



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 L. PATRICK
 GOVERNOR
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 SECRETARY
 CHERYL BARTLETT, RN
 COMMISSIONER

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Program: Practical Nurse/Vocational Nurse Registered Nurse Withdrawn from RN program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Month/Year Graduated (or withdrawn if applicable) _____ **Length of Program** _____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 SBTPPE **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**