



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 INITIAL NURSE LICENSURE BY EXAMINATION
INFORMATION AND INSTRUCTIONS

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. Nursing practice as a “Graduate Nurse” is illegal in Massachusetts. Massachusetts is not a member of the Nurse Licensure Compact.

Nurse Licensure Requirements

[M.G.L. c. 112, s. 74 & 74A, and Board regulations at 244 CMR 8.00]

1. Good moral character, as established by the Board.
2. **Registered Nurse (RN):** graduation from an RN education program approved by the Board.
Practical Nurse (PN): graduation from a Board-approved RN or PN program.
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.

Carefully read the following information, application instructions, and the NCLEX Candidate Bulletin prior to completing the enclosed application.

Application for Initial Nurse Licensure by Examination

Complete the Massachusetts nurse licensure by examination application form as directed. Applicants pursuing both an RN and PN license must submit a separate application for each.

- 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.
- Administrators of nursing education programs located in the U.S. or its territories must certify graduation status as directed. Graduates of non-U.S. nursing education programs and former RN students applying for PN licensure must attach applicable Board-issued certificate in lieu of graduation certification by nursing education program administrator.
- Former RN students who withdrew in good standing from an RN program who met MA PN curriculum requirements at the time of withdrawal may be eligible for PN licensure.
- 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, including achievement of a “Pass” on the NCLEX. Applicants who have a current licensure application (within 1 year of submission to PCS) and who must re-write the NCLEX, may reapply for licensure by phone. Resubmission of a completed Certification of Graduation (page 5 of the application) is not required.
- An application will expire if any requirements for nurse licensure by examination 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.
- 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/>.

NCLEX Examination Registration

Register on-line or by telephone with Pearson VUE to write the NCLEX.

- You must register (via telephone or online) with Pearson VUE at the same time you submit your Massachusetts Application for Initial Nurse Licensure by Examination to PCS, the Board's credential review service. Pearson VUE will require you to provide an email address in order for you to register.
- See *NCLEX Candidate Bulletin* for registration directions at www.vue.com/nclex.
- **NCLEX ACCOMMODATIONS:** Applicants qualified for protection under Title II, Americans with Disabilities Act, must have NCLEX administration modifications approved by the Board and recommended to the National Council of State Board of Nursing before issuance of your Authorization To Test (ATT). Please review the enclosed *NCLEX Administration Accommodations Due to a Disability Information Sheet*, which includes the *NCLEX Accommodation Request Form*. If you are requesting special examination accommodations, please complete the *NCLEX Accommodation Request Form* and submit to:

Nursing Education Coordinator
Board of Registration in Nursing
239 Causeway Street, Suite 500, 5th Floor
Boston, MA 02114

Repeat candidates must submit the *NCLEX Accommodation Request Form* each time they apply for the examination and need administration modifications. The form is available at www.mass.gov/dph/boards/rn [click on "Licensing", then "Applications and Other Forms"].

Application Submission and Fees

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:

**nursebyexam@pcshq.com
or toll free at 877-887-9727
or visit <http://www.pcshq.com>**

Important note: all fees are non-refundable and non-transferable.

License by examination application fee payment must be made by credit card via the attached form, or money order made payable to "PCS". **No personal checks!**

- First time applicant or applicant with an expired application: \$230.00
- Repeat applicant within 1 year of application may reapply over the phone: \$80.00

For the NCLEX Registration Fee, see the *NCLEX Candidate Bulletin* at www.pearsonvue.com/nclex.

Important licensure renewal information:

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

LPN Applicants: Pursuant to MGL, c. 112, s 74A, applicants who are licensed within the three month period preceding their birthday in odd numbered years will be assigned an expiration date as their birthday in the odd numbered year following their next birthday. Those whose birthday falls three months or more during an odd numbered year in which they are licensed will be required to renew their license during the same year on or before their birthday.

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 of 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.

