

# The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Division of Health Professions Licensure

Board of Registration in Nursing

[www.mass.gov/dph/boards/rn](http://www.mass.gov/dph/boards/rn)

## **APPLICATION FOR LICENSURE AS A REGISTERED NURSE BY RECIPROCITY** **INFORMATION AND INSTRUCTIONS**

Nurse Licensed in the United States or its Territories

**Important Note:** To practice nursing in Massachusetts, you must hold a valid, current license issued by the Massachusetts Board of Registration in Nursing (Board). Temporary licenses are not issued. Massachusetts is not a member of the Nurse Licensure Compact.

### **Nurse Licensure Requirements**

**[M.G.L. c. 112, §§ 74, 76 and 76B, and Board regulations at 244 CMR 8.00]**

1. Good moral character, as established by the Board.
2. Graduation from a Registered Nurse (RN) education program approved by the Board of Nursing in the state of original licensure. Graduates of a nursing program whose language of instruction or textbooks (classroom instruction and clinical practice) or textbooks was not in English must demonstrate English proficiency as established by the Board.
3. Achievement of a pass score on the National Council Licensure Examination (NCLEX-RN®) or the State Board Test Pool Examination (SBTPE) for Registered Nurses. Nurses who took the State Board examination in Puerto Rico are not eligible for RN licensure by reciprocity. Only RNs licensed in Puerto Rico by NCLEX-RN are eligible in Massachusetts for RN licensure by reciprocity.
4. Licensure as a Registered Nurse by examination in the United States (U.S.), District of Columbia (DC), or U.S. Territory (American Samoa, Guam, Northern Mariana Islands, and U.S. Virgin Islands only).
5. Payment of all required fees.

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

### **Registered Nurses Licensed in Canada Eligible for Reciprocity**

The Board requires graduation from an RN education program approved by the nursing board or corresponding body in the province of Canada where the applicant was licensed as a Registered Nurse by examination (CNATS Examination or CNATS Comprehensive Examination). Applicants who wrote a CNATS exam before August 1, 1995 or the SBTPE must demonstrate achievement of a score as indicated in *one of the following* examinations to be eligible for reciprocity:

- a passing score on the State Board Testing Pool Examination prior to August 1, 1970; **or**
- a score greater than 400 in each component of the CNATS between August 1, 1970 and August 1, 1980; **or**
- a score greater than 400 on the CNATS Comprehensive examination between August 1, 1980 and August 1, 1995\*.

The Board requires evidence of English proficiency if you were a graduate of a nursing education program whose language of instruction (classroom instruction and clinical practice) or textbooks was not English or took the CNATS Examination or the CNATS Comprehensive Examination in French.

Applicants who wrote the CNATS exam *after* August 1, 1995, are not eligible for reciprocity.

### **Registered Nurses Licensed in Canada or Puerto Rico Not Eligible for Reciprocity**

You must apply for RN licensure by examination. First, complete and submit the *Certification of Graduation from a Board Approved Nursing Education Program Located Outside of the United States and the Territories of American Samoa, Guam, Northern Mariana Islands, and U.S. Virgin Islands* **or** *Certification of Graduation from a Board-Approved Nursing Education Program Located in Canada* as applicable to determine if you met the nursing education requirement for RN licensure. This certification application and the separate *Application for Initial Nursing Licensure by Examination Information and Instructions* are available online at [www.pcshq.com](http://www.pcshq.com). Do not use this application for reciprocity.

*If you have written the SBTPE-RN or NCLEX-RN to obtain licensure for another state, U.S. territory (other than Puerto Rico), or District of Columbia, you may use this application.*

### **Application Process for RNs Licensed in the U.S., D.C., or U.S. Territory (Except Puerto Rico)**

The Board has contracted with Professional Credential Services, Inc. (PCS), Nashville, TN, for the processing of applications, verifications, and fees.

