

ATTENTION: IMPORTANT NEW INFORMATION **REGARDING ENGLISH PROFICIENCY REQUIREMENT**

All Massachusetts nurse licensure applicants by examination and by reciprocity who are graduates of nursing education programs located outside the United States and its territories and whose language of instruction or textbooks, or both, was not English are required to demonstrate English proficiency as a prerequisite to licensure as a Registered Nurse or Licensed Practical Nurse .

Effective November 9, 2011, the Massachusetts Board of Registration in Nursing (Board) has designated the following tests of English proficiency and accepts the corresponding minimum passing scores, except as otherwise provided by statute: .

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

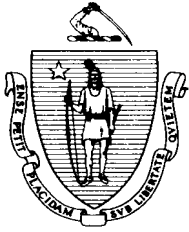
This new information has **not** yet been made to the applicable applications. Therefore, please refer to the above information for guidance on how to meet the Board's current English proficiency requirement.

Questions or Comments, contact PCS at:

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

Web site: www.pcshq.com

Email: nursebyexam@pcshq.com



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

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APPLICATION FOR 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 application and forms.

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.

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.

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 for graduates of nursing education programs located outside the United States and its territories

1. The Board must certify that you are a graduate of an approved basic nursing education program located in Canada:

Registered Nurse (RN): To meet the Board's educational requirements for certification, you must be educated and hold licensure in good standing as a "first-level, general" nurse (International Council of Nurses). To qualify, 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 of at least two years in length that provided theory and clinical education in each of the following: adult medical surgical nursing, maternal/infant nursing, pediatric nursing, and psychiatric/mental health nursing.

Practical Nurse (PN): To meet the Board's educational requirements for certification, you must be educated and hold licensure in good standing as a "second-level, general" nurse (International Council of Nurses). To qualify, 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 in each of the following: adult medical surgical nursing, maternal/infant nursing, and pediatric nursing, as well as theoretical education in mental health nursing.

2. Graduates of a nursing education program whose language of instruction or textbooks, or both, was not English must demonstrate English proficiency before writing the NCLEX. To meet the Board's English proficiency requirement, you must achieve:

- a minimum score of 550 (paper-based examination) or 213 (computer-based examination) or 79/80 (internet-based examination) on the Test of English as a Foreign Language (TOEFL);

or

- a passing score on the English portion of the Commission on Graduates of Foreign Nursing Schools (CGFNS) Qualifying Examination as evidenced by a CGFNS Qualifying Examination Certificate *issued before July 15, 1998*.

III. Applying for licensure by examination (NCLEX): Registered and Practical Nurses Educated and Licensed in Canada

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

1. Complete the attached *Application for Certification of Graduation from a Board Approved Nursing Education Program Located in Canada*. Enclose the \$50 non-refundable, non-transferable administrative processing fee and application to the Board's credentials review service, Professional Credentialing Services (PCS).
2. Provide supporting documentation
 - a. Complete the Applicant Information section of the Verification of Nurse Licensure, and forward to the licensing authority in each Canadian province in which you are a licensed nurse.
 - b. Have one of the following submitted:
 - Certificate of Graduation (form attached)
 - CGFNS Qualifying Examination Certificate with CGFNS emboss (RN licensure only)
 - VisaScreen™ Certificate with International Commission on Health Professions emboss (RN licensure only)
 - CGFNS Credentials Evaluation Report, including both the Nursing and Science Course-by-Course Report and License/Registration validation option, with CGFNS emboss (RN and PN licensure) or CES Report posted at the CGFNS website for PCS access.
3. If applicable, demonstrate English proficiency

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

 - CGFNS Qualifying Examination Certificate issued **before** July 15, 1998
 - *TOEFL Official Score Report*

CGFNS

3600 Market Street, Suite 400
Philadelphia, PA 19104-2651
Phone: (215) 349-8767
Internet: www.cgfns.org

TOEFL

Educational Testing Services
P.O. Box 6151
Princeton, NJ 08541-6151
Phone: (609) 771-7100 www.toefl.org
(MA Board of Nursing TOEFL Code #9229)

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

1. On receipt of your completed *Application for Certification of Graduation from a Board Approved Nursing Education Program Located in Canada* (including supporting documentation), PCS will certify qualified applicants as graduates of nursing education programs located in Canada on behalf of the Board. PCS will notify qualified applicants in writing and provide an *Initial Licensure as a Nurse by Examination Application* packet. (Ineligible applicants will be notified in writing of criteria for reconsideration.)
2. Complete the *Initial Licensure as a Nurse by Examination Application*.

