



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)

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EXECUTIVE DIRECTOR

**APPLICATION FOR LICENSURE AS A REGISTERED 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. Temporary licenses are not issued.

**I. General licensure by reciprocity information**

**Nurse Licensure Requirements (M.G.L. c. 112, s. 74, 76 and 76B, and Board regulations at 244 CMR 8.00)**

1. 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).
2. Graduation from a Registered Nurse (RN) education program approved by the Board of Nursing in the state of original licensure. 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-RN®) 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. Demonstration of Good Moral Character as established by the policy(ies) of the Massachusetts Board of Registration in Nursing (Board); and
5. Payment of all required fees.

**Licensure as a Registered Nurse in Canada**

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 the CNATS exam before August 1, 1995 must demonstrate achievement of a score as indicated in *one of the following* examinations:

- 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 the 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 education (classroom instruction, course textbooks, clinical practice), was not English, or took the CNATS Examination or the CNATS Comprehensive Examination in French.

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

**Registered Nurses Licensed in Canada or Puerto Rico 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](http://www.pcshq.com). Do not use this application for reciprocity.

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

## **II. Application Process for RNs Licensed in the U.S., D.C., or U.S. Territory (except Puerto Rico)**

### **Step 1: Application for RN licensure by reciprocity**

- Complete all sections of pages 1, 2, 3, and 5 of the attached application
- Attach a 2" by 2" color passport photo to page 2 of the 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 Service (PCS) is the Board's credential review service.
- Submit both **application and fee** to Professional Credential Services, Inc.

### **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, 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 the attached *Verification of Nurse Licensure by Reciprocity* form found on page 7 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* directly to the Board of Nursing in that jurisdiction or country (*that board will complete and must mail directly to PCS on your behalf*); and
  - *Verification of Nurse Licensure by Reciprocity* 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 applicable, demonstrate English proficiency**

Applicable only to graduates of nursing education programs whose language of education (classroom instruction, course textbooks, clinical practice), **not** 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](http://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](http://www.cgfns.org)) Qualifying Examination Certificate issued before 7/15/98; **or**
- Pearson Test of English Academic (PTE Academic; [www.pearsonpte.PTEAcademic.com](http://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](http://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](http://www.celban.org)):
  - Speaking CLB 8                      Listening CLB 9
  - Reading CLB 8                      Writing CLB 7

### **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, 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](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 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:*

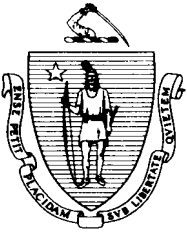
**RN Applicants:** Pursuant to MGL, c. 112, s 74, applicants who are licensed within the 3 month period preceding their birthday on even numbered years will be assigned an expiration date as their birthday on the even numbered year following their next birthday. Those whose birthday falls 3 months or 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.

**Tips for avoiding delays in application processing:**

- All applicants for initial nurse RN licensure by reciprocity must complete pages 1, 2, 3, and 5 of this application.
- Applications deemed incomplete will receive a discrepancy letter via mail or e-mail.
- 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 *Good Moral Character Licensure Requirement Information Sheet*. If applicable, submit all required documentation as directed directly to the Massachusetts Board of Registration in Nursing. Refer to the Board's *Good Moral Character Licensure Requirement Information Sheet* for detailed instructions.
- 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 Registered 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](mailto:renew.bymail@state.ma.us) to obtain information on renewing your Massachusetts nurse license.**



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**APPLICATION FOR LICENSURE AS A REGISTERED 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:

**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:**     RN Diploma     Associate Degree in Nursing  
                                Bachelor of Science in Nursing     RN Entry-level Masters

**Graduation Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
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, 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 7) or register on [www.Nursys.com](http://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 result in your application being 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, 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 jurisdiction?		



If you have answered “Yes” to questions 1 through 5, 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. Please review Board’s Good Moral Character Requirement Information Sheet for further information. **If you have answered “Yes” to question #6, DO NOT submit this Application.** The Board **will deny** any application for licensure submitted before such time as all criminal case(s) or investigation(s) are closed.

**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 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 will expire if the application is incomplete or if any requirements for nurse licensure by reciprocity 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 the Board regulations at 244 CMR 3.00 – 9.00.

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

\_\_\_\_\_  
Date

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

*Mail to:*

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

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P.O. Box 198788  
Nashville, TN 37219

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**Payment Form**

Two payment options are available: Money Order or Credit Card.

<p>Applicant Name: _____</p> <p>Social Security Number (Mandatory): _____ - _____ - _____</p>
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**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.*

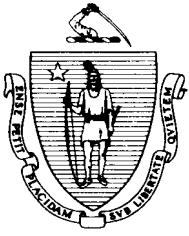


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**VERIFICATION OF NURSE LICENSURE BY RECIPROCITY**

*\*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 \_\_\_\_\_ Course \_\_\_\_\_ Clinical \_\_\_\_\_  
 Instruction \_\_\_\_\_ Textbooks \_\_\_\_\_ 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**