

# 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)

## **INSTRUCTIONS AND INFORMATION** **APPLICATION FOR INITIAL NURSE LICENSURE BY EXAMINATION**

**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. Nursing practice as a "Graduate Nurse" is illegal in Massachusetts. Massachusetts is not a member of the Nurse Licensure Compact.

### **Nurse Licensure Requirements**

**[M.G.L. c. 112, s. 74 & 74A, and Board regulations at 244 CMR 8.00]**

1. Good moral character, as established by the Board.
2. **Registered Nurse (RN):** graduation from an RN education program approved by the Board.  
**Practical Nurse (PN):** graduation from a Board-approved RN or PN program.
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.

**Carefully read the following information, application instructions, and the NCLEX Candidate Bulletin prior to completing the enclosed application.**

### **Instructions for Completing the Initial Nurse Licensure by Examination Application**

**Each application for initial licensure must be received by PCS, fully completed and legible, with required documentation, before it will be reviewed.**

1. Complete the Massachusetts nurse licensure by examination application form as directed. Applicants pursuing both an RN and PN license must submit a separate application for each. **ONLY THE APPLICANT CAN COMPLETE THIS APPLICATION.**
2. 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](http://www.mass.gov/dph/boards/rn) before submitting application. The Board must determine your compliance with this requirement before your application can be processed.
3. Recent 2" x 2" passport type color photo signed and stapled to application where indicated.
4. **Certificate of Graduation Status**
  - a. Administrators of nursing education programs located in the U.S. or its territories must certify graduation status as directed.
  - b. Official final transcripts must be submitted directly to PCS from the nursing education program in a sealed envelope to: **ATTN: MA Board of Registration in Nursing, C/O MA Nurse Coordinator, Professional Credential Services, P.O. Box 198788, Nashville, TN 37219.**
  - c. The original submitted Certificate of Graduation from the nursing education program and official final transcripts from schools, colleges and universities will remain on file with PCS.
  - d. Former students in an approved RN program must be determined by the Board as meeting PN education requirements before applying for PN licensure. PN education requirements and the *Determination of Eligibility for Practical Nurse Reciprocity or to Write the NCLEX-PN by Former RN Student Withdrawn in Good Standing* are available at [www.mass.gov/dph/boards/rn](http://www.mass.gov/dph/boards/rn) [click on "Licensing", then "Applications and Other Forms"]. Eligible applicants must attach a Board-issued NCLEX-PN Eligibility certificate to their application for PN licensure by reciprocity.
4. License by examination application fee payment must be made by credit card via the attached form, or money order made payable to "PCS". **No personal checks!**
  - a. First time applicant or applicant with an expired application: \$230.00

- b. Repeat applicant within 1 year of application must submit a new complete application: \$80.00
5. 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.
  - a. 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.
  - b. For all states which do not participate in the NURSYS License Verification System:
    - Complete the authorization portion at the top of page 5 of the attached *Verification of Nurse Licensure* (RN/LPN) form verification and/or page 6 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*).
6. A licensure application will remain current for one (1) year from the date of receipt by Professional Credential Services (PCS) pending completion of all nurse licensure requirements, including achievement of a "Pass" on the NCLEX. Applicants who have a current licensure application (within 1 year of submission to PCS) and who must re-write the NCLEX must submit a new complete application.
7. An application will expire if any requirements for nurse licensure by examination are not met within one (1) year from the date of the receipt of the application by PCS on behalf of the Board. Fees are non-refundable and non-transferable.
8. Notify PCS in writing of any change in address occurring between the time of application submission and receipt of examination results. Include name, address, licensure type (RN/PN) and examination date with the new address. Telephone calls are *not* accepted for address changes. PCS cannot guarantee that an address change can be made before issuing examination results.
9. For information regarding licensing and other nursing questions, consult the Board's frequently asked questions page at <http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/nursing/faq/>.

### **NCLEX Examination Registration**

Register on-line or by telephone with Pearson VUE to write the NCLEX.

- You must register (via telephone or online) with Pearson VUE at the same time you submit your Massachusetts Application for Initial Nurse Licensure by Examination to PCS, the Board's credential review service. Pearson VUE will require you to provide an email address in order for you to register.
- See NCLEX *Candidate Bulletin* for registration directions at [www.vue.com/nclex](http://www.vue.com/nclex).
- **NCLEX ACCOMMODATIONS:** Applicants qualified for protection under Title II, Americans with Disabilities Act, must have NCLEX administration modifications approved by the Board and recommended to the National Council of State Board of Nursing before issuance of your Authorization To Test (ATT). Please review the enclosed *NCLEX Administration Accommodations Due to a Disability Information Sheet*, which includes the *NCLEX Accommodation Request Form*. If you are requesting special examination accommodations, please complete the *NCLEX Accommodation Request Form* and submit to:

Nursing Education Coordinator  
Board of Registration in Nursing  
239 Causeway Street, Suite 500, 5<sup>th</sup> Floor  
Boston, MA 02114

Repeat candidates must submit the *NCLEX Accommodation Request Form* each time they apply for the examination and need administration modifications. The form is available at [www.mass.gov/dph/boards/rn](http://www.mass.gov/dph/boards/rn) [click on "Licensing", then "Applications and Other Forms"].

