



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

DEVAL L. PATRICK
GOVERNOR
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SECRETARY
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COMMISSIONER

APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE (APRN) AUTHORIZATION

INFORMATION AND INSTRUCTIONS

Important Note: To practice as an APRN in Massachusetts, you must hold current authorization issued by the Massachusetts Board of Registration in Nursing. Temporary authorizations are not issued. An APRN may practice only in the category of advanced practice nursing for which the Board has authorized, (see application for categories).

Advanced Practice Registered Nurse (APRN) Authorization Requirements

[M.G.L. c. 112, s. 80B & 244 CMR 4.13 & 9.04 (1), (2) and (4) & Licensure Policy 00-01]

1. Massachusetts licensure as a Registered Nurse.
2. Graduation from an APRN education program accredited by a Board-recognized national accreditation body
3. Current advanced practice certification by Board-approved nationally recognized certifying body
4. Demonstration of Good Moral Character as established by the policy(ies) of the Massachusetts Board of Registration in Nursing (Board); and
5. Payment of all required fees.

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

Application for APRN Authorization Application and Fees

The Board has contracted with Professional Credential Services, Inc. (PCS), Nashville, TN, for the processing of applications, verifications, and fees.

Each application for initial, additional or reciprocal authorization must be received by PCS, fully completed and legible, with required documentation, before it will be reviewed. The following documentation must be received for each application for APRN authorization prior to review of the application material:

1. Copy of the applicant's valid Massachusetts Registered Nurse license. APRNs seeking reciprocity must apply for and receive Massachusetts RN licensure *prior* to applying for APRN authorization. Licensure applications are available at www.pcshq.com.
2. Copy of the applicant's current advanced practice certification by a national certifying organization. The following APRN certifying organizations are those accepted by the Board:
 - **Nurse Practitioners:** American Academy of Nurse Practitioners (AANP), American Nurses Credentialing Center (ANCC), National Certification Corporation (NCC), Pediatric Nursing Certification Board (PNCB), American Association of Critical-Care Nurses (AACN);
 - **Psychiatric Nurse Mental Health Clinical Specialists:** American Nurses Credentialing Center (ANCC);
 - **Nurse Midwives:** American Midwifery Certification Board (AMCB);
 - **Nurse Anesthetists:** Council on Certification of Nurse Anesthetists (CCNA).Review the Board's website www.mass.gov/dph/boards/rn for additional certifying organizations.
3. Applicant's official transcript contained in a sealed envelope sent directly to PCS by the APRN nursing education program the applicant graduated from.

4. If the applicant is licensed as a nurse (LPN and/or RN) in any other state or jurisdiction, verification of licensure status must be completed. PCS will verify your Massachusetts nurse license only.
 - For all states that are on the NURSYS License Verifications System:
 - Go to 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.
 - For all states **not** on the NURSYS License Verification System:
 - Complete the authorization portion at the top of page 7 of the attached *Verification of Nurse Licensure* form;
 - Enclose the appropriate verification fee (*contact the Board of Nursing in that state for fee information*); and
 - Submit directly to the Board of Nursing in that state (*that board will complete the form and must mail directly to PCS on your behalf*).
5. If the applicant is authorized to practice as an APRN in any other state or jurisdiction, official verification of APRN status from each state or jurisdiction, or both. PCS will verify your Massachusetts authorization only. For each state or jurisdiction:
 - Complete the authorization portion at the top of page 9 of the attached *Verification of Advanced Practice Registered Nurse Authorization* form;
 - Enclose the appropriate verification fee (*contact the Board of Nursing in that state for fee information*); and
 - Submit 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. If you answer “yes” to any questions related to the good moral character licensure requirement, consult the Board’s *Good Moral Character Licensure Requirement Information Sheet* on the PCS website before submitting application. The Board must determine your compliance with this requirement before authorizing APRN practice.
7. **Important note:** All fees are non-refundable and non-transferable. The \$150.00 application fee must be made by credit card or money order via the payment form found on page 5. Personal checks are not accepted.

Social Security Number

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. 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.

