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Annual Report to the Massachusetts Board of Registration

The screenshot shows the 'Annual Report to the Massachusetts Board of Registration' form on the Mass.gov website. The page has a green header with the Mass.gov logo and navigation links. A breadcrumb trail shows: Home > My Licenses/Registrations > Nursing Education Training Program > Nursing Education Training Program - Annual Report. A progress bar at the top indicates four steps: 1. Instructions (current), 2. Parent Institution Information, 3. Nursing Education Program Information, and 4. Submit. The form content includes: Application #: NETPAR6259; Title: Annual Report to the Massachusetts Board of Registration; Introduction: The Report is intended for pre-licensure nursing programs... Completion of the Report is required by nursing programs in compliance with regulation 244 CMR 6.05(3)(c), and serves as the program's application to the Board for continuation of program approval... Important: Massachusetts Board regulation 244 CMR 6.07(3) require the program administrator of a Board-approved nursing education program to notify the Board of all program changes, excluding those at 244 CMR 6.07(1) (a-e) that require Board approval prior to implementing... Please contact the Board with any questions regarding which form to use. Prior to submitting the Report to the Board please review the following: (bullet points); Reports that are incomplete or not signed by the program administrator will be returned resulting in delays in program approval. A copy of 244 CMR 6.00: Approval of Nursing Education Programs and the General Conduct Thereof is available at www.state.ma.us/dpl/boards/rn (see Rules and Regulations). Report Year: Sample Text. At the bottom are buttons: 'Save & Stay On This Page', 'Save & Go To Next Page -->', and 'Exit'.

Mass.gov | Massachusetts Department of Public Health eLicensing System

Home > My Licenses/Registrations > Nursing Education Training Program > Nursing Education Training Program - Annual Report

1 Instructions 2 Parent Institution Information 3 Nursing Education Program Information 4 Submit

Application #: NETPAR6259

Annual Report to the Massachusetts Board of Registration

The Report is intended for **pre-licensure** nursing programs. Registered nurses enrolled in a program for the purpose of obtaining a degree (RN to BSN) are not to be included in the Report.

Completion of the Report is required by nursing programs in compliance with regulation 244 CMR 6.05(3)(c), and serves as the program's application to the Board for continuation of program approval. The Report is designed to reflect the nursing program's compliance with the regulations at 244 CMR 6.04: Standards for Nursing Education Program Approval during the **Current Academic Year**. The Report is a legal record that is retained permanently by the Board.

The program administrator must submit an electronically signed Report to the Board no later than the **First Monday in November of the Current Academic Year**. The Board will notify the program administrator and the chief executive officer of the parent institution in writing of the program's approval status.

Important: Massachusetts Board regulation 244 CMR 6.07(3) require the program administrator of a Board-approved nursing education program to notify the Board of all program changes, excluding those at 244 CMR 6.07(1) (a-e) that require Board approval prior to implementing. The Program Administrator will use the Board provided forms to report Program changes when submitting the Program's Annual Report to the Board. Each form will direct the Program to submit the required documentation to demonstrate compliance with 244 CMR 6.04. Program Change Reports can be found on the Board website: <https://www.mass.gov/guides/nursing-education-programs-compliance-guidelines-and-reports>

Please contact the Board with any questions regarding which form to use.

Prior to submitting the Report to the Board please review the following:

- All Admission, Graduate and Enrollment numbers are verified and totaled
- All Faculty and Preceptor data is complete and accurate
 - Name must be provided as it appears on nursing license
- Nursing license must be current during the **Current Academic Year**
- Each program type (PA, RN, BSN and Direct Entry) submitted individually
- Each program assigned a NCSBN program code requires an individual Report
- All program changes are reported
- The program administrator has electronically signed the Report

Reports that are incomplete or not signed by the program administrator will be returned resulting in delays in program approval.

A copy of 244 CMR 6.00: Approval of Nursing Education Programs and the General Conduct Thereof is available at www.state.ma.us/dpl/boards/rn (see Rules and Regulations).

Report Year: Sample Text

Save & Stay On This Page Save & Go To Next Page --> Exit

Instructional Text

The Report is intended for pre-licensure nursing programs. Registered nurses enrolled in a program for the purpose of obtaining a degree (RN to BSN) are not to be included in the Report.

Completion of the Report is required by nursing programs in compliance with regulation 244 CMR 6.05(3)(c), and serves as the program's application to the Board for continuation of program approval. The Report is designed to reflect the nursing program's compliance with the regulations at 244 CMR 6.04: Standards for Nursing Education Program Approval during the Current Academic Year. The Report is a legal record that is retained permanently by the Board.