### **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 of 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).

## **Important licensure renewal information:**

**RN Applicants:** Pursuant to MGL, c. 112, s 74, applicants who are licensed within the three month period preceding their birthday in even numbered years will be assigned an expiration date as their birthday in the even numbered year following their next birthday. Those whose birthday falls three 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.

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

## **Application Submission**

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

### **SUBMIT APPLICATION AND PAYMENT**

**TO: Professional Credential Services  
ATTN: MA Nursing  
P. O. Box 198788  
Nashville, TN 37219  
For confirmation of receipt by PCS,  
\*Please use certified mail.**

Inquiries should be directed to:  
[nursebyexam@pcshq.com](mailto:nursebyexam@pcshq.com)  
or toll free at **1.877.887.9727**  
or visit <http://www.pcshq.com>

**Important note: all fees are non-refundable and non-transferable.**

## **What to Expect After Submitting Completed Forms and Fee:**


- **You will receive an Authorization to Test (ATT)** after: (1) submitting your accurately completed Massachusetts nurse licensure application and fee by US Mail to PCS; and (2) registering and paying fee online or via telephone with Pearson VUE to write the NCLEX. You should receive the ATT via e-mail after payment has been received in approximately 2 business days.
- **Schedule an NCLEX appointment online or by telephone** after receiving your ATT. Candidates must write the NCLEX during the 60 *calendar* day eligibility period. Failure to do so will result in forfeiture of fees and require reapplication.
- **You will receive official NCLEX results** by U.S. Mail only from PCS, Nashville, TN approximately 10 *business* days after writing the NCLEX.
- **Receipt of your nursing license** by U.S. Mail from the Board, Boston, MA will occur approximately 21 *business* days after passing the NCLEX. Your license number will appear on the Board's website approximately 5 *business* days after passing the NCLEX-RN or NCLEX-Pn

**Complete Checklist prior to submitting your application. Your signature on the application attests that you have read and completed all application requirements.**

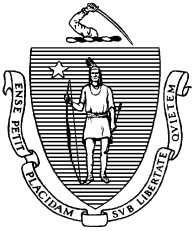
Contact PSC with any questions Toll-free: 877-887-9727

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

E-mail: [nursebyexam@pcshq.com](mailto:nursebyexam@pcshq.com)

Check if Complete	Application Checklist	Additional Information
<input type="checkbox"/>	Completed application is legible. No missing information, cross outs or white outs	Use "N/A" if a question does not apply
<input type="checkbox"/>	If you answer "yes" to any questions related to the good moral character licensure requirements 	Consult the Board's <a href="#">Licensure Policy 00-01: Determination of Good Moral Character Compliance</a> and follow directions contained in <a href="#">Determination of Good Moral Character Compliance Information Sheet</a> at <a href="http://www.mass.gov/dph/boards/rn">www.mass.gov/dph/boards/rn</a> <b>before</b> submitting application. The Board must determine your compliance with this requirement before licensing PN/RN practice.
<input type="checkbox"/>	Correct Licensure Type selected	Must match educational program and indicate First time or Repeat tester
<input type="checkbox"/>	Recent 2" x 2" passport type color photo signed and stapled to application	No tape, glue or clips. Recent photo within previous two years. Photo must be included with each application.
<input type="checkbox"/>	The Certification of Graduation is complete, signed and submitted by the nursing education program directly to PCS.	Proof of Graduations from a Registered Nurse (RN) education program approved by the Board or for Practical Nurse (PN): graduation from a Board-approved RN or PN program must be sent directly from the program to PCS.
<input type="checkbox"/>	Official Final Transcripts have been requested and are to be sent directly to PCS	Official final transcripts must be submitted directly to PCS from the nursing education program in a sealed envelope to ATTN: MA Board of Registration in Nursing, C/O MA Nurse Coordinator, Professional Credential Services, P.O. Box 198788, Nashville, TN 37219.
<input type="checkbox"/>	Only if applicable; Check the box Requesting Accommodations	Review NCLEX Administration Accommodations Due to a Disability Information Sheet. <a href="http://www.mass.gov/eohhs/docs/dph/quality/boards/cs-form03.pdf">http://www.mass.gov/eohhs/docs/dph/quality/boards/cs-form03.pdf</a> .
<input type="checkbox"/>	Name submitted on licensure application and on the NCLEX registration matches accepted form of ID as established by NCSBN / Pearson Vue	The name that you use on your licensure application, on your NCLEX registration and on your acceptable form of identification presented at the NCLEX test center must match exactly; to register <a href="http://www.pearsonvue.com/nclex">www.pearsonvue.com/nclex</a>
<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"/>	Paid the Fees	Enclose the non-refundable, non-transferable licensure application fee. Payment may be made by Visa, MasterCard, or money order made payable to PCS. No Personal Checks
<input type="checkbox"/>	You have made a copy of the application and all other forms for your records	Copies of all information and the completed application is your responsibility

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**APPLICATION FOR INITIAL NURSE LICENSURE BY EXAMINATION**

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

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

**Applicant type:** (check only one) ☐ FIRST TIME  
☐ REPEAT TESTER

**Date of Last Exam** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

**NAME:** \_\_\_\_\_  
(as it appears on legal identification) (First) (Middle) (Last) (Maiden /Previous)

**E-MAIL 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:** \_\_\_\_\_

**PROGRAM CODE:** \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_ See NCLEX Candidate Bulletin at: [www.vue.com/nclex](http://www.vue.com/nclex) for Program Code list.

