



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/PN

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

APPLICATION FOR LICENSURE AS A LICENSED PRACTICAL NURSE BY RECIPROcity **INFORMATION AND INSTRUCTIONS**

Nurse Licensed in the United States and its Territories

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.

I. General licensure by reciprocity information

Nurse Licensure Requirements (M.G.L. c. 112, s. 74, 76 and 76B, and Board regulations at 244 CMR 8.00)

1. Licensure as a Practical Nurse by examination in the United States (U.S.), District of Columbia (DC), or U.S. Territory (American Samoa, Guam, Northern Mariana Islands, and U.S. Virgin Islands only).
2. Graduation from a Registered Nurse (RN) or Practical Nurse (PN) or Vocational Nurse (VN) education program approved by the Board of Nursing in the state of original licensure. Former students in good standing at an approved professional nursing program who, at the time of withdrawal, had completed a program of study, theory, and clinical practice equivalent to that required for graduation from an approved practical nursing program, must have such program completion certified by the Massachusetts Board of Registration in Nursing (Board). Graduates of a nursing program whose language of education (classroom instruction, course textbooks, clinical practice), was not in English must demonstrate English proficiency;
3. Achievement of a pass score on the National Council Licensure Examination (NCLEX-PN[®]) or the State Board Test Pool Examination (SBTPE) for Practical Nurses. Only PNs licensed in Puerto Rico by NCLEX-PN are eligible in Massachusetts for PN licensure by reciprocity.
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.

Practical/Vocational Nurses Licensed in Puerto Rico or Canada who are not eligible for Reciprocity

To be licensed in Massachusetts, you must apply for determination of eligibility to write the NCLEX[®] examination by submitting the *Certification of Graduation from a Board Approved Nursing Education Program Located Outside of the United States and the Territories of American Samoa, Guam, Northern Mariana Islands, and U.S. Virgin Islands* or *Certification of Graduation from a Board-Approved Nursing Education Program Located in Canada*. This certification and the separate *Application for Initial Nursing Licensure by Examination Information and Instructions* are available online at www.pcshq.com. Do not use this application for reciprocity.

If you have written the NCLEX-PN to obtain licensure for another state, U.S. territory (other than Puerto Rico), or District of Columbia, you may use this application.

II. Application Process for PNs/VNs Licensed in the U.S., D.C., or U.S. Territory (except Puerto Rico)

Step 1: Application for PN licensure by reciprocity

- Complete all sections of pages 1, 2, 3, and 5 of the attached application
- Attach a 2" by 2" color passport photo to page 2 of the application
- Enclose the non-refundable, non-transferable \$275.00 fee (*payment may be made by Visa or MasterCard, or money order made payable to PCS*). Professional Credential Service (PCS) is the Board's credential review service.
- Submit both **application and fee** to Professional Credential Services, Inc.

Step 2: Provide verification of all LPN/LVN, and/or RN, and/or Advanced Practice licensure in all jurisdictions that you are currently or have ever been licensed, as outlined below:

- 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 the attached *Verification of Nurse Licensure by Reciprocity* form found on page 7 of this application;
 - Enclose the appropriate verification fee (*contact the Board of Nursing in that state for fee information*);
 - Submit the *Verification of Nurse Licensure by Reciprocity* directly to the Board of Nursing in that jurisdiction or country (*that board will complete and must mail directly to PCS on your behalf*); and
 - *Verification of Nurse Licensure by Reciprocity* will expire 6 months from the date of receipt by PCS.
- For nurses who practiced outside of the United States following licensure in any jurisdiction, verification of licensure in the country in which you practiced is required.

