

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
239 Causeway Street, Suite 500, Boston, MA 02114

Tel: 617-973-0900 Fax: 617-973-0984 www.mass.gov/dph/boards/rn

Documentation Required For Determination of Eligibility to Renew Checklist Licensure Policy 10-01¹

Note: All Licensees seeking evaluation for renewal eligibility are advised to use U.S. Postal Service Registered Mail when submitting required documentation in order to receive a dated confirmation of receipt by the Board.

Telephone confirmation of document receipt is not available.

Fax transmissions are not accepted.

Where to send required documentation

Board of Registration in Nursing c/o Amy Fein, Complaint Resolution Coordinator 239 Causeway Street, Suite 500, 5th Floor Boston, MA 02114

| REQUIRED DOCUMENTATION | Ø |
|---|--------------------------|
| Cover Sheet including: the Licensee's full name, all jurisdictions in which they are licensed with corresponding license numbers and individual licensure statuses. | |
| Licensee's signed written explanation about each criminal conviction or disciplinary action, or both, including: a description, with dates, of the conviction(s) or disciplinary action(s), or both; | |
| a description of the criminal sentence(s) and court-ordered requirement(s), and/or disciplinary sanction(s) imposed and served with the dates each criminal case or disciplinary action was closed; a detailed description of the circumstances surrounding each criminal conviction, or disciplinary action, or both; | mbellandværrer av marker |
| actions taken by the Licensee to prevent the recurrence of conduct underlying each criminal conviction, or disciplinary action, or both; if a criminal conviction, or non-Massachusetts disciplinary action, or both, involve(s) alcohol or drug use: a detailed description of interventions and support systems currently used by applicant to | |

License Renewal of Expired License with Report of Out of State Discipline Adopted 4/14/10

| maintain sustained recovery. | |
|---|-----|
| This explanation must be typed in business format, addressed to the Board, and include the date written, Licensee's full name, address, email address, telephone number and the Licensee's signature. | 100 |
| Massachusetts Criminal Offender Record Information (CORI) Acknowledgement Form signed and completed by Licensee and notarized or verified by an authorized DHPL employee (see CORI Acknowledgement Form page 1). | |
| Certified court record of any adverse criminal action ² , including conviction date, sentence imposed, verification of closure of criminal case including that all court-ordered conditions have been | |
| successfully met, with the closure date, sent directly to the Board by the official record depository. (Licensee must arrange.) This documentation is required for any criminal conviction regardless of the jurisdiction in which it was entered. | |
| Certified record of the final written determination of each disciplinary action, including closure issued by a licensure/certification body against the out of state license, sent directly to the Board. (Licensee must arrange.) | |
| Certified discharge record(s) from drug and/or alcohol education or treatment program(s), or both. All Licensees discharged from treatment program(s) | |
| Written verification from sponsor of the Licensee's addressing maintenance of sobriety and active participation in a Twelve Step Program, including the frequency and duration of applicant's attendance. All Licensees with a history related to or involving alcohol and/or drugs | |

² "Adverse Criminal Action" for the purposes of this document means the final judgment on a verdict or finding of guilty, a plea of guilty, a plea of nolo contendere (no contest), or a plea treated by the court as a guilty plea, regardless of the jurisdiction in which the conviction was entered.