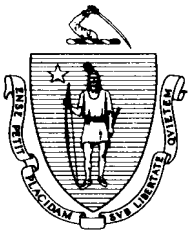
You may submit the required documents outlined in Step 1, above, to PCS with your *Initial Licensure as a Nurse by Examination Application* available at www.pcshq.com or by calling PCS at 615-880-4275 or toll-free at 877-UTRY-PCS.

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 License to Practice as a Registered Nurse and attach the completed affidavit to this application. For complete SSN information, contact the U.S. Social Security Administration at 800-772-1213, or www.ssa.gov.

Tips for avoiding delays in Certification processing:

- ☐ *Application for Certification of Graduation from a Board Approved Nursing Education Program Located in Canada* deemed incomplete will receive a discrepancy letter via mail or e-mail.
- ☐ Names and addresses used on the *Application for Certification of Graduation from a Board Approved Nursing Education Program Located in Canada* and *Initial Licensure as a Nurse by Examination Application* must match exactly.
- ☐ Notify PCS in writing of any change in address prior to issuance of your Certification of Graduation. Include name, address, Social Security Number, licensure type (RN or PN) and the new address. Telephone calls are not accepted for address changes.
- ☐ Review the *Good Moral Character Licensure Requirement Information Sheet* and *NCLEX Administration Accommodations Due to A Disability Information Sheet* (available in application packets distributed to first-time applicants or at www.pcshq.com). If applicable, submit all required documentation as directed.
- ☐ Submission of completed *Application for 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 completed applications for future reference.



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

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**APPLICATION FOR 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 section IV of the 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) (City) (State or Country) (Zip/Postal Code)

MOST RECENT

PREVIOUS ADDRESS _____
(No.) (Street) (City) (State or Country) (Zip/Postal Code)

E-MAIL ADDRESS _____

TELEPHONE NUMBER DAY _____ - _____ - _____ EVENING _____ - _____ - _____

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 INSTRUCTION _____ LANGUAGE OF NURSING TEXTBOOKS _____

If you have ever been licensed as a Practical/Vocational Nurse or Registered Nurse in the United States or its territories, please arrange for submission of Licensure Verification Form or register on www.Nursys.com, as applicable, from each state or jurisdiction (including Massachusetts) in which you are, or have been, licensed as a Practical/Vocational Nurse or Registered Nurse. Form must indicate the status of your license and any disciplinary action.

Please provide the following information regarding any nurse license you currently or previously held:

TERRITORY/ PROVINCE/STATE	PROFESSION	TYPE (license or certificate)	LICENSE NUMBER	DATE ISSUED	STATUS (current or expired)

If necessary, continue on another sheet of paper. Please be sure not to omit any states.

QUESTIONS: If you answer "yes" to any of the following questions, the Board must evaluate your compliance with the good moral character licensure requirements. This evaluation must be completed to determine your qualifications for initial licensure by examination in Massachusetts. Prior to submitting this licensure by examination application, refer to the Board's *Good Moral Character Licensure Requirement Information Sheet* for directions. Review the Information Sheet carefully. Submit all required documentation to the Board as directed.

		YES	NO
1.	Has any disciplinary action ever been taken against you by a professional and/or trade licensing/certification board located in the United States 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 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 or any other country/foreign jurisdiction?		
4.	Have you ever surrendered or resigned a professional and/or trade license/certificate in the United States or any other country/foreign jurisdiction?		
5.	Have you ever been convicted of a felony or misdemeanor in the United States 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 or any country/foreign jurisdiction?		

