

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](http://www.mass.gov/dph/boards/rn)

DEVAL PATRICK  
GOVERNOR  
TIMOTHY P MURRAY  
LIEUTENANT GOVERNOR  
JUDYANN BIGBY, MD  
SECRETARY  
JOHN AUERBACH  
COMMISSIONER  
RULA HARB  
EXECUTIVE DIRECTOR

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

**I. General licensure by reciprocity information**

**Nurse Licensure Requirements (M.G.L. c. 112, s. 74, 76 and 76B, and 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 Marianna Islands, and U.S. Virgin Islands only).
2. Graduation from a Registered Nurse (RN) or Practical Nurse (PN) education program approved by the Board of Nursing in the state of original licensure or official withdrawal in good standing from a Board-approved RN program. 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 education program whose language of instruction, or textbooks, or both, was not in English must demonstrate English proficiency;
3. Achievement of a pass score on the National Council Licensure Examination (NCLEX-PN<sup>®</sup>) or the State Board Test Pool Examination (SBTPE) for Practical Nurses;
4. Good moral character as established by the Board;
5. Payment of all required fees.

**Important Note:** To practice nursing in Massachusetts, you must hold a valid, current license issued by the Board. Temporary licenses are not issued.

**II. Application Process for PNs/VNs Licensed in the U.S., D.C., or U.S. Territory**

**Step 1: Application for PN licensure by reciprocity**

- Complete all sections of pages 1 & 2 of the attached application
- Attach a 2" by 2" color **passport photo only** to 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 Services (PCS) is the Board's credentials review service.
- Submit both **application and fee** to:  
Professional Credential Services, Inc.  
ATTN: MA Reciprocity Nursing  
P.O. Box 198788  
Nashville, TN 37219

**Step 2: Provide verification of your LPN licensure as outlined below:**

- For all states that are on the Nursys License Verifications System:
  - Go to [www.nursys.com](http://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 page 3 of the attached license verification form;
  - Enclose the appropriate verification fee (*contact the Board of Nursing in that state for fee information*); and
  - Submit directly to the Board of Nursing in that state (*that board will complete and must mail directly to PCS on your behalf*)

Step 3: If you are a former RN student who as 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](http://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 instruction, or textbooks, or both **was not** English. To meet the English proficiency requirement, you must achieve:

- a minimum score of 550 (paper-based examination) or 213 (computer-based examination) or 79/80 (internet-based examination) on the Test of English as a Foreign Language (TOEFL); **or**
- a passing score on the English portion of the CGFNS Qualifying Examination as evidenced by a CGFNS Qualifying Examination Certificate *issued before July 15, 1998*.

**CGFNS**

3600 Market Street, Suite 400  
Philadelphia, PA 19104-2651  
Phone: (215) 349-8767  
Internet: [www.cgfns.org](http://www.cgfns.org)

**TOEFL**

Educational Testing Services  
P.O. Box 6151  
Princeton, NJ 08541-6151  
Phone: (609) 771-7100 [www.toefl.org](http://www.toefl.org)  
(MA Board of Nursing TOEFL Code **#9229**)

**Licensed Practical Nurses licensed in Puerto Rico**

Nurses who took the State Board examination in Puerto Rico are not eligible for LPN licensure by reciprocity. To be licensed in Massachusetts, you must apply for determination of eligibility to write the NCLEX examination by submitting the *Application for Certification of Graduation From A Board-Approved Nursing Education Program Located in Puerto Rico*. This application and the separate *Application for Initial Nursing Licensure By Examination Information and Instructions* are available online at [www.pcshq.com](http://www.pcshq.com). Only LPNs licensed in Puerto Rico by NCLEX-PN® are eligible in Massachusetts for LPN licensure by reciprocity.

**Licensed Practical Nurses licensed in Canada**

- If you have taken the NCLEX-PN® in another state (other than PR; see above), you may use this application packet.
- If you were licensed in another state and a graduate of a nursing education program located in Canada, but have NOT taken the NCLEX-PN®, DO NOT complete this application. To be licensed in Massachusetts, you must apply for *Certification of Graduation From A Board-Approved Nursing Education Program Located in Canada* available online at [www.pcshq.com](http://www.pcshq.com).

**Social Security Number**

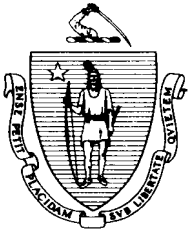
A United States Social Security Number (SSN) is required. Pursuant to M.G.L. c. 30A, s. 13A, the Massachusetts Board of Registration in Nursing is required to obtain your SSN on behalf of the Massachusetts Department of Revenue (DOR). The DOR will use your SSN to ascertain whether you are in compliance 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, your application will not be processed. For complete SSN information, contact the U.S. Social Security Administration at 800-772-1213, or [www.ssa.gov](http://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](mailto:nursebyreciprocity@pcshq.com)  
**or toll free at 877-887-9727**

Applications are reviewed only after **all** required forms 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).



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](http://www.mass.gov/dph/boards/rn)

DEVAL PATRICK  
GOVERNOR  
 TIMOTHY P MURRAY  
LIEUTENANT GOVERNOR  
 JUDYANN BIGBY, MD  
SECRETARY  
 JOHN AUERBACH  
COMMISSIONER  
 RULA HARB  
EXECUTIVE DIRECTOR

**APPLICATION FOR LICENSURE AS A  
 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:

If you have ever held Massachusetts licensure as an LPN, **DO NOT** complete this application; instead contact the Board for renewal information.

