APPLICATION FOR LICENSURE AS A
REGISTERED NURSE BY RECIPROCITY
Nurse Registered in the United States and its Territories

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 Marianna 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 education program whose language of instruction, or
   textbooks, or both, 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;
4. Good moral character as established by the Massachusetts Board of Registration in Nursing (Board);
5. Payment of all required fees.

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.

II. Application Process for RNs Licensed in the U.S., D.C., or U.S. Territory

Step 1: Application for RN licensure by reciprocity
- Complete all sections of pages 1 & 2 of the attached application
- Attach a 2” by 2” color passport photo only to 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.
  ATTN: MA Reciprocity Nursing
  P.O. Box 198788
  Nashville, TN 37219

Step 2: Provide verification of your RN licensure as outlined below:
- For all states that are on the Nursys License Verifications 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 3 of the attached license verification 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 and must mail directly to
    PCS on your behalf)
Step 3: If applicable, demonstrate English proficiency
Applicable only to graduates of nursing education programs whose language of instruction, or textbooks, or both **was not** English. To meet the English proficiency requirement, you must achieve:
- a minimum score of 550 (paper-based examination) or 213 (computer-based examination) or 79/80 (internet-based examination) on the Test of English as a Foreign Language (TOEFL); or
- a passing score on the English portion of the CGFNS Qualifying Examination as evidenced by a CGFNS Qualifying Examination Certificate issued before July 15, 1998.

**CGFNS**
3600 Market Street, Suite 400
Philadelphia, PA 19104-2651
Phone: (215) 349-8767
Internet: www.cgfns.org

**TOEFL**
Educational Testing Services
P.O. Box 6151
Princeton, NJ 08541-6151
Phone: (609) 771-7100 www.toefl.org

**Registered Nurses Licensed in Puerto Rico**
Nurses who took the State Board examination in Puerto Rico are not eligible for RN licensure by reciprocity. To be licensed in Massachusetts, you must apply for determination of eligibility to write the NCLEX examination by submitting the Application for Certification of Graduation From A Board-Approved Nursing Education Program Located in Puerto Rico. This application and the separate Application for Initial Nursing Licensure by Examination Information and Instructions are available online at www.pcshe.com. Only RNs licensed in Puerto Rico by NCLEX-RN are eligible in Massachusetts for RN licensure by reciprocity.

**Registered Practical Nurses Registered in Canada**
- If you have taken the NCLEX-RN in another state (other than PR; see above), you may use this application packet.
- If you were licensed in another state and a graduate of a nursing education program located in Canada, but have NOT taken the NCLEX-RN, DO NOT complete this application. To be licensed in Massachusetts, you must apply for Certification of Graduation From A Board-Approved Nursing Education Program Located in Canada available online at www.pcshe.com.

**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, applications will not be processed. 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 Reciprocity Nursing
P. O. Box 198788
Nashville, TN 37219

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

Applications are reviewed only after all required forms 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).
**APPLICATION FOR LICENSURE AS A REGISTERED NURSE BY RECIPROCITY**
Nurse Licensed in the United States and its Territories

<table>
<thead>
<tr>
<th>NURSYS by:</th>
<th>Approved by:</th>
<th>License No:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Date:</td>
<td>Issued:</td>
</tr>
</tbody>
</table>

If you have ever held Massachusetts licensure as an RN, DO NOT complete this application; instead contact the Board for renewal information. **TYPE OR PRINT USING BLACK INK**

**UNITED STATES SOCIAL SECURITY NUMBER (SSN) (MANDATORY)__________ - _______ - ________**
Pursuant to G.L. c. 30A, s. 13A; see instructions.

**NAME**
(First)                      (Middle)            (Last)   (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) (City) (State or Country) (Zip/Postal Code)
Apt / Suite / Floor: __________________________

**MOST RECENT PREVIOUS ADDRESS**
(Do not leave blank)
(No.) (Street) (City) (State or Country) (Zip/Postal Code)

**E-MAIL ADDRESS**

**TELEPHONE NUMBER DAY ______ - ______ - _______ EVENING _______ - _______ - _______**

**NURSING EDUCATION PROGRAM NAME AND LOCATION:**

**RN ENTRY LEVEL DEGREE EARNED:**
□ RN Diploma □ Associate Degree in Nursing
□ Bachelor of Science in Nursing □ RN Entry-level Masters

**GRADUATION DATE:**
month / ______ year

**LANGUAGE OF NURSING INSTRUCTION ________**

**LANGUAGE OF NURSING TEXTBOOKS ________**

If you have ever been licensed as a Practical/Vocational Nurse or Registered Nurse in the United States or its territories, please arrange for submission of Licensure Verification Form or register on www.Nursys.com, as applicable, from each state or jurisdiction (including Massachusetts) in which you are, or have been, licensed as a Practical/Vocational Nurse or Registered Nurse. Form must indicate the status of your license and any disciplinary action.

