

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
239 Causeway Street, Suite 500, 5th Floor, Boston, MA 02114
617-973-0900

www.mass.gov/dph/boards/rn

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TIMOTHY P. MURRAY
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LAUREN A. SMITH, MD, MPH
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EXECUTIVE DIRECTOR

PRACTICAL NURSE LICENSURE BY RECIPROCITY OR EXAMINATION

Determination of Eligibility for Practical Nurse Reciprocity or to Write the NCLEX-PN by Former RN Student Withdrawn in Good Standing

INSTRUCTION SHEET

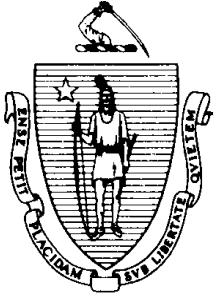
ELIGIBILITY CRITERIA (General Law, Chapter 112, section 74A):

The eligible licensed practical Nurse (LPN) seeking reciprocity or National Council Licensure Examination for Practical Nurses (NCLEX-PN) applicant must complete, at the time of official withdrawal from a professional nursing program (i.e. RN program), a program of study equivalent to that required for graduation from an approved practical nurse program. Practical Nurse program requirements include a minimum of 1080 hours and completion of a minimum of 945 hours in theoretical and clinical nursing practice in medical, surgical, pediatric, and obstetrical, as well as mental health nursing concepts, of which a minimum of 540 hours will be allocated to clinical practice. Both the theoretical and clinical components of a clinical nursing course must be successfully completed at the time of withdrawal. Courses transferred to the professional nursing program from which you withdrew are not considered when determining eligibility.

Board policy requires the course work to have been completed within the five (5) years prior to submitting a completed *Determination of Eligibility for Practical Nurse Licensure by Reciprocity or to write the NCLEX-PN by Former RN Student Withdrawn in Good Standing*.

DIRECTIONS:

1. Applicant completes the *Determination of Eligibility for Practical Nurse Reciprocity or to Write the NCLEX-PN by Former RN Student Withdrawn in Good Standing*.
2. Nursing education program must submit the following documentation:
 - a. Official transcript;
 - b. Attached attestation of:
 - dates student entered and withdrew;
 - verification the student has officially withdrew in good standing;
 - Calculation of theory and clinical clock hours successfully completed by applicant during enrollment (attached); and
 - Statement applicant successfully completed theory and clinical content in medical, surgical, pediatric, obstetrical as well as mental health nursing concepts prior to withdrawal (attached).
3. Mail all documents to: Nursing Education Coordinator, Board of Registration in Nursing, at the above address.



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DETERMINATION OF ELIGIBILITY

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**PRACTICAL NURSE LICENSURE BY RECIPROCITY OR EXAMINATION
 FORMER RN STUDENT WITHDRAWN IN GOOD STANDING**

**Do not use this form if you successfully graduated from a
 Practical Nurse or Registered Nurse education program.**

TYPE OR PRINT IN INK

Applicant Name: _____ Date of Birth: _____

_____	_____	_____	_____
Last	First	Middle Initial	Maiden
Mailing Address:			

_____	_____	_____	_____
Street	Town/City	State	Zip

Telephone: _____ E-mail: _____
 Area Code/Number

Nursing Education Program from which you officially withdrew in good standing:

Address: _____

Type of Registered Nurse program from which you withdrew (check one):

Diploma _____ Associate Degree _____ Baccalaureate _____ Generic MSN _____

Date entered: _____ Date withdrawn: _____

Signature: _____ Date: _____

IMPORTANT NOTE:

Eligibility must be granted before you submit a Practical Nurse licensure by reciprocity or examination application to the Board's testing service, Professional Credential Services, Inc. Ineligible applicants will be so notified in writing. The Board will issue a Certificate of PN Reciprocity Eligibility or NCLEX-PN Eligibility to applicants who meet the requirements at the mailing address provided above. The certificate of eligibility must be attached the Practical Nurse licensure by reciprocity application or to the Practical Nurse licensure by examination application in lieu of graduation certification. All licensure fees are non-refundable.

**PRACTICAL NURSE LICENSURE BY RECIPROCITY OR EXAMINATION
FORMER RN STUDENT WITHDRAWN IN GOOD STANDING**

Requested by: _____
Applicant Name
Date requested

Name of Nursing Education Program: _____

The following is to be completed by the Nursing Education Program. Attach an additional page if necessary.

NURSING COURSES SUCCESSFULLY COMPLETED					
COURSE NUMBER	COURSE TITLE	SPECIFIC COURSE CONTENT	THEORY HOURS	LAB HOURS	CLINICAL HOURS
TOTAL HOURS:					

RELATED NON-NURSING COURSES SUCCESSFULLY COMPLETED				
COURSE NUMBER	COURSE TITLE	SPECIFIC COURSE CONTENT	THEORY HOURS	LAB HOURS
TOTAL HOURS:				

Date Entered Program: _____ Date Withdrawn: _____

The theoretical and clinical components of the clinical nursing course were successfully completed at the time of the applicant's withdrawal. The applicant successfully completed theory and clinical content in medical, surgical, pediatric, obstetrical as well as mental health nursing concepts prior to withdrawal. The applicant was withdrawn from the program in good standing.

Nursing Program Administrator Date

Place school seal here.

Note: An official transcript is required.