

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
Board of Registration in Nursing
250 Washington St., Boston, MA 02108
617-973-0900
www.mass.gov/dph/boards/rn

**PRACTICAL NURSE LICENSURE BY RECIPROCITY OR EXAMINATION
Determination of Eligibility for Practical Nurse Reciprocity or
to Write the NCLEX-PN by Former RN Student Withdrawn in Good Standing**

INSTRUCTION SHEET

ELIGIBILITY CRITERIA (General Law, Chapter 112, section 74A):

The eligible licensed practical Nurse (LPN) seeking reciprocity or National Council Licensure Examination for Practical Nurses (NCLEX-PN) applicant must complete, at the time of official withdrawal from a professional nursing program (i.e., RN program), a program of study equivalent to that required for graduation from an approved practical nurse program. A Practical Nurse program of study must theoretical and clinical nursing practice in medical, surgical, pediatric, and obstetrical, as well as mental health nursing concepts. The sciences, arts, humanities, M.G.L. c. 112, §§ 74 through 81C, and 244 CMR, and other foundations of the profession, shall be an integral part of the nursing curriculum plan, including experiences that promote the development of nursing judgment, leadership and management skills, and professional role socialization consistent with the level of licensure. This includes demonstration of the ability to delegate, supervise others, and provide leadership. Both the theoretical and clinical components of a clinical nursing course must be successfully completed at the time of withdrawal. Courses transferred to the professional nursing program from which you withdrew are not considered when determining eligibility.

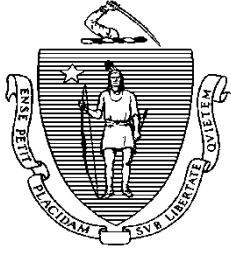
Board policy requires:

1. Applicant to be **withdrawn in good standing** from a nursing program approved by a legal approving authority.
2. The nursing education accredited by a national accreditation agency; and
3. the course work to have been completed within the five (5) years prior to submitting a completed *Determination of Eligibility for Practical Nurse Licensure by Reciprocity or to write the NCLEX-PN by Former RN Student Withdrawn in Good Standing*.

DIRECTIONS:

1. Applicant completes the *Determination of Eligibility for Practical Nurse Reciprocity or to Write the NCLEX-PN by Former RN Student Withdrawn in Good Standing*.
2. Nursing education program must submit the following documentation:
 - a. Official transcript; sent from school, college, university directly to MA BORN
 - b. Attached attestation that includes:
 - dates student entered and withdrew;
 - verification the student has officially withdrew in good standing;
 - Calculation of theory and clinical clock hours successfully completed by applicant during enrollment (attached); and

- Statement the applicant successfully completed theory and clinical content in medical, surgical, pediatric, obstetrical, mental health psychiatric nursing including experiences that promote the development of nursing judgment, leadership and management skills, and professional role socialization consistent with the level of licensure. This includes the demonstration of the ability to delegate, supervise others, and provide leadership
 - raised/ embossed official program, school, college, university seal
3. Mail all documents to: Nursing Education Coordinator, Board of Registration in Nursing, at the above address.



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DETERMINATION OF ELIGIBILITY
PRACTICAL NURSE LICENSURE BY RECIPROCITY OR EXAMINATION
FORMER RN STUDENT WITHDRAWN IN GOOD STANDING

**Do not use this form if you successfully graduated from a
Practical Nurse or Registered Nurse education program.**

Legibly print and complete all of the fields USING BLACK INK

Applicant Name: _____ Date of Birth: _____

(As it appears on Legal ID) First Middle Last Maiden/Previous

Mailing Address:

Street Town/City State Zip

E-mail: _____ Telephone: () _____
(This will be the primary method of communication during review) Area Code/Number

Nursing Education Program from which you officially withdrew in good standing:

Address: _____

Type of Registered Nurse program from which you withdrew (check one):

Diploma _____ Associate Degree _____ Baccalaureate _____ Generic MSN _____

Date entered: _____ Date withdrawn: _____

Signature: _____ Date: _____

Eligibility must be granted before you submit a Practical Nurse licensure by reciprocity or examination application to the Board's testing service, Professional Credential Services, Inc. Ineligible applicants will be so notified in writing. The Board will issue a Certificate of PN Reciprocity Eligibility or NCLEX-PN Eligibility to applicants who meet the requirements at the mailing address provided above. The certificate of eligibility must be attached the Practical Nurse licensure by reciprocity application or to the Practical Nurse licensure by examination application in lieu of graduation certification. All licensure fees are non-refundable.

