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](http://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**to Write the NCLEX-PN by Former RN Student Withdrawn in Good Standing INSTRUCTION SHEET**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 Applicant to be **withdrawn in good standing** from a nursing program approved by a legal approving authority.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of Eligibility for Practical Nurse Licensure by Reciprocity or to write the NCLEX-PN by Former RN Student Withdrawn in Good Standing.*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the *Determination of Eligibility for Practical Nurse Reciprocity or to Write the NCLEX-PN by Former RN Student Withdrawn in Good Standing*.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:
	1. Official transcript; sent from school, college, university directly to MA BORN
	2. 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
1. Mail all documents to: Nursing Education Coordinator, Board of Registration in Nursing, at the above address.

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](http://www.mass.gov/dph/boards/rn)

# 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  |

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 | SPECIFICCOURSE CONTENT | THEORY HOURS | LAB HOURS | CLINICAL HOURS |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL HOURS:** |  |  |  |

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

The curriculum covered:

Medical/Surgical Theoretical🞎 Clinical 🞎 Simulation 🞎 Not covered🞎

Pediatrics Theoretical🞎 Clinical 🞎 Simulation 🞎 Not covered🞎

Obstetrical Theoretical🞎 Clinical 🞎 Simulation 🞎 Not covered🞎

Mental Health Theoretical🞎 Clinical 🞎 Simulation 🞎 Not covered🞎

**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)