Step 3: If you are a former RN student who has withdrawn in good standing, you must complete *An Application for Determination of Eligibility for Practical Nurse Reciprocity or to Write the NCLEX-PN® by Former RN Student Withdrawn in Good Standing*. This application is available at the Board's website: www.mass.gov/dph/boards/rn, (click on "Licensing", then "Applications and Forms"). **Eligibility must be granted by the Board prior to applying for PN licensure by reciprocity.**

Step 4: If applicable, demonstrate English proficiency

Applicable only to graduates of nursing education programs whose language of classroom instruction, or course textbooks, or clinical practice **was not** English. 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)
 - Required minimum score: Paper administration: 560; Computer-based: 220; Internet-based: 83; **or**
- Commission on Graduates of Foreign Nursing Schools (CGFNS; www.cgfns.org) Qualifying Examination Certificate issued before 7/15/98; **or**
- Pearson Test of English Academic (PTE Academic; 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): 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):
 - Speaking CLB 8 Listening CLB 9
 - Reading CLB 8 Writing CLB 7

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

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

Applications are reviewed only after **all** required documents and fees are received. Licensure is granted based on the applicant's compliance with the above eligibility requirements. A license to practice nursing in the Commonwealth will be mailed to you approximately 21 business days after the application has been approved by the Massachusetts Board's credential review service, Professional Credential Services (PCS).

Important licensure renewal information:

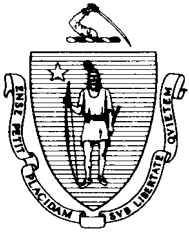
PN Applicants: Pursuant to MGL, c. 112, s 74, applicants who are licensed within the 3 month period preceding their birthday on even numbered years will be assigned an expiration date as their birthday on the even numbered year following their next birthday. Those whose birthday falls 3 months or more 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.

Tips for avoiding delays in application processing:

- All applicants for initial nurse PN licensure by reciprocity must complete pages 1, 2, 3, and 5 of this application.
- Applications deemed incomplete will receive a discrepancy letter via mail or e-mail.
- If you are a former RN student who has withdrawn in good standing, obtain written approval from the Board prior to applying for PN licensure by reciprocity. Attach this approval of eligibility document to the application.
- Notify PCS in writing of any change in address occurring between the time of application submission and receipt of licensure. Include name and address, 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 license.
- Review the *Good Moral Character Licensure Requirement Information Sheet*. If applicable, submit all required documentation as directed directly to the Massachusetts Board of Registration in Nursing. Refer to the Board's *Good Moral Character Licensure Requirement Information Sheet* for detailed instructions.
- Submission of completed applications and fee acknowledges that the applicant understands and agrees to all provisions herein.
- Retain copies of all information and your completed *Application for Licensure as a Licensed Practical Nurse by Reciprocity* for future reference.

If you have ever held Massachusetts nurse license, DO NOT complete this application.

Contact the Board at: renew.bymail@state.ma.us to obtain information on renewing your Massachusetts nurse license.



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APPLICATION FOR LICENSURE AS A LICENSED PRACTICAL NURSE BY RECIPROCITY
 Nurse Licensed in the United States and its Territories

For Board use only

NURSYS by:	Approved by:	License No:
Date:	Date:	Issued:

Applicant type: *(check only one)* **FIRST TIME** **EXPIRED (over 1 year of receipt of original application)**

TYPE OR PRINT USING BLACK INK

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:** ____-____-____

NURSING EDUCATION PROGRAM NAME AND LOCATION: _____

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

Type of Program: PN Associate Degree/Certificate/Diploma Withdrawn from RN Program RN Diploma
 Associate Degree in Nursing Bachelor of Science in Nursing RN Entry-level Masters

Graduation Date: ____/____/____ **If applicable, date withdrawn from an RN Program:** ____/____/____
month year month year

ATTESTATION: By signing this application for nurse licensure by reciprocity, 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: MABPN G). As an applicant for initial nurse licensure by reciprocity, 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 reciprocity 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 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

FACE ONLY

SIGN PHOTO

Mail to:

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

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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.

Applicant Name: _____
Social Security Number (Mandatory): _____ - _____ - _____

Fees are non-refundable and non-transferable.

Licensure by Reciprocity Application Fee: \$275.00

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: _____

RetuPN this payment form with Application Form. DO NOT staple your payment to this form.

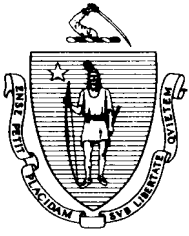
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VERIFICATION OF NURSE LICENSURE BY RECIPROCITY

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 Instruction _____ Course Textbooks _____ Clinical 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 Reciprocity Nursing
 P.O. Box 198788
 Nashville, TN 37219**