**PRACTICAL NURSE LICENSURE BY RECIPROCITY OR EXAMINATION
FORMER RN STUDENT WITHDRAWN IN GOOD STANDING**

Requested by: _____
Applicant Name
Date requested

Name of Nursing Education Program: _____

The following is to be completed by the Nursing Education Program. Attach an additional page if necessary.

**** Official transcript to be sent directed to the MABORN *****

Please include where in the curriculum experiences that promote the development of nursing judgment, leadership and management skills, professional role socialization consistent with the level of licensure, demonstration of the ability to delegate, supervise others, and provide leadership are covered.

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

Program Approval Status

Agency:			
Last Review:			
Outcome:			
Next Review	Date	Ongoing	<input type="checkbox"/>

The parent institution is accredited. Yes No

(244 CMR 10: Parent Institution Accreditation means the formal recognition or acceptance of the parent institution by a regional or professional accrediting agency recognized by the United States Department of Education or other Board recognized entity.)

Parent Institution Accreditation Status

Agency:			
Last Review:			
Outcome:			
Next Review:			

The Nursing Program has candidacy from a national accreditation agency? Yes No

(244 CMR 10: Program Accreditation Candidacy means the formal recognition or acceptance of the nursing education program's potential to achieve program accreditation by a Board Recognized Accrediting Agency in Nursing.)

If Yes, which one?

1. Accreditation Commission for Education in Nursing (ACEN)
2. Collegiate Nursing education (CCNE)
3. National League for Nursing Commission for Nursing Education Accreditation (NLN CNEA)

The Nursing Program is accredited by a national accreditation agency? Yes No

(244 CMR 10: Program Accreditation means the formal recognition or acceptance of the nursing education program by a Board Recognized Accrediting Agency in Nursing.)

If Yes, which one?

1. Accreditation Commission for Education in Nursing (ACEN)
2. Collegiate Nursing education (CCNE)
3. National League for Nursing Commission for Nursing Education Accreditation (NLN CNEA)

Program Approval Status

Last Review:			
Outcome:			
Next Review:			

The nursing courses successfully completed:

NURSING COURSES SUCCESSFULLY COMPLETED					
COURSE NUMBER	COURSE TITLE	SPECIFIC COURSE CONTENT	THEORY HOURS	LAB HOURS	CLINICAL HOURS
TOTAL HOURS:					

RELATED NON-NURSING COURSES SUCCESSFULLY COMPLETED				
COURSE NUMBER	COURSE TITLE	SPECIFIC COURSE CONTENT	THEORY HOURS	LAB HOURS
TOTAL HOURS:				

The curriculum covered:

Medical/Surgical	Theoretical <input type="checkbox"/>	Clinical <input type="checkbox"/>	Simulation <input type="checkbox"/>	Not covered <input type="checkbox"/>
Pediatrics	Theoretical <input type="checkbox"/>	Clinical <input type="checkbox"/>	Simulation <input type="checkbox"/>	Not covered <input type="checkbox"/>
Obstetrical	Theoretical <input type="checkbox"/>	Clinical <input type="checkbox"/>	Simulation <input type="checkbox"/>	Not covered <input type="checkbox"/>
Mental Health	Theoretical <input type="checkbox"/>	Clinical <input type="checkbox"/>	Simulation <input type="checkbox"/>	Not covered <input type="checkbox"/>

For Clinical hours:

Based on the Program's approved credited clinical hours in the below content areas, please delineate the percentage of clinical hours in (see definitions p.3):

1. Direct Patient Care
2. High Fidelity Simulated Experiences
3. Virtual Simulated Experience
4. Other learning opportunities such as case studies, care plans and/or care mapping

Totals percentage for each course/content area should equal 100%.

Course/Content	Direct Patient Care (Traditional Clinical Experience)	High Fidelity Simulation	Virtual Simulated Experience	Other learning	Total
Medical/Surgical Pediatrics Obstetrics Mental Health					

Date Entered Program: _____

Date Withdrawn: _____

The theoretical and clinical components of the clinical nursing course were successfully completed at the time of the applicant's withdrawal. The applicant successfully completed theory and clinical content in medical, surgical, pediatric, obstetrical as well as mental health nursing concepts prior to withdrawal. The completed curriculum included experiences that promote the development of nursing judgment, leadership and management skills, and professional role socialization consistent with the level of licensure. This included demonstration of the ability to delegate, supervise others, and provide leadership. The applicant was **withdrawn from the program in good standing**.

Nursing Program Administrator _____ Date _____

Place office seal here.

(Will not be accepted without seal)