SUBMIT APPLICATION, PAYMENT, AND ALL CORRESPONDENCE TO:

**Professional Credential Services, Inc.
ATTN: MA Nurse Coordinator
P. O. Box 198788
Nashville, TN 37219**

Application inquiries should be directed to:
aprn@pcshq.com
or toll free at 877-887-9727

**Applications are reviewed only after *all* required documents and fees are received.
Authorization is granted based on the applicant’s compliance with the above eligibility requirements.**

What to expect after PCS has received your application, required documents, verifications, and fee:

- Once PCS has received your completed application INCLUDING all required application related documents, please allow approximately three (3) business days for the review and authorization process
- PCS mails Letter of Authorization within one (1) week of approval
- At the same time letter is mailed, PCS submits notification to the Board electronically
- MA Board posts authorization on their website within 3 business days of PCS notification

Tips for avoiding delays in application and authorization processing:

- Each application for initial, additional, or reciprocal APRN authorization must be fully and legibly completed, and include all required documentation received by PCS before being evaluated for compliance with APRN authorization requirements. If incomplete, PCS will notify applicant via email, U.S. mail or phone. **Neither PCS or the Board have control over timely submission of information supplied by third parties.**
- Notify PCS in writing of any change in address occurring between the time of application submission and receipt of authorization. Include name, address, Social Security Number, licensure type (APRN) and, if applicable, examination date, along with the new address. Telephone calls are not accepted for address changes. PCS cannot guarantee that an address change can be made before issuing the Letter of Authorization.
- For issues regarding verification of non-Nursys state RN/PN licensure, the applicant must contact the specific state Board of Registration directly. **PCS has no control over timely submission of verification forms.**
- For issues regarding verification of APRN authorization, the applicant must contact the specific state Board of Nursing directly. **PCS has no control over timely submission of verification forms.**
- Review the *Good Moral Character Licensure Requirement Information Sheet* available at www.pcshq.com. If applicable, submit all required documentation as directed.
- Submission of completed applications 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 Board can not issue you a valid APRN authorization if your current Massachusetts RN license is due to expire within 90 days of authorization approval. You may have to renew early in order to ensure that the time frame for expiration of your Massachusetts RN license exceeds 90 days. Contact the Board at: renew.bymail@state.ma.us to obtain information on renewing your Massachusetts nurse license.

Do you currently hold or have you previously held authorization to practice as an APRN in Massachusetts? If YES, indicate the category:

RN/NP

RN/NA

RN/PC

RN/NM

If you are currently or have ever been licensed as Practical/Vocational Nurse or Registered Nurse or an Advance Practice Registered Nurse in the United States, District of Columbia, or U.S. territories, or in another country after licensure in the US or its territories, please arrange for submission of the **Verification of Nurse Licensure** (page 7) or register on www.Nursys.com, as applicable, from each jurisdiction (U.S., D.C., or U.S. Territory – EXCEPT Massachusetts) or country. The Licensure Verification must indicate the status of your license and any disciplinary action. PCS will verify your Massachusetts nurse license only.

Provide the following information regarding any Practical/Vocational Nurse or Registered Nurse license you currently or previously held:

	JURISDICTION	LICENSE TYPE	LICENSE NUMBER	DATE ISSUED	STATUS
Initial license					

If necessary, continue on another sheet of paper. Please be sure not to omit any states or licenses. Omissions will result in your application being returned to you.

If you are currently or have ever been licensed as an Advance Practice Registered Nurse in the United States, District of Columbia, or U.S. territories, or in another country after licensure in the US or its territories, please arrange for submission of the **Verification of Advanced Practice Registered Nurse Authorization** (page 9) or register on www.Nursys.com, as applicable, from each jurisdiction (U.S., D.C., or U.S. Territory – EXCEPT Massachusetts) or country. The Authorization Verification must indicate the status of your authorization and any disciplinary action. PCS will verify your Massachusetts authorization only.

	JURISDICTION	CATEGORY	LICENSE NUMBER	DATE ISSUED	STATUS
Initial Authorization					

The Board can not issue you a valid APRN authorization if your current MA RN license is due to expire within 90 days of authorization approval. You may have to renew early in order to ensure that the time frame for expiration of your MA RN license exceeds 90 days.

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 reciprocity in Massachusetts. Prior to submitting this licensure by reciprocity 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, the District of Columbia, U.S. territory, 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, the District of Columbia, U.S. territory, 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, the District of Columbia, U.S. territory, or any other country/foreign jurisdiction?		
4.	Have you ever surrendered or resigned a professional and/or trade license/certificate in the United States, the District of Columbia, U.S. territory, or any other country/foreign jurisdiction?		
5.	Have you ever been convicted of a felony or misdemeanor in the United States, the District of Columbia, U.S. territory, 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, the District of Columbia, U.S. territory, or any country/foreign jurisdiction?		