#### **Step 1: Application for RN licensure by reciprocity**

- Complete all sections of pages 1, 2, 3, and 4 of the attached application.
- Staple a recent 2" x 2" passport type signed color photo to page 3 of the application.
- Enclose the non-refundable, non-transferable licensure application fee. Payment may be made by Visa, MasterCard, or money order made payable to PCS.
- Submit both **application and payment** to PCS.

#### **Step 2: Provide verification of **all** Advanced Practice and/or RN and/or LPN/LVN licensure in all jurisdictions that you are currently or have ever been licensed**

- For all states which participate in the Nursys License Verification System:
  - Go to [www.nursys.com](http://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 the attached *Verification of Nurse Licensure by Reciprocity* form found on page 5 of this application;
  - Enclose the appropriate verification fee (*contact the Board of Nursing in that state for fee information*);
  - Submit the *Verification of Nurse Licensure by Reciprocity* form and payment directly to the Board of Nursing in that jurisdiction or country (*that board will complete and must mail directly to PCS on your behalf*). Note: The *Verification of Nurse Licensure by Reciprocity* form will expire 6 months from the date of receipt by PCS.
- For nurses who practiced outside of the United States following licensure in any jurisdiction (U.S., D.C., or U.S. Territory) verification of licensure in the country in which you practiced is required.

#### **Step 3: If applicable, demonstrate English proficiency**

Graduates of a nursing program whose language of instruction (classroom instruction and clinical practice) or textbooks was not in English must demonstrate English proficiency as established by the Board. Refer to the Board's English Language Proficiency Policy at <http://www.mass.gov/eohhs/docs/dph/quality/boards/english-proficiency.pdf> for detailed information. Arrange for the exam service to submit the exam results directly to PCS (copies will **not** be accepted).

### **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/hcq/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 Board 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](http://www.ssa.gov).

#### **SUBMIT APPLICATION AND PAYMENT TO:**

**Professional Credential Services**

**ATTN: MA Reciprocity Nursing**

**P. O. Box 198788**

**Nashville, TN 37219**

**For confirmation of receipt by PCS,  
please use certified mail.**

**Inquiries should be directed to:**

[nursebyreciprocity@pcshq.com](mailto:nursebyreciprocity@pcshq.com)

**or toll free at 877-887-9727**

**or visit <http://www.pcshq.com>**

Applications are reviewed only after **all** required documents and fees are received. Licensure is granted based on the applicant's compliance with the above eligibility requirements. A license to practice nursing in the Commonwealth will be mailed to you approximately 21 business days after the application has been approved by PCS on behalf of the Board.

#### **Important licensure renewal information:**

**RN Applicants:** Pursuant to MGL, c. 112, s 74, applicants who are licensed within the 3 month period preceding their birthday on even numbered years will be assigned an expiration date as their birthday on the even numbered year following their next birthday. Those whose birthday falls 3 months or more during an even numbered year in which they are licensed will be required to renew their license during the same year on or before their birthday.

#### **To Avoid Delays in the Processing of Your Nursing License Application, Carefully Read the Following:**

- ☐ Complete all information on pages **1, 2, and 3** of this application, adding N/A if a question does not apply.
- ☐ Review the Board's Licensure Policy 00-01: *Determination of Good Moral Character Compliance* and the *Determination of Good Moral Character Compliance Information Sheet* available at [www.mass.gov/dph/boards/rn](http://www.mass.gov/dph/boards/rn). If applicable, submit all required documentation as directed to the Board. Do not submit documentation related to Good Moral Character compliance to PCS with this application.
- ☐ If applications are incomplete you will receive a discrepancy letter from PCS via mail or e-mail.
- ☐ Notify PCS in writing of any change in address occurring between the time of application submission and receipt of licensure. Include name and address, with the new address. Telephone calls are *not* accepted for address changes. PCS cannot guarantee that an address change can be made before issuing the license.
- ☐ Submission of completed applications and fee acknowledges that the applicant understands and agrees to all provisions herein.
- ☐ Make and keep copies of all information and your completed *Application for Licensure as a Registered Nurse by Reciprocity* for future reference.

