

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
(617) 973-0900
www.mass.gov/dph/boards/rn

Documentation Required For Determination of Good Moral Character
Licensure Policy 00-01¹

Note: Required documentation should be sent directly to the Board AFTER submitting a completed application inclusive of fees to PCS. All initial applicants are advised to use U.S. Postal Service Registered Mail when submitting required documentation in order to receive a dated confirmation of receipt by the Board. Telephone confirmation of document receipt is *not* available. Fax transmissions are not accepted.

Where to send required documentation

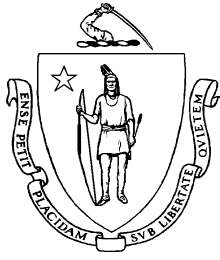
Board of Registration in Nursing c/o GMC Administrative Assistant 239 Causeway Street, Suite 500, 5 th Floor Boston, MA 02114

REQUIRED DOCUMENTATION	WHO MUST SUBMIT	<input checked="" type="checkbox"/>
Massachusetts Criminal Offender Record Information Form signed and completed by initial applicant (see attached).	All initial applicants with a criminal conviction or disciplinary action, or both.	
Certified court record of each criminal conviction, including conviction date, sentence imposed, verification of closure of criminal case with the closure date , sent directly to the Board by the official record depository. <i>(Initial applicant must arrange.)</i>	All initial applicants with criminal convictions outside of Massachusetts.	
Certified record of the final written determination of each disciplinary action, including closure issued by a licensure/certification body against the initial applicant's license. <i>(Initial applicant must arrange.)</i>	All initial applicants requiring GMC compliance evaluation due to disciplinary action.	
Certified record of all documentation related to the denial, voluntary resignation or voluntary surrender of a license issued by a licensure/certification body. <i>(Initial applicant must arrange.)</i>	All initial applicants denied a license by a licensure/certification body, or who resigned or surrendered a license.	
Initial applicant's signed written explanation about each criminal conviction or disciplinary	All initial applicants.	

¹ Most recently revised 3/14/13.

<p>action, or both, including:</p> <ul style="list-style-type: none"> • a description, with dates, of the conviction(s) or disciplinary action(s), or both; • a description of the criminal sentence(s) and court-ordered requirement(s), and/or disciplinary sanction(s) imposed and served with the dates each criminal case or disciplinary action was closed; • a detailed description of the circumstances surrounding each criminal conviction, or disciplinary action, or both; • actions taken by the applicant to prevent the recurrence of conduct underlying each criminal conviction, or disciplinary action, or both; • if the application is for initial licensure <i>by examination</i>: a description of the applicant's participation in extracurricular activities during nursing program enrollment; professional and community activities and professional goals; and • if a criminal conviction, or disciplinary action, or both, <i>involve(s) alcohol or drug use</i>: a detailed description of interventions and support systems currently used by applicant to maintain sustained recovery. <p>This explanation must be typed in business format, addressed to the Board, and include the date written, applicant's full name, address, email address, telephone number and the applicant's signature.</p>	<p>Note: Initial applicants are <i>strongly</i> advised to obtain and review a copy of their record of criminal conviction(s), or disciplinary action(s), or both, to assure that they fully address all matters in their written explanation to the Board.</p>	
<p>Initial applicant's <i>current</i> resume.</p>	<p>All initial applicants.</p>	
<p>Reference from nursing program instructor who has observed the applicant's conduct on a weekly basis. Each reference must be written on academic institution letterhead, be addressed to the Board, and include the date written, length of time and capacity in which the instructor has known the applicant, and the author's signature. <i>Note:</i> Clinical evaluations will not be accepted. <i>(Initial applicant must arrange.)</i></p>	<p>All initial applicants for licensure <i>by examination</i> only.</p>	
<p>Reference from recent or current employment supervisor. Each reference must be originally written on the employer's letterhead, be addressed to the Board, and include the date written, length of time and capacity in which the author has known the applicant, and the author's signature. <i>(Initial applicant must arrange.)</i></p>	<p>All initial applicants.</p>	
<p>Written verification(s) from Probation Officer(s) of the applicant's compliance with all court-ordered stipulations and closure of the applicant's criminal case(s). Each verification must be written on official court letterhead, be</p>	<p>All initial applicants with court-ordered probation.</p>	

addressed to the Board, and include the date written, length of time the Probation Officer has known the applicant, and be signed by the Probation Officer. <i>Note: The Board will not accept copies of the documentation. (Initial applicant must arrange.)</i>		
Certified discharge record(s) from drug and/or alcohol education or treatment program(s), or both. <i>(Initial applicant must arrange.)</i>	All initial applicants discharged from drug and/or alcohol education and treatment programs, or both.	
Written verification from sponsor of the applicant's maintenance of sobriety and active participation in a Twelve-Step Program, including the frequency and duration of applicant's attendance. Each verification must be original, be addressed to the Board, and include the date written, and the author's signature. Sponsor may sign only his or her first name. <i>(Initial applicant must arrange.)</i>	All initial applicants with a history related to or involving alcohol and/or drugs.	



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CRIMINAL OFFENDER RECORD INFORMATION REQUEST FORM

The Massachusetts Board of Registration in Nursing has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for initial nurse licensure by examination or by reciprocity or for Advance Practice Registered Nurse Authorization, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant Signature _____

Date _____

Applicant Information (Please Print)

Check type of application and licensure category (*check those that apply*):

- ☐ Initial Nurse Licensure by Examination (NCLEX) > select one: ☐ Registered Nurse
☐ Licensed Nurse
☐ Initial Nurse Licensure by Reciprocity (hold nurse licensure in another state) >
select one: ☐ Registered Nurse
☐ Licensed Nurse
☐ Initial Advanced Practice Registered Nurse Authorization

Last Name

First Name

Middle Name

Maiden Name or Alias (if applicable)

Place of Birth

Date of Birth

____-____-____
Social Security Number

Mother's Maiden Name

Current Address

Most Recent Previous Address

E-Mail Address _____ Telephone _____

Sex: ____ Height: ____ ft. ____ in. Weight: ____ Eye Color: _____

Signature of CORI Authorized Employee: _____