

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)

DEVAL L. PATRICK  
GOVERNOR  
TIMOTHY P. MURRAY  
LIEUTENANT GOVERNOR  
JOHN W. POLANOWICZ  
SECRETARY  
CHERYL BARTLETT  
ACTING COMMISSIONER

## CERTIFICATION OF GRADUATION FROM A BOARD-APPROVED NURSING EDUCATION PROGRAM LOCATED IN CANADA

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

**Important Note:** To practice nursing in Massachusetts, you must hold a valid, current license issued by the Massachusetts Board of Registration in Nursing. Temporary licenses are not issued. Nursing practice as a "Graduate Nurse" is illegal in Massachusetts.

### I. General licensure by examination information

**Nurse Licensure Requirements** (M.G.L. chapter 112, sections 74 and 74A, and Board regulations, 244 CMR 8.00)

1. **Registered Nurse (RN):** graduation from an RN education program approved by the Massachusetts Board of Registration in Nursing (Board). **Practical Nurse (PN):** graduation from a Board-approved RN or PN program. Graduates of a nursing education program whose language of instruction and/or textbooks was not English must demonstrate English proficiency; see section II below.
2. Good moral character, as established by the Board.
3. Achievement of a pass score on the National Council Licensure Examination (NCLEX®) for Registered Nurses or Practical Nurses based on type of licensure applied for.
4. Payment of all required fees.

Federal law requires non-US educated health care professionals to successfully complete a screening program before receiving an occupational visa. This screening requires nurses to have earned either an *International Commission on Health Professionals VisaScreen™ Certificate* (applicable to RN licensure only) or have passed the National Council Licensure Examination (NCLEX®). Canadian RNs, previously licensed in Massachusetts by reciprocity of their Canadian RN, are not eligible to apply to the Board to write the NCLEX®-RN.

### II. Education and English proficiency requirements

1. To meet the Board's educational requirements for certification, you must be a graduate of:
  - a senior secondary school education (high school) that is separate from nursing education; and
  - a government-approved, general nursing program that provided theory and clinical education which, in the opinion of the Board, maintains standards substantially the same as those required for approval of a registered nursing education program in Massachusetts *and* which program is approved by the nursing board or corresponding body in the jurisdiction where the program is located.
- **Registered Nurse (RN):** You must be educated and hold licensure in good standing as a "first-level, general" nurse (International Council of Nurses).
- **Practical Nurse (PN):** You must be educated and hold licensure in good standing as a "second-level, general" nurse (International Council of Nurses).
2. Graduates of a nursing education program whose language of nursing education (classroom instruction, course textbooks, and clinical practice) was not English must demonstrate English proficiency before writing the NCLEX®.

### III. Requirements for licensure by examination (NCLEX®)

#### Step 1: Obtain certification of your graduation from a Board-approved nursing education program.

1. Complete the attached *Certification of Graduation from a Board Approved Nursing Education Program Located in Canada* (page 1 & 2) and enclose the \$50 non-refundable, non-transferable administrative processing fee to the Board's credentials review service, Professional Credentialing Services (PCS).
2. Provide supporting documentation.
  - A. Complete **one** of the following:
    - Proof of Graduation from a Board-Approved Nursing Education Program Located in Canada (page 7 & 8)
    - CertiCGFNS<sup>1</sup> Qualifying Examination Certificate with CGFNS emboss (RN licensure only); **or**
    - VisaScreen™ Certificate with International Commission on Health Professions emboss (RN licensure only); **or**
    - CGFNS Credentials Evaluation Services (CES) Report, including both the Nursing and Science Course-by-Course Report and License/Registration validation option, with CGFNS emboss (RN and PN licensure) or a Credential Evaluation Service (CES) Report posted at the CGFNS website for PCS access.
  - B. Complete the Applicant Information section of the Verification of Nurse Licensure by a Canadian Province or Territory (Verification – page 9 & 10), and forward to the licensing authority in all Canadian provinces and/or territories in which you are or have ever been licensed as a LPN/LVN, and/or RN, and/or Advanced Practice nurse.
3. If applicable, demonstrate English proficiency

Have **one** of the following submitted directly to PCS (copies will **not** be accepted):

  - Test of English as a Foreign Language (TOEFL; [www.toefl.org](http://www.toefl.org))
    - Required minimum score: Paper administration: 560; Computer-based: 220; Internet-based: 83; **or**
  - Commission on Graduates of Foreign Nursing Schools (CGFNS; [www.cgfns.org](http://www.cgfns.org)) Qualifying Examination Certificate issued before 7/15/98; **or**
  - Pearson Test of English Academic (PTE Academic; [www.pearsonpte.PTEAcademic.com](http://www.pearsonpte.PTEAcademic.com)): Overall passing standard of 55 with no individual section below 50; **or**
  - International English Language Testing System (IELTS; [www.ielts.org](http://www.ielts.org)): Overall Band Score 6.5 with a minimum of 6.0 all modules; **or**
  - Canadian English Language Benchmark Assessment for Nurses (CELBAN; [www.celban.org](http://www.celban.org)):
    - Speaking CLB 8                      Listening CLB 9
    - Reading CLB 8                      Writing CLB 7