The program administrator must submit an electronically signed Report to the Board no later than the First Monday in November of the Current Academic Year. The Board will notify the program administrator and the chief executive officer of the parent institution in writing of the program's approval status.

Important: Massachusetts Board regulation 244 CMR 6.07(3) require the program administrator of a Board-approved nursing education program to notify the Board of all program changes, excluding those at 244 CMR 6.07(1) (a-e) that require Board approval prior to implementing. The Program Administrator will use the Board provided forms to report Program changes when submitting the Program's Annual Report to the Board. Each form will direct the Program to submit the required documentation to demonstrate compliance with 244 CMR 6.04. Program Change Reports can be found on the Board website: <https://www.mass.gov/guides/nursing-education-programs-compliance-guidelines-and-reports>

Please contact the Board with any questions regarding which form to use.

Prior to submitting the Report to the Board please review the following:

- All Admission, Graduate and Enrollment numbers are verified and totaled
- All Faculty and Preceptor data is complete and accurate
- Name must be provided as it appears on nursing license
- Nursing license must be current during the reported on 2024-2025 Current Academic Year
 - Name must be provided as it appears on nursing license
 - Nursing license must be current during the Current Academic Year
- Each program assigned a NCSBN program code requires an individual Report
- All program changes are reported
- The program administrator has electronically signed the Report

A copy of 244 CMR 6.00: Approval of Nursing Education Programs and the General Conduct Thereof is available at www.state.ma.us/dpl/boards/rn (see Rules and Regulations).

As you progress through the Annual Report, you will be allowed to save as you go.

Important Instruction

Please ONLY send your *username* to Ethan Ketchum, Ethan.Ketchum2@mass.gov, and NOT your *password*.

Parent Institution Information/Parent Institution Accreditation Status

An official website of the Commonwealth of Massachusetts

Here's how you know

 **Mass.gov** | Massachusetts Department of Public Health eLicensing System

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Home > My Licenses/Registrations > Nursing Education Training Program > Nursing Education Training Program - Annual Report

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Instructions

Parent Institution Information

Nursing Education Program Information

Nursing Program Accreditation Status

Submit

Application #: NETPAR6259

Parent Institution Information

Parent Institution Name *

Sample Text

Address 1 *

Sample Text

Address 2

Sample Text

City *

Sample Text

State *

Zip Code *

Chief Executive Officer Name and Credentials *

Sample Text

CEO Email Address *

Sample Text

Parent Institution Accreditation Status

Agency *

Sample Text

Last Review *

7/2/2025

Outcome *

Initial Accreditation

Next Review *

7/2/2025

<< Go To Previous Page

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Save & Go To Next Page >>

Exit

Instructional Text

Please include all demographic information for the parent institution. All fields are required to progress.

Nursing Education Program Information

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Nursing Program Accreditation Status

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Nursing Program Options & Student Data

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Submit

Application #: NETPAR6259

Nursing Education Program Information

Nursing Education Program Name *

JD Software

Nursing Program Type *

PN

Program Address 1 *

27 Congress Street

Program Address 2

Suite 505

Program City *

Salem

Program State *

MA

Program Zip Code *

01970

Mailing Address 1 *

27 Congress Street

Mailing Address 2

Suite 505

Mailing City *

Salem

Mailing State *

MA

Mailing Zip Code *

01970

Nursing Program Administrator Name and Credentials *

Sample Text

Program Administrator Email *

sample@email.com

Program Administrator Phone Number *

555-123-9876

Academic Year Start Date *

7/2/2025

Academic Year End Date *

7/2/2025

Number of Weeks in Semester *

100

Date of Last BORN Site Survey *

7/2/2025

Program Website *

Sample Text

NCSBN Program Code *

Sample Text

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Save & Go To Next Page >>

Exit

Instructional Text

Please include all information for the nursing education program. All fields are required to progress.

Nursing Program Accreditation Status

An official website of the Commonwealth of Massachusetts

Here's how you know

 **Mass.gov** | Massachusetts Department of Public Health eLicensing System

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Instructions

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Nursing Education Program Information

Nursing Program Accreditation Status

Nursing Program Options & Student Data

Mission & Governance

Submit

Application #: NETPAR6259

Nursing Program Accreditation Status

Accreditation Agency *

ACEN

Last Review Cycle for Accreditation *

Sample Text

Last Review *

7/2/2025

Outcome *

Initial Accreditation

Next Review Cycle for Accreditation *

Sample Text

Next Review *

7/2/2025

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Exit

Instructional Text

Nursing Program Options & Student Data/Total Nursing Program Student Data (all program options/cohorts/locations combined)

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 **Mass.gov** | Massachusetts Department of Public Health eLicensing System

 

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Nursing Program Options & Student Data

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Mission & Governance

7

Full time Faculty

20

Submit

Application #: NETPAR6259

Nursing Program Options & Student Data

Admissions: Report the number of new students matriculated for the first time and identified as nursing majors admissions for the Program during the **Current Academic Year**.

