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

APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE AUTHORIZATION INFORMATION AND INSTRUCTIONS

Important Note: To practice nursing in Massachusetts, you must hold a valid, current Registered Nurse license issued by the Massachusetts Board of Registration in Nursing (Board). Temporary licenses are not issued. An Advanced Practice Registered Nurse (APRN) may practice only in the category of advanced practice nursing for which the Board has authorized (see application for categories).

APRN Authorization Requirements

[M.G.L. c. 112, s. 80B & 244 CMR 4.13 & 9.04 (1), (2) and (4) & Licensure Policy 00-01]

1. Good moral character, as established by M.G.L. c 112 s. 74 and Board Policy.
2. Current, valid Massachusetts licensure as a Registered Nurse (RN).
3. Graduation from an APRN education program accredited by a Board-recognized national accreditation body.
4. Current advanced practice certification by Board-approved nationally recognized certifying body.
5. Payment of all required fees.

Carefully read the following information and instructions prior to completing the enclosed application.

Application for APRN Authorization Application and Fees

The Board has contracted with Professional Credential Services, Inc. (PCS), Nashville, TN, for the processing of applications, verifications, and fees.

Each application for initial, additional or reciprocal authorization must be received by PCS, fully completed and legible, with required documentation, before it will be reviewed. The following documentation must be received for each application for APRN authorization prior to review of the application material:

1. Copy of the applicant's current Massachusetts RN license. APRNs seeking reciprocity must apply for and receive Massachusetts RN licensure *prior* to applying for APRN authorization. Licensure applications are available at www.pcshq.com.

2. Applicant's official verification of certification status sent by the Board approved APRN certification organization directly to PCS at **ATTN: MA Board of Registration in Nursing, C/O MA Nurse Coordinator, Professional Credential Services, PO Box 198788, Nashville, TN 37219.** The following APRN certifying organizations are those accepted by the Board:
   - Nurse Anesthetists: Council on Certification of Nurse Anesthetists (CCNA);
   - Nurse Midwives: American Midwifery Certification Board (AMCB);
   - Nurse Practitioners: American Academy of Nurse Practitioners (AANP), American Nurses Credentialing Center (ANCC), National Certification Corporation (NCC), Pediatric Nursing Certification Board (PNCB), American Association of Critical-Care Nurses (AACN);
   - Psychiatric Nurse Mental Health Clinical Specialists: American Nurses Credentialing Center (ANCC).

3. Applicant's official transcript contained in a sealed envelope sent directly to PCS by the APRN nursing education program the applicant graduated from to **ATTN: MA Board of Registration in Nursing, C/O MA Nurse Coordinator, Professional Credential Services, PO Box 198788, Nashville, TN 37219.** .

4. If the applicant is currently or has ever been licensed as a nurse (LPN and/or RN) in any other state or jurisdiction, verification of licensure status must be completed. PCS will verify your Massachusetts nurse license only.
   - For all states that are on 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.
   - For all states **not** on the NURSYS License Verification System:
     - Complete the authorization portion at the top of page 5 of the attached *Verification of Nurse Licensure* form;
     - Enclose the appropriate verification fee (*contact the Board of Nursing in that state for fee information*); 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*).
5. If the applicant is authorized to practice as an APRN in any other state or jurisdiction, official verification of APRN status from each state or jurisdiction must be completed. PCS will verify your Massachusetts authorization only. For each state or jurisdiction:
   - Complete the authorization portion at the top of page 6 of the attached *Verification of Advanced Practice Registered Nurse Authorization* 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 the form and must mail directly to PCS on your behalf*).
6. 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 authorizing APRN practice.
7. **Important note:** All fees are non-refundable and non-transferable. The $150.00 application fee must be made by credit card or money order via the payment form found on page 4. Personal checks are not accepted.

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 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.

SUBMIT APPLICATION, PAYMENT, AND ALL CORRESPONDENCE TO:
Professional Credential Services, Inc.
ATTN: MA Nurse Coordinator
P. O. Box 198788
Nashville, TN 37219

Application inquiries should be directed to:
aprn@pcshq.com
or toll free at 877-887-9727

Applications are reviewed only after *all* required documents and fees are received.
Authorization is granted based on the applicant's compliance with the above eligibility requirements.

What to expect after PCS has <u>received</u> your application, required documents, verifications, and fee:

- Once PCS has received your completed application INCLUDING all required application related documents, please allow approximately three (3) business days for the review and authorization process
- PCS mails Letter of Authorization within one (1) week of approval
- At the same time letter is mailed, PCS submits notification to the Board electronically
- MA Board posts authorization on its website within 3 business days of PCS notification

<u>Tips for Avoiding Processing Delays:</u>

☐ The Board cannot issue you a valid APRN authorization if your current Massachusetts RN license is due to expire within 90 days of authorization approval. If you are submitting this application within 90 days of the expiration date of your RN license, you may have to renew early in order to ensure that the time frame for expiration of your Massachusetts RN license exceeds 90 days. You can renew your RN license anytime within the 90 days prior to the expiration date on line or by requesting a paper application at: renew.bymail@state.ma.us.

☐ Each application for initial, additional, or reciprocal APRN authorization must be fully and legibly completed, and include all required documentation and received by PCS before being evaluated for compliance with APRN authorization requirements. If incomplete, PCS will notify applicants via email, U.S. mail or phone. **Neither PCS nor the Board have control over timely submission of information supplied by third parties.**

☐ Notify PCS in writing of any change in address occurring between the time of application submission and receipt of authorization. Include name, address, Social Security Number, licensure type (APRN) and, if applicable, examination date, along with the new address. Telephone calls are <u>not</u> accepted for address changes. PCS cannot guarantee that an address change can be made before issuing the Letter of Authorization.