#### Step 2: Apply for licensure by examination (NCLEX®).

1. On receipt of your completed *Certification of Graduation from a Board Approved Nursing Education Program Located in Canada* (including supporting documentation), PCS will certify qualified applicants on behalf of the Board. Qualified applicants will be notified by PCS in writing and will be provided an *Application for Initial Licensure as a Nurse by Examination* information and instruction packet.
  - Ineligible applicants will be notified in writing of criteria for reconsideration.
2. Complete the *Application for Initial Licensure as a Nurse by Examination* in accordance with the instructions.

<sup>1</sup> CGFNS is comprised of the Commission on Graduates of Foreign Nursing Schools, the International Commission on Healthcare Professions and the International Consultants of Delaware  
Revised August 1, 2012

You may submit the required documents outlined in Step 1, above, to PCS with your *Application for Initial Licensure as a Nurse by Examination* available at [www.pcshq.com](http://www.pcshq.com) or by calling PCS at 615-880-4275 or toll-free at 877-U-TRY-PCS.

#### IV. Important information regarding United States Social Security Numbers (SSN)

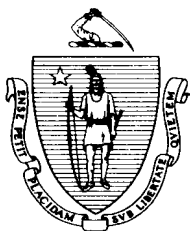
A United States Social Security Number (SSN) is required. Pursuant to M.G.L. c. 30A, s. 13A, the Massachusetts Board of Registration in Nursing is required to obtain your SSN on behalf of the Massachusetts Department of Revenue (DOR). The DOR will use your SSN to ascertain whether you are in compliance 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. If you are not eligible for a SSN, you must complete the Board's **AFFIDAVIT IN SUPPORT OF APPLICATION FOR MASSACHUSETTS NURSE LICENSURE BY EXAMINATION** (page 5) and attach the completed affidavit to the *Certification of Graduation from a Board Approved Nursing Education Program Located in Canada*.

For complete SSN information, contact the U.S. Social Security Administration at 800-772-1213, or [www.ssa.gov](http://www.ssa.gov).

#### **Tips for avoiding delays in Certification processing:**

- ☐ *Certification of Graduation from a Board Approved Nursing Education Located in Canada* deemed incomplete will receive a discrepancy letter via mail or e-mail.
- ☐ The name and addresses used on the *Certification of Graduation from a Board Approved Nursing Education Program Located in Canada* and the *Application for Initial Licensure as a Nurse by Examination Initial Licensure as a Nurse by Examination Application* must match exactly.
- ☐ Notify PCS in writing of any change in address prior to being notified of your certification. Include name, address, Social Security Number, licensure type (RN or PN) and the new address. Telephone calls are not accepted for address changes.
- ☐ Submission of completed *Certification of Graduation from a Board Approved Nursing Education Program Located in Canada* and fee acknowledges that the applicant understands and agrees to all provisions herein.
- ☐ Retain copies of all information and your completed *Certification of Graduation from a Board Approved Nursing Education Located in Canada* for future reference.



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**CERTIFICATION OF GRADUATION FROM A BOARD-APPROVED  
NURSING EDUCATION PROGRAM LOCATED IN CANADA**

**TYPE OR PRINT USING BLACK INK**

**Licensure Type:** *(check only one)* ☐ **REGISTERED NURSE** ☐ **PRACTICAL NURSE**

**UNITED STATES SOCIAL SECURITY NUMBER (SSN) (MANDATORY)** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

**DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **CITY/STATE/COUNTRY of BIRTH:** \_\_\_\_\_

**MOTHER'S MAIDEN NAME:** \_\_\_\_\_

**HEIGHT:** \_\_\_\_ (FT) \_\_\_\_ (IN) **WEIGHT:** \_\_\_\_ (LBS) **EYE COLOR:** \_\_\_\_\_ **GENDER:** FEMALE ☐ MALE ☐

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

**MOST RECENT  
PREVIOUS ADDRESS:** \_\_\_\_\_  
(No.) (Street) (Apt/Suite/Floor)  
\_\_\_\_\_  
(City) (State or Country) (Zip/Postal Code)

**E-MAIL ADDRESS:** \_\_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_-\_\_\_\_-\_\_\_\_

**EDUCATION INFORMATION:**

Name and location of high school from which you graduated: \_\_\_\_\_ Year graduated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and location of basic nursing education program from which you graduated: \_\_\_\_\_ Year graduated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**TYPE OF EVALUATION COMPLETED** (check one):