Graduates: Report the number of students who graduated from the nursing education program during the **Current Academic Year**.

Enrollment: Report the total number of students enrolled during the **Current Academic Year**.

Enrolled student numbers should be inclusive of all admissions, graduates and the number of students continuing their program of study during the academic year for each option.

Full-time faculty are those individuals who are dedicated full time to this Program Option.

Part-time faculty are those individuals who are **not** dedicated full time to this Program.

Nursing Program Options & Student Data #1

Program Option Name *

Sample Text

Location Name *

Sample Text

Delivery Method *

☒ Face-to-Face

☐ Hybrid

☐ Distance Education

Percentage of Nursing Credits Delivered by Distance Education *

☒ 0%

☐ 1-24%

☐ 25-49%

☐ 50-100%

Admissions *

100

Student Enrollment *

100

Graduates *

100

Full-time faculty *

100

Full-time faculty to student ratio *

Sample Text

Part-time faculty *

100

Add Option

Total Nursing Program Student Data (all program options/cohorts/locations combined)

Admissions: 100

Student Enrollment: 100

Graduates: 100

Full-time faculty to student ratio for all program options *

Sample Text

<< Go To Previous Page

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Exit



How To Get Help:

Mass.gov Resources

eLicensing User Guide

Bureau of Health Professions Licensure

Office of Local and Regional Health

Department of Public Health

Phone: (800) 414-0168

TTY Line: (617) 973-0988

BHPL eLicensing Support Resources

 Online eLicensing Support Request Form

DO NOT provide your Social Security Number or Date of Birth when contacting the eLicensing Support Desk online.

Powered By JD Software [Archhealth](#)

Instructional Text

Admissions: Report the number of new students matriculated for the first time and identified as nursing majors admissions for the Program during the Current Academic Year.

Graduates: Report the number of students who graduated from the nursing education program during the Current Academic Year.

Enrollment: Report the total number of students enrolled during the Current Academic Year.

Enrolled student numbers should be inclusive of all admissions, graduates and the number of students continuing their program of study during the academic year for each option.

Full-time faculty are those individuals who are dedicated full time to this Program Option.

Part-time faculty are those individuals who are not dedicated full time to this Program.

Mission & Governance/Total Number of Faculty/Faculty Retention Rates

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Mass.gov | Massachusetts Department of Public Health eLicensing System

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Application #: NETPAR6259

Mission & Governance

Does the nursing program have written plan for systematic evaluation of all components of the program? *

☒ Yes
☐ No

Does the program publish current policies which describe the specific nondiscriminatory criteria for the fourteen Board required policies? *

☒ Yes
☐ No

Total Number of Faculty

Full-time faculty are those individuals who are dedicated full time to this Program Option.
Part-time faculty are those individuals who are **not** dedicated full time to this Program.

Full-time *

100

Part-time *

100

Does the program verify all nursing faculty maintain expertise appropriate to teaching responsibilities? *

☒ Yes
☐ No

Faculty Nursing Degree

Please do not report all nursing degrees. For each faculty member report only the highest nursing degree held.
Percentage of full-time Faculty

Faculty whose highest degree in Nursing is Doctorate * Enter as a percentage. For example, 50 represents 50%	Faculty whose highest degree in Nursing is Masters * Enter as a percentage. For example, 50 represents 50%	Full-time faculty whose highest degree in Nursing is Bachelors * Enter as a percentage. For example, 50 represents 50%
100	100	100

Percentage of part-time faculty

Faculty whose highest degree in Nursing is Doctorate * Enter as a percentage. For example, 50 represents 50%	Faculty whose highest degree in Nursing is Masters * Enter as a percentage. For example, 50 represents 50%	Faculty whose highest degree in Nursing is Bachelors * Enter as a percentage. For example, 50 represents 50%
100	100	100

Faculty Retention Rates

Number of full-time nursing faculty employed by the program during current academic year *

100

Of the full-time faculty employed how many remained employed at the end of current academic year *

100

Full-time Faculty Retention Rate *
Enter as a percentage. For example, 50 represents 50%

100

Number of part-time nursing faculty employed by the program for current academic year *

100

Of the part-time faculty employed during the academic year how many remained employed at the end of current academic year *

100

Part-time Faculty Retention Rate *
Enter as a percentage. For example, 50 represents 50%

100

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Instructional Text

Full-time faculty are those individuals who are dedicated full time to this Program Option.
Part-time faculty are those individuals who are not dedicated full time to this Program Option.