☐ For issues regarding verification of non-Nursys state RN/PN licensure, the applicant must contact the specific state Board of Nursing directly. **PCS has no control over timely submission of verification forms**.

☐ For issues regarding verification of APRN authorization, the applicant must contact the specific state Board of Nursing directly. **PCS has no control over timely submission of verification forms**.

☐ For issues regarding verification of APRN Certification, the applicant must contact the specific certifying organization directly. **PCS has no control over timely submission of verification forms**.

☐ Review the Board's Licensure Policy 00-01: *Determination of Good Moral Character Compliance* and the *Determination of Good Moral Character Compliance Information Sheet* available at www.mass.gov/dph/boards/rn. If applicable, submit all required documentation as directed to the Board at: **Board of Registration in Nursing, 239 Causeway St, 5th Floor, Boston, MA, 02114.** Do not submit documentation related to Good Moral Character compliance to PCS with this application.

☐ Submission of completed applications and fee acknowledges that the applicant understands and agrees to all provisions herein. Retain copies of all information and completed applications for future reference.

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APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE AUTHORIZATION

Category Type: *(check only one)* ☐ **NURSE PRACTITIONER (RN/NP)** ☐ **NURSE ANESTHETIST (RN/NA)**
☐ **NURSE MIDWIFE (RN/NM)** ☐ **PSYCHIATRIC NURSE MENTAL HEALTH CLINICAL SPECIALIST (RN/PC)**

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:** _____-_____-_____

ADVANCED PRACTICE NURSING EDUCATION

PROGRAM NAME AND LOCATION: _____

_____

Language of Education: Classroom Instruction _____ **Course Textbooks** _____ **Clinical Practice** _____

MAJOR AREA OF STUDY: _____ **DATES ATTENDED:** _____

DEGREE OR CERTIFICATE AWARDED: _____ **DATE:** _____

NAME OF NATIONAL CERTIFYING BODY: _____ **AREA OF CERTIFICATION:** _____

CERTIFICATION NUMBER: _____ **DATE GRANTED:** _____ **EXPIRATION DATE:** _____

Do you currently hold or have you previously held authorization to practice as an APRN in Massachusetts? ☐ No ☐ Yes If YES, indicate the category:

☐RN/NP ☐RN/NA ☐RN/PC ☐RN/NM

If you are currently or have ever been licensed as Practical/Vocational Nurse or 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 the ***Verification of Nurse Licensure*** **(page 5)** or register on www.Nursys.com, as applicable, for each jurisdiction (U.S., D.C., or U.S. Territory – EXCEPT Massachusetts) or country. The Licensure Verification must indicate the status of your license and any disciplinary action. PCS will verify your Massachusetts nurse license only.

Provide the following information regarding *any* Practical/Vocational Nurse or Registered 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.***

If you are currently or have ever been licensed as 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 the ***Verification of Advanced Practice Registered Nurse Authorization*** **(page 6)** or register on www.Nursys.com, as applicable, for each jurisdiction (U.S., D.C., or U.S. Territory – EXCEPT Massachusetts) or country. The Authorization Verification must indicate the status of your authorization and any disciplinary action. PCS will verify your Massachusetts authorization only.

	JURISDICTION	CATEGORY	LICENSE NUMBER	DATE ISSUED	STATUS
Initial Authorization					

The Board can not issue you a valid APRN authorization if your current MA RN license is due to expire within 90 days of authorization approval. If you are submitting this application within 90 days of the expiration date of your RN license, you may have to renew early in order to ensure that the time frame for expiration of your Massachusetts RN license exceeds 90 days. (See Instructions)

QUESTIONS: If you answer "yes" to any of the following questions, the Board must evaluate your compliance with the Good Moral Character licensure requirement. This evaluation must be completed to determine your qualifications for initial APRN authorization 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.

		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 any of the above questions, 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.

If you have answered "Yes" to question #6, DO NOT submit this application. The Board will deny an application for GMC compliance 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.

ATTESTATION: By signing this application for APRN authorization, 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 Licensure Policy 00-01: *Determination of Good Moral Character Compliance* and the *Determination of Good Moral Character Compliance Information Sheet*;
- I understand that this application will expire if the application is incomplete or if any requirements for APRN authorization 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 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).

Signature of Applicant Date

ATTACH A
RECENT
2X2
COLOR PASSPORT
PHOTO HERE

FACE ONLY

SIGN PHOTO

Mail to:

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

PROFESSIONAL CREDENTIAL SERVICES, INC.

P.O. Box 198788
Nashville, TN 37219

APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE (APRN) AUTHORIZATION

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.

Advanced Practice Authorization Application Fee: $150.00

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

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 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 Nurse Coordinator
P.O. Box 198788
Nashville, TN 3721

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

VERIFICATION OF ADVANCED PRACTICE REGISTERED NURSE AUTHORIZATION

***APPLICANT: COMPLETE THIS SECTION ONLY**

I, _____, APRN License Number _____, am applying to the Massachusetts Board of Nursing for Advanced Practice authorization by reciprocity. I hereby authorize you to furnish to the Massachusetts Board of Nursing the information requested below.

_____

(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 _____

Advance Practice Program _____ **Year Graduated** _____

Location _____ **Board Approved: Yes** ☐ **No** ☐

Type of Program _____ **Length of Program** _____

APRN Registration Number _____ **Date of Original Issue** _____

Current Licensure Status: _____ **Expiration Date** _____

Method of Authorization: (Check One) Original ☐ **Waiver** ☐ **Reciprocity** ☐

National Certification by: _____ **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 Nurse Coordinator
P.O. Box 198788
Nashville, TN 37219