

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 enclosed application.

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 this 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 this 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 and legible, with the required documentation, before it will be reviewed.

1. Complete the Massachusetts nurse licensure for Registered Nurse (RN) by reciprocity application form as directed. Applicants pursuing both an RN and PN license must submit a separate application for each. **ONLY THE APPLICANT CAN COMPLETE THIS 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 2” x 2” passport type color photo signed and stapled to application where indicated
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.

SUBMIT APPLICATION AND PAYMENT

TO: Professional Credential Services

ATTN: MA Nursing

P. O. Box 198788

Nashville, TN 37219

For confirmation of receipt by PCS,

**Please use certified mail.*

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 complete this application. Contact the Board at: renew.bymail@state.ma.us to obtain information on renewing your Massachusetts nurse license.

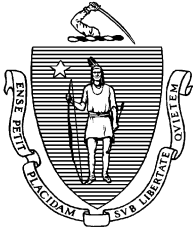
Complete Checklist prior to submitting your application. Your signature on the application attests that you have read and completed all application requirements.

Contact PSC with any questions Toll-free: 877-887-9727

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

E-mail: nursebyreciprocity@pcshq.com

Check if Complete	Application Checklist	Additional Information
<input type="checkbox"/>	Completed application is legible. No missing information, cross outs or white outs	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"/>	Recent 2" x 2" passport type color photo signed and stapled to application where indicated	No tape, glue or clips. Recent photo within previous two years. Photo must be included 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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APPLICATION FOR LICENSURE AS A REGISTERED NURSE BY RECIPROCITY

Nurse Licensed in the United States or its Territories

For Board use only

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

Applicant type: (check only one) **FIRST TIME** **EXPIRED (over 1 year of receipt of original application)**

Legibly print and complete all of the fields USING BLACK INK. Insert N/A if leaving a space blank.

U.S. SOCIAL SECURITY NUMBER (SSN): ____ - ____ - ____ **DATE OF BIRTH:** ____ / ____ / ____

Mandatory pursuant to G.L. c. 30A, s. 13A; see instructions.

NAME: _____

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

EMAIL ADDRESS: _____ **TELEPHONE NUMBER:** ____ - ____ - ____

(Email will be primary method of communication during application review)

ADDRESS OF RECORD: _____

(Mailing address)

(No.) (Street) (Apt/Suite/Floor)

(City) (State or Country) (Zip/Postal Code)

NURSING EDUCATION

PROGRAM NAME AND LOCATION: _____

GRADUATION DATE: ____ / ____ - ____

(Mo) (Yr)

Language of Nursing Instruction: Classroom Instruction _____ Course Textbooks _____ Clinical Practice _____

(List the language spoken, written for each category of nursing instruction listed above)

Type of Program: RN Diploma RN Associate Degree

RN Baccalaureate RN Entry-level Masters

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, District of Columbia, or U.S. 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 (U.S., D.C., or U.S. Territory – EXCEPT Massachusetts) or country. 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					

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 (GMC) licensure requirement. This evaluation must be completed to determine your qualifications for initial licensure 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. Failure to answer all questions truthfully may result in a five year exclusion from licensure.

	Answer all questions truthfully and accurately.	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, the District of Columbia, U.S. territory, 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, the District of Columbia, U.S. territory, 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, the District of Columbia, U.S. territory, or any other country/foreign jurisdiction?		
4.	Have you ever surrendered or resigned a professional and/or trade license/certificate in the United States, the District of Columbia, U.S. territory, or any other country/foreign jurisdiction?		
5.	Have you ever been convicted of a felony or misdemeanor in the United States, the District of Columbia, U.S. territory, 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, the District of Columbia, U.S. territory, or any country/foreign		



If you have answered “yes” to any of the above questions, the Board may deny your application for licensure. Denial of licensure by the Board is considered a disciplinary action and may have consequences before other professional licensing and certifying boards, including any licenses or certifications you may currently hold.



If you answered “yes” to question #6, DO NOT submit this application. In accordance with Licensure Policy 00-01: *Determination of Good Moral Character Compliance* the Board will deny licensure 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.

Continue to next page.

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 and I completed this application;
- 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 an application is active for one year. Submission of subsequent applications required for incomplete, inaccurate, altered or changed information will be active from the date the original application is received by PCS. All requirements must be completed and all documents must be received while your application is active;
- I understand that fees are non-refundable and non-transferable;
- 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).
- I have completed the checklist in the application instructions.

Signature of Applicant

Date

STAPLE A
RECENT
2X2
PASSPORT TYPE
SIGNED
COLOR
PHOTO HERE
FACE ONLY

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



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

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