- ☐ **Certification of Graduation from a Board-Approved Nursing Education Program Located in Canada.**
- ☐ **CGFNS Qualifying Examination.**
- ☐ **International Commission on Health Professionals *VisaScreen*™ .**
- ☐ **CGFNS Credentials Evaluation Services (CES) Report, including both the Nursing and Science Course-by-Course Report and License/Registration validation option.**

**CGFNS Identification Number:** \_\_\_\_\_(if applicable)

**ATTESTATION:** By signing this *Certification of Graduation from a Board Approved Nursing Education Located in Canada* (Certification), I certify, under the pains and penalties of perjury, that:

- I understand that if I have submitted a CGFNS Identification number to the Board, I am allowing access to my evaluation report of certification materials in support of my application for determination of eligibility to write the NCLEX examination to obtain licensure as a nurse in Massachusetts.
- The information that I have provided in connection with this Certification is truthful and accurate;
- I understand that the failure to provide truthful and accurate information may be grounds for the Massachusetts Board of Registration in Nursing (Board) to deny me 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; and
- I understand that this Certification will expire if any requirements are not met within one (1) year from the date of receipt by PCS on behalf of the Board. I also understand that fees are non-refundable and non-transferable.

\_\_\_\_\_  
Signature of person seeking Certification

\_\_\_\_\_  
Date

ATTACH A  
RECENT  
2X2  
COLOR PASSPORT  
PHOTO HERE  
  
FACE ONLY  
  
SIGN PHOTO

*Mail this form, the payment form (page 3), and any other required documents to:*

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

*Questions or Comments, contact PCS at:*

*Toll-free: (877) U-TRY-PCS*

*Web site: <http://www.pcshq.com>*

*Email: [nursebyexam@pcshq.com](mailto:nursebyexam@pcshq.com)*



P.O. Box 198788  
Nashville, TN 37219

**CERTIFICATION OF GRADUATION FROM A BOARD-APPROVED NURSING EDUCATION PROGRAM  
LOCATED IN CANADA**

**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.**

**Certification of Graduation Fee: \$50.00**

*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.**

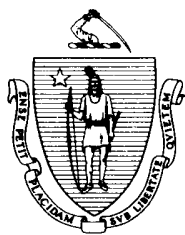
*Note:* *This document will be shredded after it has been processed.*

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239 Causeway Street; Suite 500, 5<sup>th</sup> Floor; Boston, MA 02114  
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**AFFIDAVIT IN SUPPORT OF APPLICATION FOR  
MASSACHUSETTS NURSE LICENCURE BY EXAMINATION**

☐ REGISTERED NURSE    ☐ PRACTICAL NURSE (Please check one)

Full name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden/Previous)

Address: \_\_\_\_\_  
(No.) (Street) (City) (State/Country) (Zip/Postal Code)

Date of Birth: \_\_\_\_\_

1. In accordance with regulations of the Massachusetts Board of Registration in Nursing (Board), I will inform the Board within thirty (30) days of any change in my address.
2. The Board is required by law (MGL c. 30A, s. 13A) to report to the Massachusetts Department of Revenue the Social Security Number of every applicant for a nursing license. In conformance with the Department of Revenue's interpretation of this legal requirement, by signing below I certify that I have not been issued a Social Security Number and that I am ineligible to receive a Social Security Number at this time.
3. As soon as I become eligible, I will apply for a Social Security Number. Immediately upon my receipt of a Social Security Number, I will provide to the Board a copy of my Social Security card, or any other document issued by the Social Security Administration and a notarized *Affidavit to Verify Social Security Number* (available by calling the Board at: 617-973-0900 or 800-414-0168, or faxing a request to: 617-973-0984).
4. I understand that my failure to provide my valid Social Security Number to the Board within ten (10) days of receipt and/or the submission of false information to the Board in connection with this Affidavit shall constitute sufficient grounds for the Board to take disciplinary action against my nursing license.
5. I understand that if I fail to supply my valid Social Security Number to the Board before my Massachusetts nursing license expires, the Board shall not renew my license until I provide my valid Social Security Number and, under such circumstances, I hereby WAIVE my right to renew my license until such time as I have provided my valid Social Security Number to the Board.

**ATTESTATION:** By signing this Affidavit, I certify, under the pains and penalties of perjury, that the information provided herein is truthful and accurate.

