

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

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

**LICENSURE BY RECIPROCITY INFORMATION AND
INSTRUCTIONS FOR PRACTICAL AND REGISTERED
NURSES EDUCATED AND LICENSED IN PUERTO RICO**

I. General licensure by reciprocity information

Nurse Licensure Requirements (M.G.L. chapter 112, sections 74 and 74A, and 244 CMR 8.00)

1. **Registered Nurse (RN)**: graduation from an RN education program approved by the Massachusetts Board of Registration in Nursing (Board). **Practical Nurse (PN)**: graduation from a Board-approved RN or PN program.
Graduates of a nursing education program whose language of instruction and/or textbooks was not English must demonstrate English proficiency; see section II below.
2. Good moral character, as established by the Board.
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.

Important notes: To practice nursing in Massachusetts, you must hold a valid, current Massachusetts license issued by the Massachusetts Board of Registration in Nursing. "Temporary" licenses are not issued.

Applicants who wrote the Puerto Rico Board constructed examination are not eligible for reciprocity. Contact the Board's credential review service, Professional Credential Services, Inc., P.O. Box 198689, Nashville, TN 37219-8689 at (877) 887-9727 to request an *Application for Initial Licensure as a Nurse by Examination* (NCLEX®).

II. Education and English proficiency requirements for graduates of nursing education programs located in Puerto Rico

1. The Board must certify that you are a graduate of an approved basic nursing education program located in Puerto Rico:

Registered Nurse (RN): To meet the Board's educational requirements for certification, you must be educated and hold licensure in good standing as a "first-level, general" nurse (International Council of Nurses). To qualify, you must be a graduate of:

- a senior secondary school education (high school) that is separate from nursing education; and
- a government-approved, general nursing program of at least two years in length that provided theory and clinical education in each of the following: adult medical surgical nursing, maternal/infant nursing, pediatric nursing, and psychiatric/mental health nursing.

Practical Nurse (PN): To meet the Board's educational requirements for certification, you must be educated and hold licensure in good standing as a "second-level, general" nurse (International Council of Nurses). To qualify, you must be a graduate of:

- a senior secondary school education (high school) that is separate from nursing education; and
- a government-approved, general nursing program that provided theory and clinical education in each of the following: adult medical surgical nursing, maternal/infant nursing, and pediatric nursing, as well as theoretical education in mental health nursing.

2. Graduates of a nursing education program whose language of instruction or textbooks, or both, was not English must demonstrate English proficiency before writing the NCLEX. To meet the Board's 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 Commission on Graduates of Foreign Nursing Schools (CGFNS) Qualifying Examination as evidenced by a CGFNS Qualifying Examination Certificate issued **before** July 15, 1998.

III. Applying for RN licensure by reciprocity of your Puerto Rico PN or RN license by NCLEX.

1. Apply for Licensure as a Practical or Registered Nurse by Reciprocity

Complete the attached *Application for Licensure as a Registered Nurse by Reciprocity For Practical and Registered Nurses Educated and Licensed in Puerto Rico*, including the “good moral character” related questions. Enclose the \$275.00 non-refundable, non-transferable administrative processing fee (payment can be made by Visa or MasterCard, or money order made payable to PCS). Submit application and fee to the Board’s credentials review service, Professional Credential Services, Inc.

2. Complete the CGFNS Credentials Evaluation Service Report, including both the Nursing & Science Course-by-Course Report and License/Registration validation option, with CGFNS emboss (applicable to both RN and PN licensure). The CGFNS CES Report must be submitted directly to PCS by CGFNS. Copies will not be accepted.

3. If applicable, demonstrate English proficiency

Have one of the following submitted directly to PCS (copies will **not** be accepted):

- *TOEFL Official Score Report*
- 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

TOEFL

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

IV. Important information regarding Social Security Numbers (SSN)

A U.S. 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. If you are not eligible for a SSN, you must complete the Board's Affidavit in Support of Application for License to Practice as a Registered Nurse / Licensed Practical Nurse and attach the completed affidavit to this application. 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.