If you have answered “Yes” to questions 1 through 5, the Board may deny your application for licensure. Denial of licensure by the Massachusetts Board may have consequences before other professional licensing and certifying boards, including any licenses or certifications you may already currently hold. Please review Board’s Good Moral Character Requirement Information Sheet for further information. **If you have answered “Yes” to question #6, DO NOT submit this Application.** The Board **will deny** any application for licensure submitted before such time as all criminal case(s) or investigation(s) are closed.

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 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 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 will expire if the application is incomplete or 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. I also understand that fees are non-refundable and non-transferable; and
- If I am granted APRN authorization by the Board, I will comply with the Board regulations at 244 CMR 3.00 – 9.00.

Signature of Applicant _____

Date _____

Mail to:

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

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PHOTO HERE

FACE ONLY

SIGN PHOTO

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P.O. Box 198788
Nashville, TN 37219

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Payment Form

Two payment options are available: Money Order or Credit Card.

<p>Applicant Name: _____</p> <p>Social Security Number (Mandatory): _____ - _____ - _____</p>

Fees are non-refundable and non-transferable.

Advanced Practice Authorization Application Fee: \$150.00

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.

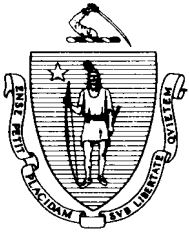
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VERIFICATION OF NURSE LICENSURE

This verification will expire 6 months from the date of receipt by PCS.

APPLICANT: COMPLETE THIS SECTION ONLY

I, _____, RN LPN/LVN License Number _____,
 am applying to the Massachusetts Board of Nursing for licensure by reciprocity. I hereby authorize you to
 furnish to the Massachusetts Board of Nursing the information requested below.

This is the original state of issue? Yes No

 (Date) (Signature) (Maiden Name)

APPLICANT: DO NOT WRITE BELOW THIS LINE.

Applicant Name as Appearing on Original License _____

Applicant Name as Appearing on Current License _____

NURSING EDUCATION

PROGRAM NAME AND LOCATION: _____

_____ **Board Approved: Yes** **No**

Language of Nursing: Classroom _____ **Course** _____ **Clinical** _____
 Instruction _____ Textbooks _____ Practice _____

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

Type: Certificate Diploma **Degree:** Associate Baccalaureate Entry Level Masters

Month/Year Graduated (or withdrawn if applicable) _____ **Length of Program** _____

Applicant Registration Number _____ **Date of Original Issue** _____

Current Licensure Status: _____ **Expiration Date** _____

Method of Licensure (Check One): Examination Waiver Reciprocity

Type of Exam: NCLEX SBTPE **Exam Date** _____

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

Is Applicant 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.

Authorized Person Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____ **Jurisdiction:** _____

Affix Board Seal

Mail to:

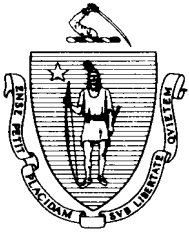
**Professional Credential Services
 ATTN: MA Nurse Coordinator
 P.O. Box 198788
 Nashville, TN 37219**

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**VERIFICATION OF ADVANCED PRACTICE REGISTERED
 NURSE AUTHORIZATION**

This verification will expire 6 months from the date of receipt by PCS.

APPLICANT: COMPLETE THIS SECTION ONLY

I, _____, APRN License Number _____, am applying to the Massachusetts Board of Nursing for Advanced Practice authorization by reciprocity. I hereby authorize you to furnish to the Massachusetts Board of Nursing the information requested below.

 (Date) (Signature) (Maiden Name)

APPLICANT: DO NOT WRITE BELOW THIS LINE.

Applicant Name as Appearing on Original License _____

Applicant Name as Appearing on Current License _____

Advance Practice Program _____ Year Graduated _____

Location _____ Board Approved: Yes No

Type of Program _____ Length of Program _____

APRN Registration Number _____ Date of Original Issue _____

Current Licensure Status: _____ Expiration Date _____

Method of Authorization: (Check One) Original Waiver Reciprocity

National Certification by: _____ Exam Date: _____

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

Is Applicant 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.

Authorized Person Signature: _____ Date: _____

Print Name: _____ Title: _____ Jurisdiction: _____

Affix Board Seal

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 ATTN: MA Nurse Coordinator
 P.O. Box 198788
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