



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 250 Washington Street, Boston, MA 02108-4619

MAURA T. HEALEY
 Governor

KIMBERLEY DRISCOLL
 Lieutenant Governor

KATHLEEN E. WALSH
 Secretary

ROBERT GOLDSTEIN, MD, PhD
 Commissioner

Tel: 617-624-6000
www.mass.gov/dph

AFFIDAVIT

Name _____ Nursing License Number _____

I swear and affirm that:

1. I was issued a paper nursing license by the Massachusetts Board of Registration in Nursing.
2. I cannot locate my paper nursing license and I am not able to produce it on this day.
3. If my paper nursing license should become in my possession, I will immediately surrender the license to the Massachusetts Board of Registration in Nursing.
4. If my paper nursing license should become in my possession, I will not use said license to gain employment or represent myself as having an active nursing license.

I swear and affirm that the above and foregoing representations are true and correct to the best of my information, knowledge, and belief.

 Signature

 Date

State of Massachusetts
 County of _____

I, the undersigned Notary Public, do hereby affirm that _____ (name)

personally appeared before me on _____ (date) and signed

the above Affidavit as his or her free and voluntary act and deed.

 Notary Public