SUBMIT APPLICATION, PAYMENT, AND ALL CORRESPONDENCE TO:

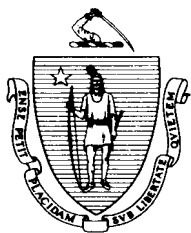
Professional Credential Services, Inc.
ATTN: MA Reciprocity Nursing
P. O. Box 198788
Nashville, TN 37219

Application inquiries should be directed to:

nursebyreciprocity@pcshq.com

or toll free at 877-887-9727

Applications are reviewed only after **all** required forms 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 15 business days after the application has been approved by the Massachusetts Board's credential review service, Professional Credential Services (PCS).



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**LICENSURE BY RECIPROCITY APPLICATION FOR
PRACTICAL AND REGISTERED NURSES EDUCATED
AND LICENSED IN PUERTO RICO**

For Board use only

NURSYS by:	Approved by:	License No:
Date:	Date:	Issued:

SOCIAL SECURITY NUMBER (SSN) (MANDATORY) |_|_|_|_| - |_|_|_|_| - |_|_|_|_|_|

Pursuant to G.L. c. 30A, s. 13A; see section IV of the instructions.

NAME _____
(Last) (First) (Middle) (Maiden /Previous)

DATE OF BIRTH |_|_|_|_|_| **GENDER: FEMALE** ☐ **MALE** ☐

PLACE OF BIRTH _____

ADDRESS OF RECORD _____
(No.) (Street) (City) (State or Country) (Zip/Postal Code)

**MOST RECENT
PREVIOUS ADDRESS** _____
(No.) (Street) (City) (State or Country) (Zip/Postal Code)

E-MAIL ADDRESS _____

TELEPHONE NUMBER DAY |_|_|_|_|_|_|_|_|_|_| **EVENING** |_|_|_|_|_|_|_|_|_|_|

HEIGHT ___(FT) ___(IN) **WEIGHT** _____ **EYE COLOR** _____ **MOTHER'S MAIDEN NAME** _____

NURSING EDUCATION PROGRAM NAME AND LOCATION _____

LANGUAGE OF NURSING INSTRUCTION _____ **LANGUAGE OF NURSING TEXTBOOKS** _____

DEGREE EARNED _____ **YEAR GRADUATED** _____

STATE/PROVINCE OF ORIGINAL LICENSURE _____

ORIGINAL LICENSE NUMBER _____ **YEAR ISSUED** _____

If you have ever been licensed as a Practical/Vocational Nurse or Registered Nurse in the United States or its territories, please arrange for submission of Licensure Verification Form or register on www.Nursys.com, as applicable, from each state or jurisdiction (including Massachusetts) in which you are, or have been, licensed as a Practical/Vocational Nurse or Registered 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:

TERRITORY or PROVINCE	PROFESSION	TYPE (license or certificate)	LICENSE NUMBER	DATE ISSUED	STATUS (current or expired)

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 examination in Massachusetts. Prior to submitting this licensure by examination 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 examination, 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 examination, 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
2 X 2
COLOR PASSPORT
PHOTO HERE

APPLICANT FACE
ONLY

SIGN PHOTO

Mail Application for Licensure to:

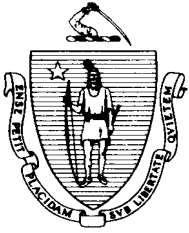
**Professional Credential Services
ATTN: MA Reciprocity Nursing
P.O. Box 198788
Nashville, TN 37219**

Questions or Comments, contact PCS at:

Toll-free: (877) U-TRY-PCS

Web site: <http://www.pcshq.com>

Email: nursebyreciprocity@pcshq.com



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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 _____

Year Graduated _____ **Length of Program** _____ **Board Approved: Yes** ☐ **No** ☐

Language of nursing instruction _____ **Language of nursing textbooks** _____

Type of Program: ☐ Certificate ☐ Diploma ☐ Associate Degree ☐ Baccalaureate Degree

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" Please 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.

Affix Board Seal

Signature of Authorized Person _____

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 BY RECIPROCITY
FOR PRACTICAL AND REGISTERED NURSES
EDUCATED IN PUERTO RICO**

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 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.*