



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

DEVAL L. PATRICK
 GOVERNOR
 JOHN W. POLANOWICZ
 SECRETARY
 CHERYL BARTLETT, RN
 COMMISSIONER

**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)