What to Expect After Submitting Completed Forms and Fee:

- **You will receive an Authorization to Test (ATT)** after: (1) submitting your accurately completed Massachusetts nurse licensure application and fee by US Mail to PCS; and (2) registering and paying fee online or via telephone with Pearson VUE to write the NCLEX. You should receive the ATT via e-mail only in approximately 2 business days.
- **Schedule an NCLEX appointment online or by telephone** after receiving your ATT. Candidates must write the NCLEX during the 60 *calendar* day eligibility period. Failure to do so will result in forfeiture of fees and require reapplication.
- **You will receive official NCLEX results** by U.S. Mail only from PCS, Nashville, TN approximately 10 *business* days after writing the NCLEX.
- **Receipt of your nursing license** by U.S. Mail from the Board, Boston, MA will occur approximately 21 *business* days after passing the NCLEX. Your license number will appear on the Board's website approximately 5 *business* days after passing the NCLEX.

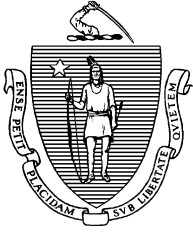
To Avoid Delays in the Processing of Your Nursing License Application, Carefully Read the Following:

- Complete all information on pages 1, 2, and 3 of this application, **adding N/A if a question does not apply**.
- Review the *Good Moral Character Licensure Requirement Information Sheet* and *NCLEX Administration Accommodations Due to a Disability Information Sheet* (available in application packets distributed to first-time applicants or at www.mass.gov/dph/boards/rn). If applicable, submit all required documentation as directed.
- The Certification of Graduation found on page 4 must be completed by the administrator of the nursing education program from which you graduated. Attach the completed Certification of Graduation signed by the program administrator to your application.
- Former students in an approved RN program applying for PN licensure must be determined by the Board as meeting PN education requirements before submitting a PN licensure application. PN education requirements and the *Determination of Eligibility for Practical Nurse Reciprocity or to Write the NCLEX-PN by Former RN Student Withdrawn in Good Standing* are available at www.mass.gov/dph/boards/rn [click on "Licensing", then "Applications and Other Forms"]. Eligible applicants must attach a Board-issued NCLEX-PN Eligibility certificate to their application for PN licensure in lieu of the Certification of Graduation completed by the administrator of the nursing education program from which they withdrew.

- Graduates of nursing education programs located outside the U.S. and its territories, or located in Puerto Rico or Canada, must be certified by PCS, on behalf of the Board, as a graduate of an approved nursing program *before* applying for nurse licensure. Education requirements and the *Certification of Graduation from a Board Approved Nursing Education Program Located Outside of the United States and Its Territories* are available at www.pcshq.com.
- In addition to applying for nurse licensure, you must register with Pearson VUE to write the NCLEX. Read and follow the instructions in the *NCLEX Candidate Bulletin*, available at www.pearsonvue.com/nclex, to register for the NCLEX.
- If you are requesting accommodations do not forget to check the box on page **1** of the application.
- If applications are incomplete you will receive a discrepancy letter from PCS via mail or e-mail.
- The name and address that you use on your license application and on your NCLEX registration **must match exactly**. Note: the name on your acceptable form of identification presented at the NCLEX test center must also match exactly the name on your license application and NCLEX registration.
- 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.
- Massachusetts repeat examinees with an application submitted within the past year may reapply for nurse licensure by calling PCS toll-free at (877) 887-9727 and pay with a MasterCard or Visa. Repeat examinees may reapply immediately, but must wait a minimum of 45 days between examinations.
- Submission of completed applications and fee acknowledges that you understand and agree to all provisions herein.
- Staple a recent 2" x 2" passport type signed color photo to page 3 of the application.
- Enclose the non-refundable, non-transferable licensure application fee. Payment may be made by Visa, MasterCard, or money order made payable to PCS.
- Submit your **application, completed Certification of Graduation and payment** to PCS.
- Make and keep copies of all information and your completed *Application for Initial Nurse Licensure by Examination* for future reference.

Please contact PCS with all questions:

Toll-free: 877-887-9727
Web site: <http://www.pcshq.com>
E-mail: nursebyexam@pcshq.com



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

Licensure Type: (check only one) REGISTERED NURSE PRACTICAL NURSE

Applicant type: (check only one) FIRST TIME
 REPEAT TESTER (within 1 year of receipt of original application)
 REPEAT TESTER (over 1 year of receipt of original application)

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)

E-MAIL ADDRESS: _____ TELEPHONE NUMBER: _____

ADDRESS OF RECORD:
(Mailing address) _____
(No.) (Street) (Apt/Suite/Floor)

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

NURSING EDUCATION PROGRAM NAME AND LOCATION: _____

PROGRAM CODE: |_|_|-|_|_|-|_|-|_|_|_|-|_|_| See NCLEX Candidate Bulletin at: www.vue.com/nclex for Program Code list.

