



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

INFORMATION AND INSTRUCTIONS

APPLICATION FOR LICENSURE AS A REGISTERED NURSE BY RECIPROCITY

Nurse Licensed in the United States or 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. Massachusetts is not a member of the Nurse Licensure Compact.

Nurse Licensure Requirements

[M.G.L. c. 112, §§ 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) education program approved by the Board of Nursing. Graduates of a nursing program whose language of instruction (classroom instruction and clinical practice) or textbooks or both was not in English must demonstrate English proficiency as established by the Board.
3. Achievement of a pass score on the National Council Licensure Examination (NCLEX-RN®) written in English or the State Board Test Pool Examination (SBTPE) for Registered Nurses. Nurses who took the State Board examination in Puerto Rico are not eligible for RN licensure by reciprocity. Only RNs licensed in Puerto Rico by NCLEX-RN are eligible in Massachusetts for RN licensure by reciprocity.
4. Licensure as a Registered 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 application instructions prior to completing the online application and submitting required fees.

Registered Nurses Licensed in Canada Eligible for Reciprocity

The Board requires graduation from an RN education program approved by the nursing board or corresponding body in the province of Canada where the applicant was licensed as a Registered Nurse by examination (CNATS Examination or CNATS Comprehensive Examination). Applicants who wrote a CNATS exam before August 1, 1995 or the SBTPE must demonstrate achievement of a score as indicated in *one of the following* examinations to be eligible for reciprocity:

- a passing score on the State Board Testing Pool Examination prior to August 1, 1970; **or**
- a score greater than 400 in each component of the CNATS between August 1, 1970 and August 1, 1980; **or**
- a score greater than 400 on CNATS Comprehensive examination between August 1, 1980 and August 1, 1995*.

The Board requires evidence of English proficiency if you were a graduate of a nursing education program whose language of instruction (classroom instruction and clinical practice) or textbooks was not in English or took the CNATS Examination or CNATS Comprehensive Examination in French.

Applicants who wrote CNATS exam *after* August 1, 1995, are not eligible for reciprocity.

Registered Nurses Licensed in Canada or Puerto Rico Not Eligible for Reciprocity

You must apply for RN licensure by examination. First, complete and submit 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* as applicable to determine if you met the nursing education requirement for RN licensure. This certification application and the separate *Application for Initial Nursing Licensure by Examination Information and Instructions* are available online at www.pcshq.com. Do not use the online application for reciprocity.

All other Non US Educated Registered Nurses Licensed in the US, DC, or US Territories except Puerto Rico must complete one of the following:

- CGFNS² Qualifying Examination Certificate with CGFNS emboss (RN licensure only); **or**
- VisaScreen Certificate with International Commission on Health Professions emboss (RN licensure only); **or**
- CGFNS Credentials Evaluation Services (CES) Report, including both the Nursing and Science Course-by-Course Report and License/Registration validation option, with CGFNS emboss (RN and PN licensure) or a Credential Evaluation Service (CES) Report posted at the CGFNS website for PCS access.

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

Instructions for Completing the RN Reciprocity Application for RNs Licensed in the U.S., D.C., or U.S. Territory (Except Puerto Rico)

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

1. Complete the Massachusetts nurse licensure for Registered Nurse (RN) by reciprocity online application as directed. Applicants pursuing both an RN and PN license must submit a separate application for each. **ONLY THE APPLICANT CAN COMPLETE THE APPLICATION.**
2. If you answer “yes” to any questions related to the good moral character licensure requirement in the online application, you must 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 the application and fees. PCS will forward the application directly to the Board for further review of GMC compliance. The Board must determine your compliance with this requirement before your application can be processed.
3. Have a recent 2” x 2” passport type color photo signed and ready to upload to your PCS account upon submitting your online application.
4. Official final transcripts must be submitted directly to PCS from the nursing education program you graduated from 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.**
5. The CGFNS evaluation report of foreign nursing education credentials must be available to PCS.
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 and/or page 6 of the attached *Verification of Advanced Practice Registered Nurse Authorization* (APRN) form;
 - 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*).
 - c. For nurses who practiced outside of the United States following licensure in any jurisdiction (U.S., D.C., or Territory) verification of licensure in the country in which you practiced is required.
7. If applicable, demonstrate English proficiency. Graduates of a nursing program whose language of instruction (classroom instruction and clinical practice) or textbooks was not in English must demonstrate English proficiency as established by the Board. Refer to the Board’s English Language Proficiency Policy at <http://www.mass.gov/eohhs/docs/dph/quality/boards/english-proficiency.pdf> for detailed information. Arrange for the exam service to submit the exam results directly to PCS (copies

- will **not** be accepted).
8. 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
 9. An application will expire 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. Fees are non-refundable and non-transferable.
 10. 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.
 11. 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/>.

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 Submission

The Board has contracted with PCS in Nashville, TN, for the processing of applications, forms, and fees.

Inquiries should be directed to: nursebyreciprocity@pcshq.com

or toll free at 877-887-9727

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


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 PCS on behalf of the Board.

Important licensure renewal information:

RN 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.

If you have ever held Massachusetts nurse license, DO NOT submit an application. Contact the Board at: renew.bymail@state.ma.us to obtain information on renewing your Massachusetts nurse license.

You will be asked to complete an online version of the checklist below during the application process. Your electronic signature on the online application will attest that you have read and completed all application requirements.

Check if Complete	Application Checklist	Additional Information
<input type="checkbox"/>	Complete application with no missing 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 RN practice.
<input type="checkbox"/>	Upload a recent 2" x 2" passport type color signed photo to your PCS account page	Must be a recent photo within previous two years. A new photo must be uploaded with each application.
<input type="checkbox"/>	Official final transcripts from RN education program has been requested	Official final transcripts sent directly from the nursing education program the applicant graduated from in a sealed envelope to PCS at ATTN: MA Board of Registration in Nursing, C/O MA Nurse Coordinator, Professional Credential Services, P.O. Box 198788, Nashville, TN 37219.
<input type="checkbox"/>	Nursys contacted for LPN, RN, APRN verification(s)	Fee must be included
<input type="checkbox"/>	Non-Nursys participating states contacted for LPN, RN, APRN verification(s)	Contact each Board for instructions and fees
<input type="checkbox"/>	Non US educated nurses licensed in another jurisdiction must complete the CGFNS process	The CGFNS evaluation report of foreign nursing education credentials must be available to PCS



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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 Instruction: _____ 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