**TYPE OF PROGRAM:** ☐ PRACTICAL/VOCATIONAL NURSE ☐ RN DIPLOMA ☐ RN ASSOCIATE DEGREE  
(Check one) ☐ RN BACCALAUREATE ☐ RN ENTRY-LEVEL MASTERS

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

☐ Check here only if requesting **NCLEX® Accommodations** (see page ii).

**RN Applicants ONLY:** If you have ever been licensed as a Practical Nurse in any U.S. state, **including Massachusetts**, or any U.S. territory, please list below. You must register on [www.NURSYS.com](http://www.NURSYS.com) or arrange for submission of a Licensure Verification Form, as applicable, for each state or jurisdiction (EXCEPT Massachusetts) in which you are currently, or have ever been, licensed as a Practical Nurse. PCS will verify your Massachusetts license only. The Licensure Verification Form must indicate the status of your license and any disciplinary action.

State	State	License Number	Issue Date	Status
Initial LPN 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**  
Continue to next page.

**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 qualification 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.

1.

	<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 or any country/foreign jurisdiction, including removal from a long-term care nurse aide registry program?		
2.	Are you the subject of an investigation or pending disciplinary action by a professional and/or trade licensing/certification board located in the United States or any country/foreign jurisdiction, including a long-term care nurse aide registry program?		
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?		



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 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 and I completed this application;
- 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 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 an application is active for one year. Submission of subsequent applications required for incomplete, inaccurate, altered or changed information will be active from the date the original application is received by PCS. All requirements must be completed and all documents must be received while your application is active;
- I understand that fees are non-refundable and non-transferable;
- 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);
- I have completed the checklist in the application instructions.

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Signature of Applicant

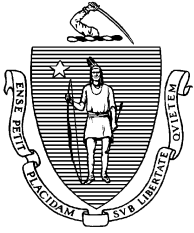
Date

STAPLE A  
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SIGNED  
COLOR  
PHOTO HERE  
FACE ONLY

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



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## **CERTIFICATION OF GRADUATION FROM A NURSING EDUCATION PROGRAM**

*To be completed by Program Administrator (the Registered Nurse designated the administrative authority and responsibility for the nursing education program) for all graduates of nursing education programs located in the U.S. or its territories who are applying for initial licensure by examination in Massachusetts.*

- A Board-issued NCLEX Eligibility Certificate must be attached to the *Application for Initial Nurse Licensure by Examination* by graduates of non-U.S. nursing education programs.
- A Board-issued NCLEX-PN Eligibility Certificate must be attached to the *Application for Initial Nurse Licensure by Examination* for former RN nursing education program students withdrawn in good standing who meet PN curriculum requirements.

I hereby certify that \_\_\_\_\_  
(Applicant's Name)

graduated from \_\_\_\_\_  
(Nursing Education Program)

located \_\_\_\_\_  
(City/ Town) (Zip/Postal Code)

on \_\_\_\_\_. *PN Programs Only: Program Length* \_\_\_\_\_  
(Graduation Date\*)

(\*Graduation means the date the licensure applicant graduated as defined in the policy of the applicant's nursing program.)

**Program Type:** ☐ PRACTICAL/VOCATIONAL NURSE ☐ RN DIPLOMA ☐ RN ASSOCIATE DEGREE  
(Check one) ☐ RN BACCALAUREATE ☐ RN ENTRY-LEVEL MASTERS

The nursing education program was approved by the legal approving authority during the licensure applicant's enrollment. Yes ☐ No ☐

Program Administrator Name & Credentials (Print): \_\_\_\_\_

Official final transcripts from the nursing education program the applicant graduated must be submitted in a sealed envelope 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.**

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Original Signature of Program Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

*Send this form directly to PCS . May not be submitted attached to application.*

**Professional Credential Services** **AFFIX OFFICIAL SEAL OF NURSING EDUCATION PROGRAM ( Must**  
**ATTN: MA Nursing** **be raised / embossed)**

**P.O. Box 198788**  
**Nashville, TN 37219**



P.O. Box 198788  
Nashville, TN 37219

**APPLICATION FOR INITIAL NURSE LICENSURE BY EXAMINATION**

**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.**

**Application Fee:**

**First Time, Expired Application, or Repeat (over 1 year of application) - \$230.00**

**Repeat (within 1 year of application) - \$80.00**

*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.*