\_\_\_\_\_  
Signature of Applicant (Date)

\_\_\_\_\_  
Name of Applicant (Print)

January 2012

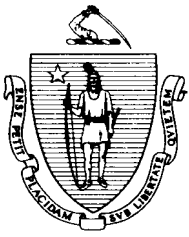


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**PROOF OF GRADUATION FROM A BOARD-APPROVED  
NURSING EDUCATION PROGRAM LOCATED IN CANADA**

**APPLICANT: PLEASE COMPLETE THIS SECTION ONLY (TYPE OR PRINT)**

Applicant name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden/other)

Address of Record \_\_\_\_\_  
(No. and Street) (City) (Province) (Country) (Postal Code)

Telephone \_\_\_\_\_ US SSN \_\_\_\_\_  
(see page iii)

RN/PN Number (if applicable) \_\_\_\_\_

I, \_\_\_\_\_, am applying to the Massachusetts Board of Registration in Nursing for eligibility for licensure. I hereby authorize you to furnish to the Massachusetts Board of Registration in Nursing the information requested below.

\_\_\_\_\_  
(Date) (Signature of applicant) (Province issued)

**NURSING EDUCATION PROGRAM ADMINISTRATOR: PLEASE COMPLETE THIS SECTION**

Name of student while enrolled in the program \_\_\_\_\_

Nursing Education Program \_\_\_\_\_

Address \_\_\_\_\_

Date of Admission (Month/Year): \_\_\_\_\_ Date of Graduation (Month/Year): \_\_\_\_\_

Nursing education program was government-approved at the time of graduation? ☐ Yes ☐ No

Nursing education program is offered at the post-secondary education level? ☐ Yes ☐ No

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

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

Degree Awarded: ☐ Certificate ☐ Diploma ☐ Associate ☐ Baccalaureate ☐ Entry Level Masters

Program type: ☐ First-level general (RN) ☐ Second-level general (LPN) ☐ Other \_\_\_\_\_

***Please continue to next page.***

Subject Area	Theory Hours	Clinical Hours
Care of the Adult-Medical		
Care of the Adult-Surgical		
Maternal/Infant Nursing		
Care of Children		
Psychiatric/Mental Health Nursing		
Gerontology/Geriatric Nursing		

Explanations/Additional Comments (if applicable): \_\_\_\_\_

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

Affix Official Seal

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

Print name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Information: Phone: \_\_\_\_\_

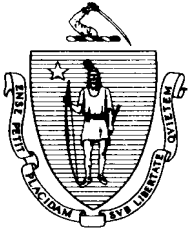
E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Province/Territory: \_\_\_\_\_

*Mail to:*

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



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**VERIFICATION OF NURSE LICENSURE  
BY CANADIAN PROVINCE OR TERRITORY**

**APPLICANT: PLEASE COMPLETE THIS SECTION ONLY (TYPE OR PRINT)**

Applicant name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden/other)

Address of Record \_\_\_\_\_  
(No. and Street) (City) (Province) (Country) (Postal Code)

Telephone \_\_\_\_\_ US SSN \_\_\_\_\_  
(see page iii)

RN/PN Number (if applicable) \_\_\_\_\_

I, \_\_\_\_\_, am applying to the Massachusetts Board of Registration in Nursing for eligibility for licensure. I hereby authorize you to furnish to the Massachusetts Board of Registration in Nursing the information requested below.

\_\_\_\_\_  
(Date) (Signature of applicant) (Province issued)

**PROVINCIAL/TERRITORIAL LICENSING AUTHORITY: PLEASE COMPLETE THIS SECTION**

Licensee's name as appearing on original license \_\_\_\_\_

Licensee's name as appearing on current license \_\_\_\_\_

Nursing education program from which licensee graduated:

\_\_\_\_\_

Address \_\_\_\_\_ Month/Year graduated \_\_\_\_\_  
(City/Town) (Province/Territory)

Nursing education program was government-approved at the time of graduation? ☐ Yes ☐ No

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

Degree Awarded: ☐ Certificate ☐ Diploma ☐ Associate ☐ Baccalaureate ☐ Entry Level Masters

Program type: ☐ First-level general (RN) ☐ Second-level general (LPN) ☐ Other \_\_\_\_\_

***Please continue to next page.***

Method of Licensure (check one):      Date of Licensure Examination: \_\_\_\_\_

☐ Canadian Practical Nurse Registration Examination

☐ Canadian Registered Nurse Exam

☐ Canadian Nurses Association Testing Service (CNATS) Comprehensive Exam      Score: \_\_\_\_\_.

☐ CNATS Exam Series

Scores: Medical \_\_\_\_\_ Psychiatric \_\_\_\_\_ Obstetrics \_\_\_\_\_ Nursing \_\_\_\_\_ Children \_\_\_\_\_

Was the Exam written in English?    ☐ Yes    ☐ No

Licensee's Registration Number \_\_\_\_\_      Date of original issue \_\_\_\_\_

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

Is Licensee 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.***

**Affix Official Seal**

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

Print name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Information: Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Province/Territory: \_\_\_\_\_

Once completed, please return this form to:

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