**TYPE OR PRINT USING BLACK INK**

**UNITED STATES SOCIAL SECURITY NUMBER (SSN) (MANDATORY)** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Pursuant to G.L. c. 30A, s. 13A; see instructions.

**NAME** \_\_\_\_\_  
 (First) (Middle) (Last) (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) (City) (State or Country) (Zip/Postal Code)

Apt / Suite / Floor: \_\_\_\_\_

**MOST RECENT PREVIOUS ADDRESS**  
 (Do not leave blank) \_\_\_\_\_  
 (No.) (Street) (City) (State or Country) (Zip/Postal Code)

**E-MAIL ADDRESS** \_\_\_\_\_

**TELEPHONE NUMBER DAY** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **EVENING** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**NURSING EDUCATION PROGRAM NAME AND LOCATION:** \_\_\_\_\_

**LANGUAGE OF NURSING INSTRUCTION** \_\_\_\_\_ **LANGUAGE OF NURSING TEXTBOOKS** \_\_\_\_\_

**GRADUATION DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_ **DEGREE EARNED:**  LPN/LVN [Diploma/Certificate/Degree]  
 month year  RN WITHDRAWAL  
 Other (Specify): \_\_\_\_\_

If you have ever been licensed as a Practical Nurse in the United States or its territories, please arrange for submission of Licensure Verification Form or register on [www.Nursys.com](http://www.Nursys.com), as applicable, from each state or jurisdiction (including Massachusetts) in which you are, or have been, licensed as a Practical Nurse. Form must indicate the status of your license and any disciplinary action.

Please provide the following information regarding any nurse license you currently or previously held:

	STATE	PROFESSION (RN or LPN/LVN)	LICENSE NUMBER	DATE ISSUED	STATUS (current or expired)
Initial license					

If necessary, continue on another sheet of paper. Please be sure not to leave any omit any states, or your application will be returned to you.

**QUESTIONS:** If you answer “yes” to any of the following questions, the Board must evaluate your compliance with the good moral character licensure requirements. This evaluation must be completed to determine your qualifications for initial licensure by reciprocity in Massachusetts. Prior to submitting this licensure by reciprocity application, refer to the Board’s *Good Moral Character Licensure Requirement Information Sheet* for directions. Review the Information Sheet carefully. 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?		

**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 me nurse licensure in accordance with Massachusetts law;
- 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: MABRN 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 is void if requirements for nurse licensure by reciprocity are not met within one (1) year from the date of Board receipt of the application. 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.

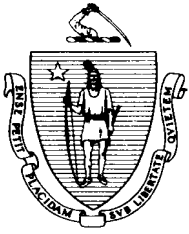
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

ATTACH A RECENT 2X2 COLOR PASSPORT PHOTO HERE  APPLICANT FACE ONLY SIGN PHOTO
---

Mail Application for Licensure to:  
**Professional Credential Services**  
**ATTN: MA Reciprocity Nursing**  
**P.O. Box 198788**  
**Nashville, TN 37219**

Questions or Comments, contact PCS at:  
 Toll-free: (877) U-TRY-PCS  
 Web site: <http://www.pcshq.com>  
 Email: nursebyreciprocity@pcshq.com



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](http://www.mass.gov/dph/boards/rn)

DEVAL PATRICK  
 GOVERNOR  
 TIMOTHY P MURRAY  
 LIEUTENANT GOVERNOR  
 JUDYANN BIGBY, MD  
 SECRETARY  
 JOHN AUERBACH  
 COMMISSIONER  
 RULA HARB  
 EXECUTIVE DIRECTOR

**VERIFICATION OF NURSE LICENSURE BY RECIPROCITY**

**APPLICANT: COMPLETE THIS SECTION ONLY**

I, \_\_\_\_\_, RN  PN  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**

Applicant Name as Appearing on Original License \_\_\_\_\_

Applicant Name as Appearing on Current License \_\_\_\_\_

School of Nursing \_\_\_\_\_

Location \_\_\_\_\_

Month/Year Graduated \_\_\_\_\_ Length of Program \_\_\_\_\_ Board Approved: Yes  No

Language of nursing instruction \_\_\_\_\_ Language of nursing textbooks \_\_\_\_\_

Program:  Practical Nurse/Vocational Nurse  Registered Nurse

Type:  Certificate  Diploma Degree:  Associate  Baccalaureate  Entry Level Masters

Applicant Registration Number \_\_\_\_\_ Date of Original Issue \_\_\_\_\_

Current Licensure Status: Active  Inactive  Lapsed  Expiration Date \_\_\_\_\_

Method of Licensure (Check One) Examination  Waiver  Reciprocity

Type of Exam: SBTPE  NCLEX  Exam Date \_\_\_\_\_

*(If Examination Other Than Above, Provide Test Name And Scores On Back Of This Form.)*

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.*

Signature of Authorized Person \_\_\_\_\_

Affix Board Seal

Title \_\_\_\_\_ Date \_\_\_\_\_

State \_\_\_\_\_

Mail this form to:

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

P.O. Box 198788  
Nashville, TN 37219

**APPLICATION FOR LICENSURE AS A PRACTICAL 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.*