# 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

## 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 (Board). Temporary licenses are not issued.

### Nurse Licensure Requirements

**[M.G.L. c. 112, s. 74, 76 and 76B, and Board regulations at 244 CMR 8.00]**

1. Good moral character, as established by the Board.
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. 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. 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).
5. Payment of all required fees.

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

### 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.*

### 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 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.

**Application Process for PNs/VNs Licensed in the U.S., D.C., or U.S. Territory (Except Puerto Rico)**
The Board has contracted with Professional Credential Services, Inc. (PCS), Nashville, TN, for the processing of applications, verifications, and fees.

Step 1: Application for PN licensure by reciprocity
- Complete all sections of pages 1, 2, 3, and 4 of the attached application.
- Attach a 2" by 2" color passport photo to page 3 of the application.
- Enclose the non-refundable, non-transferable $275.00 fee. Payment may be made by Visa, MasterCard, or money order made payable to PCS.
- Submit both **application and payment** to PCS.

Step 2: Provide verification of **all** Advanced Practice and/or RN and/or LPN/LVN licensure in all jurisdictions that you are currently or have ever been licensed
- For all states that are on 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.
- 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 5 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* form and payment directly to the Board of Nursing in that jurisdiction or country (*that board will complete and must mail directly to PCS on your behalf*). Note: The *Verification of Nurse Licensure by Reciprocity* form 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 (U.S., D.C., or U.S. Territory) 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 at: 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 education (classroom instruction, course textbooks, clinical practice) was **not** in 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 |

**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 Processing Delays:**

- ☐ All applicants must complete pages 1, 2, 3, and 4 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 Board's Licensure Policy 00-01: *Determination of Good Moral Character Compliance* and the *Determination of Good Moral Character Compliance Information Sheet* available at www.mass.gov/dph/boards/rn. If applicable, submit all required documentation as directed to the Board. Do not submit documentation related to Good Moral Character compliance to PCS with this application.
- ☐ 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:<br><br>Date: | Approved by:<br><br>Date: | License No:<br><br>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

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 or its territories, or in another country after licensure in the US or its territories, please arrange for submission of *Licensure Verification Form* (page 5) or register on www.Nursys.com, as applicable, from each jurisdiction or country (EXCEPT Massachusetts). The Licensure Verification Form must indicate the status of your license and any disciplinary action. PCS will verify your Massachusetts license only.

**Provide the following information regarding *any* nurse license you currently or previously held:**

| | JURISDICTION | LICENSE TYPE | LICENSE NUMBER | DATE ISSUED | STATUS |
|---|---|---|---|---|---|
| **Initial license** | | | | | |
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**If necessary, continue on another sheet of paper. Please be sure not to omit any states or licenses. *Omissions will delay the processing of your application.***

**QUESTIONS:** If you answer "yes" to any of the following questions, the Board must evaluate your compliance with the Good Moral Character licensure requirement. This evaluation must be completed to determine your qualifications for initial licensure by reciprocity in Massachusetts. Prior to submitting this application, review the Board's Licensure Policy 00-01: *Determination of Good Moral Character Compliance* and the *Determination of Good Moral Character Compliance Information Sheet*. 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 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 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 or any other country/foreign jurisdiction? | | |
| 4. | Have you ever surrendered or resigned a professional and/or trade license/certificate in the United States or any other country/foreign jurisdiction? | | |
| 5. | Have you ever been convicted of a felony or misdemeanor in the United States 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 or any country/foreign jurisdiction? | | |


If you have answered "Yes" to any of the above questions, 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.

**If you have answered "Yes" to question #6, DO NOT submit this application. The Board will deny an application for GMC compliance if the applicant has failed to fulfill all requirements imposed by a licensure/certification body or if all criminal matters have not been closed for at least one (1) 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 Licensure Policy 00-01: *Determination of Good Moral Character Compliance* and the *Determination of Good Moral Character Compliance Information Sheet*;
- I understand that this application will expire if the application is incomplete or if any requirements for nurse licensure 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 M.G.L. c. 112, §§ 74 through 81C as well as any other laws and regulations (including those at 244 CMR 3.00 through 9.00 related to licensure and practice).

ATTACH A
RECENT
2X2
COLOR PASSPORT
PHOTO HERE

FACE ONLY

SIGN PHOTO

_____
Signature of Applicant

_____
Date

*Mail to:*

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

PROFESSIONAL CREDENTIAL SERVICES, INC.

P.O. Box 198788
Nashville, TN 37219

## APPLICATION FOR LICENSURE AS A REGISTERED NURSE BY RECIPROCITY

# 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: _____

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

*Note: This document will be shredded after it has been processed.*

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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**