**If you have ever held Massachusetts nurse license, DO NOT complete this application. Contact the Board at: [renew.bymail@state.ma.us](mailto:renew.bymail@state.ma.us) to obtain information on renewing your Massachusetts nurse license.**



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## **APPLICATION FOR LICENSURE AS A REGISTERED NURSE BY RECIPROCITY**

Nurse Licensed in the United States or its Territories

### ***For Board use only***

NURSYS by:	Approved by:	License No:
Date:	Date:	Issued:

**Applicant type:** (check only one) ☐ **FIRST TIME** ☐ **EXPIRED** (over 1 year of receipt of original application)

**Legibly print and complete all of the fields USING BLACK INK. Insert N/A if leaving a space blank.**

**U.S. SOCIAL SECURITY NUMBER (SSN):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Mandatory pursuant to G.L. c. 30A, s. 13A; see instructions.

**NAME:** \_\_\_\_\_  
(Last) (First) (Middle) (Maiden /Previous)

**EMAIL ADDRESS:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**ADDRESS OF RECORD:**  
(Mailing address) \_\_\_\_\_  
(No.) (Street) (Apt/Suite/Floor)  
(City) (State or Country) (Zip/Postal Code)

### **NURSING EDUCATION**

**PROGRAM NAME AND LOCATION:** \_\_\_\_\_

**GRADUATION DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Mo) (Yr)

**Language of Nursing Instruction:** \_\_\_\_\_ **Classroom Instruction:** \_\_\_\_\_ **Course Textbooks:** \_\_\_\_\_ **Clinical Practice:** \_\_\_\_\_

**Type of Program:** ☐ **RN Diploma** ☐ **RN Associate Degree**  
☐ **RN Baccalaureate** ☐ **RN Entry-level Masters**

If you are currently or have ever been licensed as Practical/Vocational Nurse or Registered Nurse or an Advance Practice Registered Nurse in the United States, District of Columbia, or U.S. territories, or in another country after licensure in the US or its territories, please arrange for submission of *Licensure Verification Form* (page 5) or register on [www.Nursys.com](http://www.Nursys.com), as applicable, from each jurisdiction (U.S., D.C., or U.S. Territory – EXCEPT Massachusetts) or country. The Licensure Verification Form must indicate the status of your license and any disciplinary action. PCS will verify your Massachusetts license only.

**Provide the following information regarding any nurse license you currently or previously held:**

	JURISDICTION	LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	STATUS
Initial license					

**If necessary, continue on another sheet of paper. Please be sure not to omit any states or licenses. Omissions will delay the processing of your application.**

**QUESTIONS:** If you answer “yes” to any of the following questions, the Board must evaluate your compliance with the Good Moral Character (GMC) licensure requirement. This evaluation must be completed to determine your qualifications for initial licensure in Massachusetts. Prior to submitting this application, review the Board’s Licensure Policy 00-01: *Determination of Good Moral Character Compliance* and the *Determination of Good Moral Character Compliance Information Sheet*. Submit all required documentation to the Board as directed. Failure to answer all questions truthfully may result in a five year exclusion from licensure.

