **Degree:** Associate Baccalaureate Entry Level Masters

Month/Year Graduated (or withdrawn, if applicable) _____ **Length of Program** _____

Applicant Registration Number _____ **Date of Original Issue** _____

Current Licensure Status: _____ **Expiration Date** _____

Method of Licensure (Check One): Examination Waiver Reciprocity

Type of Exam: NCLEX SBTPE **Exam Date** _____

Has License Ever Been Disciplined? Yes No (If "Yes", Provide A Certified Copy of All Related Documents.)

Is Applicant Currently Under Investigation? Yes No (If "Yes" Please Explain.)

I certify the above to be a true report for the above-named Nurse according to the records in this office.

Authorized Person Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____ **Jurisdiction:** _____

Affix Board Seal

Mail to:

**Professional Credential Services
 ATTN: MA Nurse Coordinator
 P.O. Box 198788
 Nashville, TN 3721**



The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

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VERIFICATION OF ADVANCED PRACTICE REGISTERED NURSE AUTHORIZATION

APPLICANT: COMPLETE THIS SECTION ONLY

I, _____, [] CNP [] CNM [] CRNA [] PCNS [] CNS License Number _____, am applying to the Massachusetts Board of Nursing for Advanced Practice authorization by reciprocity. I hereby authorize you to furnish to the Massachusetts Board of Nursing the information requested below.

(Date) (Signature) (Maiden Name)

APPLICANT: DO NOT WRITE BELOW THIS LINE

Applicant Name as Appearing on Original License _____

Applicant Name as Appearing on Current License _____

Advance Practice Program _____ Year Graduated _____

Location _____ Board Approved: Yes [] No []

Type of Program _____ Length of Program _____

APRN Registration Number _____ Date of Original Issue _____

Current Licensure Status: _____ Expiration Date _____

Method of Authorization: (Check One) Original [] Waiver [] Reciprocity []

National Certification by: _____ Exam Date: _____

Has License Ever Been Disciplined? Yes [] No [] (If "Yes", Provide A Certified Copy of All Related Documents.)

Is Applicant Currently Under Investigation? Yes [] No [] (If "Yes" Please Explain.)

I certify the above to be a true report for the above-named Nurse according to the records in this office.

Authorized Person Signature: _____ Date: _____

Print Name: _____ Title: _____ Jurisdiction: _____

Affix Board Seal

Mail to:

Professional Credential Services
ATTN: MA Nurse Coordinator
P.O. Box 198788
Nashville, TN 37219