ATTESTATION: By signing this application for nurse licensure by examination, 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 Massachusetts Board of Registration in Nursing (Board) to deny me nurse licensure in accordance with Massachusetts law;
- I have read and understand the Board's Good Moral Character Licensure Requirement Information Sheet;
- I understand that the Board is certified by the Massachusetts Criminal History Systems Board (CHSB) for access to conviction and pending criminal case data (Agency Code: MABRN G). As an applicant for initial nurse licensure by examination, I understand that a criminal record check **may be** conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information provided in this application pursuant to 803 CMR 3.05 is correct to the best of my knowledge;
- I understand that this application is void if requirements for nurse licensure by examination are not met within one (1) year from the date of Board receipt of the application. 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 the Board regulations at 244 CMR 3.00 – 9.00.

Signature of Applicant

Date

ATTACH A
RECENT
2X2
COLOR PASSPORT
PHOTO HERE

APPLICANT FACE
ONLY

SIGN PHOTO

Mail Application for Licensure to:

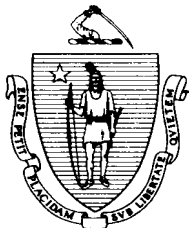
**Professional Credential Services
ATTN: MA Nursing by Exam
P.O. Box 198788
Nashville, TN 37219**

Questions or Comments, contact PCS at:

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

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

Email: nursebyexam@pcshq.com



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Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure
Board of Registration in Nursing
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**CERTIFICATION 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 application information for instructions)

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 applicant _____

Nursing education program _____

Address _____ Telephone _____

Date of admission _____ Date of graduation _____

Language of nursing instruction _____ Language of nursing textbooks _____

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

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

Program offers: ☐ Certificate ☐ Diploma ☐ AD ☐ BSN Program Length _____

Secondary-level (Practical Nurse) **only**: Clock hour allocation in nursing theory _____ nursing clinical _____

Nursing theory included: ☐ Medical ☐ Surgical ☐ Obstetrical ☐ Pediatric ☐ Psychiatric/Mental Health

Nursing clinical included: ☐ Medical ☐ Surgical ☐ Obstetrical ☐ Pediatric ☐ Psychiatric/Mental Health

Affix Official Seal

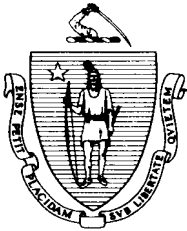
Once completed, please return this form to:

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

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

Signature of authorized person _____

Title _____ Date _____



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

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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 application information for instructions)

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

Canadian licensee's name as appearing on original license _____

Canadian licensee's name as appearing on current license _____

Nursing education program from which Canadian licensee graduated _____

Address _____ Year graduated _____
(Province) (Country)

Type of Program: ☐ Certificate ☐ Diploma ☐ Associate Degree ☐ Baccalaureate Degree

Type of Licensure: ☐ First-level general (Registered Nurse) ☐ Secondary-level general (Practical Nurse)

Licensee's Registration Number _____ Date of original issue _____

Method of Licensure (check one): ☐ Examination ☐ Waiver ☐ Exam Series CNATS Score _____

Score: Medical _____ Psychiatric _____ Obstetrics _____ Nursing _____ Children _____

Was the Exam written in English? ☐ Yes ☐ No (If examination other than above, provide test name and scores on back of this form.)

Has the named nurse ever been disciplined and/or is the nurse currently under investigation? ☐ Yes ☐ No (If yes, provide explanation on back.)

Once completed, please return this form to:

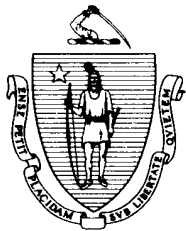
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ATTN: MA Nursing by Exam
P.O. Box 198788
Nashville, TN 37219**

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

Signature of authorized person _____

Title _____ Date _____

Affix Official Seal



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
www.mass.gov/dph/boards/rn

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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, in writing at the address listed above, my valid Social Security Number and a copy of my Social Security card, or any other document issued by the Social Security Administration, as evidence of my Social Security Number.
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)



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.*