Revised 06/08/10
Please provide the following information regarding any nurse license you currently or previously held:

<table>
<thead>
<tr>
<th>STATE</th>
<th>PROFESSION (RN or LPN/LVN)</th>
<th>LICENSE NUMBER</th>
<th>DATE ISSUED</th>
<th>STATUS (current or expired)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If necessary, continue on another sheet of paper. Please be sure not to omit any states, or your application will be 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.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>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?</td>
</tr>
<tr>
<td>2.</td>
<td>Are you the subject of pending disciplinary action by a professional and/or trade licensing/certification board located in the United States or any country/foreign jurisdiction?</td>
</tr>
<tr>
<td>3.</td>
<td>Have you ever applied for, and been denied, a professional and/or trade license/registration in the United States or any other country/foreign jurisdiction?</td>
</tr>
<tr>
<td>4.</td>
<td>Have you ever surrendered or resigned a professional and/or trade license/certificate in the United States or any other country/foreign jurisdiction?</td>
</tr>
<tr>
<td>5.</td>
<td>Have you ever been convicted of a felony or misdemeanor in the United States or any other country/foreign jurisdiction?</td>
</tr>
<tr>
<td>6.</td>
<td>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?</td>
</tr>
</tbody>
</table>

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 me nurse licensure in accordance with Massachusetts law;
- 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 is void if requirements for nurse licensure by reciprocity are not met within one (1) year from the date of Board receipt of the application. 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

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

Questions or Comments, contact PCS at:
Toll-free: (877) U-TRY-PCS
Web site: http://www.pcshq.com
Email: nursebyreciprocity@pcshq.com
VERIFICATION OF NURSE LICENSURE BY RECIPROCITY

<table>
<thead>
<tr>
<th>APPLICANT: COMPLETE THIS SECTION ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>I, ________________________________, RN□ PN□ 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.</td>
</tr>
<tr>
<td>This is the original state of issue? Yes □ No □</td>
</tr>
<tr>
<td>(Date)                                       (Signature)                                                                (Maiden Name)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>APPLICANT: DO NOT WRITE BELOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant Name as Appearing on Original License ____________________________</td>
</tr>
<tr>
<td>Applicant Name as Appearing on Current License ____________________________</td>
</tr>
<tr>
<td>School of Nursing ____________________________</td>
</tr>
<tr>
<td>Location ____________________________</td>
</tr>
<tr>
<td>Month/Year Graduated ___________ Length of Program ___________ Board Approved: Yes □ No □</td>
</tr>
<tr>
<td>Language of nursing instruction ______________ Language of nursing textbooks ______________</td>
</tr>
<tr>
<td>Program: □ Practical Nurse/Vocational Nurse □ Registered Nurse</td>
</tr>
<tr>
<td>Type: □ Certificate □ Diploma   Degree: □ Associate □ Baccalaureate □ Entry Level Masters</td>
</tr>
<tr>
<td>Applicant Registration Number_________________________ Date of Original Issue __________________</td>
</tr>
<tr>
<td>Current Licensure Status: Active □ Inactive □ Lapsed □ Expiration Date__________________________</td>
</tr>
<tr>
<td>Method of Licensure  (Check One) Examination □ Waiver □ Reciprocity □</td>
</tr>
<tr>
<td>Type of Exam: SBTPE □ NCLEX □ Exam Date __________________</td>
</tr>
<tr>
<td>(If Examination Other Than Above, Provide Test Name And Scores On Back Of This Form.)</td>
</tr>
<tr>
<td>Has License Ever Been Disciplined? Yes □ No □ (If “Yes”, Provide A Certified Copy of All Related Documents.)</td>
</tr>
<tr>
<td>Is Applicant Currently Under Investigation? Yes □ No □ (If “Yes” Please Explain.)</td>
</tr>
</tbody>
</table>

I certify the above to be a true report for the above-named Nurse according to the records in this office.

Signature of Authorized Person ____________________________
Affix Board Seal
Title ____________________________ Date __________________
State ____________________________

Mail this form to:
Professional Credential Services, Inc
Attn: MA Reciprocity Nursing
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.