

The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Bureau of Health Professions Licensure

Board of Registration in Nursing

www.mass.gov/dph/boards/rn

INSTRUCTIONS AND INFORMATION FOR 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 online application.

Instructions for Completing the Initial Nurse Licensure by Examination Application

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

1. Complete the Massachusetts nurse licensure by examination application form online as directed. Applicants pursuing both an RN and PN license must submit a separate application for each. **ONLY THE APPLICANT CAN COMPLETE THE ONLINE 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 before submitting application. The Board must determine your compliance with this requirement before your application can be processed.
3. Recent (within one year) 2" x 2" passport type color photo is required. You can upload your photo on your PCS account page after completing the online application.
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 [click on "Licensing", then "Applications and Other Forms"].

5. License by examination application fee payment must be made by credit card when you submit your online application. First time applicant or applicant with an expired application: \$230.00
 - a. Repeat applicant within (one) 1 year of application must submit a new complete application: \$80.00
6. 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 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 NURSUS License Verification System:
 - Complete the authorization portion at the top of page 5 of the attached *Verification of Nurse Licensure* (RN/LPN) form verification.
 - 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*).
7. 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.
8. 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.
9. 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.
10. 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.
- **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, 5th 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 [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.

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.

All applications must be completed online at www.pcshq.com
Important note: all fees are non-refundable and non-transferable.

Inquiries should be directed to: customerservice@pcshq.com


toll free at **1.877.887.9727**

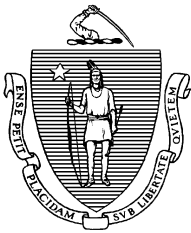
or visit <http://www.pcshq.com>

What to Expect After Submitting Completed Forms and Fee:

- **You will receive an Authorization to Test (ATT)** from Pearson Vue after: (1) submitting your accurately completed Massachusetts nurse licensure application and fee 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 in approximately 4 business days after a complete application has been received.
- **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 and payment. Your electronic signature on the application will attest that you have read and completed all application requirements.

Check if Complete	Application Checklist	Additional Information
<input type="checkbox"/>	Completed online application. No missing or inaccurate information.	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 Licensure Policy 00-01: Determination of Good Moral Character Compliance and follow directions contained in Determination of Good Moral Character Compliance Information Sheet at www.mass.gov/dph/boards/rn before 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 preparation (RN, PN, and APRN) and indicates First time or Repeat tester.
<input type="checkbox"/>	Recent (within one year) 2" x 2" passport type color photo.	Recent photo within previous one year. You must upload your photo to your account page after you have submitted your application. If you do not have a 2X2 passport type photo, you must obtain one as required to compete the application.
<input type="checkbox"/>	<p>US Educated: The Certification of Graduation is completed, signed and submitted by the nursing education program directly to PCS.</p> <p>Non-US Educated: Approved Certification of Graduation from a Board Approved Nursing Education Program Located Outside of the American Samoa, Guam, Northern Mariana Islands and U.S, Virgin Islands</p>	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 Transcript has been requested and are to be sent directly to PCS	Your official final transcript 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. If you have multiple nursing degrees and applying for RN Licensure, please submit your transcript from your first RN nursing diploma/degree program.
<input type="checkbox"/>	Only if applicable; Check the box Requesting Accommodations on the online application.	Review NCLEX Administration Accommodations Due to a Disability Information Sheet. http://www.mass.gov/eohhs/docs/dph/quality/boards/cs-form03.pdf .
<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 www.pearsonvue.com/nclex . Failure to ensure your name is listed correctly may result in a loss of fees.
<input type="checkbox"/>	Nursys contacted for LPN, RN, APRN verification(s), if applicable.	Fee must be included
<input type="checkbox"/>	Non-Nursys participating states contacted for LPN, RN, APRN verification(s), if applicable.	Contact each Board for instructions and fees
<input type="checkbox"/>	Printed copy of the application and keep up with all form of my records.	Copies of all information and the completed application is your responsibility. You will have the opportunity to print your completed online application after submitting payment.



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CERTIFICATION OF GRADUATION FROM AN APPROVED NURSING EDUCATION PROGRAM

To be completed by Program Administrator (the Registered Nurse designated the administrative authority and responsibility for the nursing education program) for each graduate of an approved nursing education program located in the U.S. or its territories, excluding Puerto Rico, who is 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) First Middle Last

graduated from _____
(Nursing Education Program)

located _____
(City/ Town) (Zip/Postal Code)

Date of Graduation* _____ Date Degree or Certificate conferred/awarded _____

(*244 CMR 8. 01; Graduation means the date the applicant graduated from a nursing education program as defined in the policy of the applicant's nursing education program).

PN Programs only Program Length: _____

Program Type PRACTICAL/VOCATIONAL NURSE RN DIPLOMA RN ASSOCIATE DEGREE
Check one * RN BACCALAUREATE RN ENTRY-LEVEL MASTERS
(Type of degree or certificate to be conferred or awarded).

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

Program Administrator Name & Credentials (Print): _____

Telephone Number: _____ E-mail: _____

Original Signature of Program Administrator: _____ Date: _____

Send this form with the official final transcript, that is in a sealed envelope from the nursing education program the applicant graduated and submit directly to PCS at

Professional Credential Services
ATN: MA Board of Registration in Nursing
C/O MA Nurse Coordinator
P.O. Box 198788,
Nashville, TN 37219.

AFFIX OFFICIAL SEAL OF NURSING
EDUCATION PROGRAM (Must be raised /
embossed)