	<b>Answer all questions truthfully and accurately.</b>	<b>YES</b>	<b>NO</b>
1.	Has any disciplinary action ever been taken against you by a professional and/or trade licensing/certification board located in the United States, the District of Columbia, U.S. territory, or any country/foreign jurisdiction, including removal from a long-term care nurse aide registry program?		
2.	Are you the subject of pending disciplinary action by a professional and/or trade licensing/certification board located in the United States, the District of Columbia, U.S. territory, or any country/foreign jurisdiction?		
3.	Have you ever applied for, and been denied, a professional and/or trade license/certification in the United States, the District of Columbia, U.S. territory, or any other country/foreign jurisdiction?		
4.	Have you ever surrendered or resigned a professional and/or trade license/certificate in the United States, the District of Columbia, U.S. territory, or any other country/foreign jurisdiction?		
5.	Have you ever been convicted of a felony or misdemeanor in the United States, the District of Columbia, U.S. territory, or any other country/foreign jurisdiction?		
6.	Are you the subject of any pending or open criminal case (s) or investigation(s), (including for any felony or misdemeanor) in a jurisdiction in the United States, the District of Columbia, U.S. territory, or any country/foreign jurisdiction?		



**If you have answered “yes” to any of the above questions, the Board may deny your application for licensure. Denial of licensure by the Board is considered a disciplinary action and may have consequences before other professional licensing and certifying boards, including any licenses or certifications you may currently hold.**



**If you answered “yes” to question #6, DO NOT submit this application. In accordance with Licensure Policy 00-01: *Determination of Good Moral Character Compliance* the Board will deny licensure if the applicant has failed to fulfill all requirements imposed by a licensure/certification body or if all criminal matters have not been closed for at least one (1) year.**

**Continue to next page.**

**ATTESTATION:** By signing this application for nurse licensure by reciprocity, I certify, under the pains and penalties of perjury, that:

- The information that I have provided in connection with this application is truthful and accurate;
- I understand that the failure to provide truthful and accurate information may be grounds for the Board to deny my nurse licensure in accordance with Massachusetts law and may effect my ability to obtain licensure and/or practice nursing in this or any other jurisdiction in which I am currently licensed or may seek licensure in the future;
- I have read and understand the Board's Licensure Policy 00-01: *Determination of Good Moral Character Compliance* and the *Determination of Good Moral Character Compliance Information Sheet*;
- I understand that this application will expire if the application is incomplete or if any requirements for nurse licensure are not met within one (1) year from the date of the receipt of the application by PCS on behalf of the Board. I also understand that fees are non-refundable and non-transferable; and
- If I am granted nurse licensure by the Board, I will comply with M.G.L. c. 112, §§ 74 through 81C as well as any other laws and regulations (including those at 244 CMR 3.00 through 9.00 related to licensure and practice).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

STAPLE A  
RECENT  
2X2  
PASSPORT TYPE  
SIGNED  
COLOR  
PHOTO HERE  
FACE ONLY

*Mail to:*

**Professional Credential Services  
ATTN: MA Reciprocity Nursing  
P.O. Box 198788  
Nashville, TN 37219**



P.O. Box 198788  
Nashville, TN 37219

**APPLICATION FOR LICENSURE AS A REGISTERED NURSE BY RECIPROCITY**

**Payment Form**

Two payment options are available: Money Order or Credit Card.

Applicant Name: \_\_\_\_\_

Social Security Number (Mandatory): \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**Fees are non-refundable and non-transferable.**

**Licensure by Reciprocity Application Fee: \$275.00**

*Please check form of payment below:*

- ☐ Money Order (*Please ensure the applicant's name is on the payment*)  
If paying by Money Order, please make it payable to "PCS."

***Or***

- ☐ Credit Card

Authorized payment amount: \$ \_\_\_\_\_ Please check one: ☐ Visa ☐ MasterCard

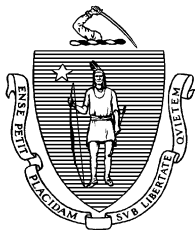
Card Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Exp: \_\_\_\_\_/ \_\_\_\_\_

Print name as it appears on account: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Return this payment form with Application Form. DO NOT staple your payment to this form.**

Note: *This document will be shredded after it has been processed.*



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## **VERIFICATION OF NURSE LICENSURE**

\*This verification will expire 6 months from the date of receipt by PCS.\*

### **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 Reciprocity Nursing  
P.O. Box 198788  
Nashville, TN 37219**