TYPE OF PROGRAM: PRACTICAL/VOCATIONAL NURSE RN DIPLOMA RN ASSOCIATE DEGREE
(Check one) RN BACCALAUREATE RN ENTRY-LEVEL MASTERS

GRADUATION DATE: ____ / ____
(Mo) (Yr)

Check here only if requesting NCLEX® Accommodations (see page ii).

RN Applicants ONLY: If you have ever been licensed as a Practical Nurse in any U.S. state, including Massachusetts, or any U.S. territory, please list below. You must register on www.NURSYS.com or arrange for submission of a Licensure Verification Form, as applicable, for each state or jurisdiction (EXCEPT Massachusetts) in which you are currently, or have ever been, licensed as a Practical Nurse. PCS will verify your Massachusetts license only. The Licensure Verification Form must indicate the status of your license and any disciplinary action.

State	License Number	Issue Date	State	License Number	Issue Date

If necessary, continue on another sheet of paper. DO NOT OMIT ANY STATE OR U.S. TERRITORY. Be sure to include Massachusetts, if applicable.

Continue to next page.

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 qualification 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 or any country/foreign jurisdiction, including removal from a long-term care nurse aide registry program?		
2.	Are you the subject of an investigation or pending disciplinary action by a professional and/or trade licensing/certification board located in the United States or any country/foreign jurisdiction, including a long-term care nurse aide registry program?		
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?		



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.

ATTESTATION: By signing this application for nurse licensure by examination, I certify, under the pains and penalties of perjury, that:

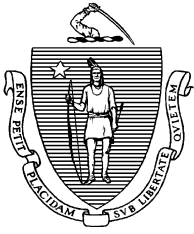
- The information that I have provided in connection with this application is truthful and accurate;
- I understand that the failure to provide truthful and accurate information may be grounds for the Massachusetts Board of Registration in Nursing (Board) to deny my nurse licensure in accordance with 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 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. 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 _____

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

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 Executive Office of Health and Human Services
 Department of Public Health
 Division of Health Professions Licensure
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www.mass.gov/dph/boards/rn

CERTIFICATION OF GRADUATION FROM A NURSING EDUCATION PROGRAM

To be completed by Program Administrator (the Registered Nurse designated the administrative authority and responsibility for the nursing education program) for all graduates of nursing education programs located in the U.S. or its territories who are applying for initial licensure by examination in Massachusetts.

In lieu of this document:

- A Board-issued NCLEX Eligibility Certificate must be attached to the *Application for Initial Nurse Licensure by Examination* by graduates of non-U.S. nursing education programs.
- A Board-issued NCLEX-PN Eligibility Certificate must be attached to the *Application for Initial Nurse Licensure by Examination* for former RN nursing education program students withdrawn in good standing who meet PN curriculum requirements.

I hereby certify that _____
 (Applicant's Name in full)

graduated from _____
 (Nursing Education Program)

located _____
 (City/State) (Zip/Postal Code)

on _____ . *PN Programs Only: Program Length* _____
 (Graduation Date*)

(*Graduation means the date the licensure applicant graduated as defined in the policy of the applicant's nursing program.)

Program Type: PRACTICAL/VOCATIONAL NURSE RN DIPLOMA RN ASSOCIATE DEGREE
 (Check one) RN BACCALAUREATE RN ENTRY-LEVEL MASTERS

This nursing education program was approved by the legal approving authority during the licensure applicant's enrollment. Yes No

Program Administrator Name & Credentials (Print): _____

IMPORTANT NOTE: If the nursing education program is located *outside of Massachusetts*, the Program Administrator must affix a business card and provide a telephone number and e-mail address.

Telephone Number: _____ E-mail: _____

Original Signature of Program Administrator: _____ Date: _____

Attach this form to the graduate's application for Massachusetts nurse licensure to:

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

**AFFIX OFFICIAL SEAL OF
 NURSING EDUCATION PROGRAM**

P.O. Box 198788
Nashville, TN 37219

APPLICATION FOR INITIAL NURSE LICENSURE BY EXAMINATION

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.

Application Fee:

First Time, Expired Application, or Repeat (over 1 year of application) - \$230.00
Repeat (within 1 year of application) - \$80.00

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.