Faculty Nursing Degree

Please do not report all nursing degrees. For each faculty member report only the highest nursing degree held.
Percentage of full-time Faculty

Full time Faculty

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Nursing Program Options & Student Data

Mission & Governance

Full time Faculty

Part time Faculty

Students

Submit

Application #: NETPAR6259

Full time Faculty

Full-time faculty are those individuals who are dedicated full time to this Program Option.

You may add additional faculty by clicking the **Add Faculty** button below.

You are also required to provide the RN License Number in the section below. You may search for your MA RN License Number on the Health Professions License Verification Site at <https://checkahealthlicense.mass.gov/>.

Full time Faculty #1

First Name *

Sample Text

Last Name *

Sample Text

RN License Number *

Sample Text

Is the faculty RN license from outside of MA? *

☒ Yes ☐ No

RN License State *

Date of Hire *

7/2/2025

End Date if applicable

7/2/2025

Academic Degrees, Years (List all degrees) *

Sample Text

Assigned Nursing Courses (include Course name, and delineate either didactic, lab, or clinical) *

Sample Text

Add Faculty

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Exit

Instructional Text

Full-time faculty are those individuals who are dedicated full time to this Program Option.

You may add additional faculty by clicking the **Add Faculty** button below.

You are also required to provide the RN License Number in the section below. You may search for your MA RN License Number on the Health Professions License Verification Site at <https://checkahealthlicense.mass.gov/>.

Part time Faculty

An official website of the Commonwealth of Massachusetts

Here's how you know

 **Mass.gov** | Massachusetts Department of Public Health eLicensing System

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Instructions

Mission & Governance

Full time Faculty

Part time Faculty

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Submit

Application #: NETPAR6259

Part time Faculty

*Part-time faculty are those individuals who are **not** dedicated full time to this Program.*

You may add faculty by clicking the **Add Faculty** button below.

You are also required to provide the RN License Number in the section below. You may search for your MA RN License Number on the Health Professions License Verification Site at <https://checkahealthlicense.mass.gov/>.

Part time Faculty #1

Delete

First Name *

Sample Text

Last Name *

Sample Text

RN License Number *

Sample Text

Is the faculty RN license from outside of MA? *

☒ Yes ☐ No

RN License State *

Date of Hire *

7/2/2025

End Date if applicable

7/2/2025

Academic Degrees, Years (List all degrees- For BSN prepared include Date of matriculation in graduate nursing program and/or date of certification) *

Sample Text

Assigned Nursing Courses (include Course name, and delineate either didactic, lab, or clinical) *

Sample Text

Add Faculty

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Exit

Instructional Text

Part-time faculty are those individuals who are not dedicated full time to this Program.

You may add faculty by clicking the **Add Faculty** button below.

You are also required to provide the RN License Number in the section below. You may search for your MA RN License Number on the Health Professions License Verification Site at <https://checkahealthlicense.mass.gov/>.

Students

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Students

Please refer to the regulations at 244 CMR 6.07(b) when reporting student data.

For **Current Academic Year**

Does the program require all candidates for admission to provide satisfactory evidence of secondary school graduation or its equivalent? *

☒ Yes

☐ No

Does the program require all candidates for admission to provide immunization requirements specified by the Massachusetts Department of Public Health? *

See immunization requirements specified by the Massachusetts Department of Public Health

☒ Yes

☐ No

Please indicate whether the program publishes information that includes the following *

☒ Program and Accreditation status

☐ Number of graduates in each class

☐ Annual NCLEX pass rates for first time test takers

☐ Transfer credit policy

☐ Common Clinical Placement requirements

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Exit

Instructional Text

Please refer to the regulations at 244 CMR 6.07(b) when reporting student data for the 2024-2025 Academic Year.

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Mass.gov | Massachusetts Department of Public Health eLicensing System

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Curriculum

For each nursing course, please include:

1. Program Option Name
2. Type of course
3. The course number and title
4. Total credit for each course
5. Total semester clock hours for each component of each course:
 - Didactic
 - Laboratory
 - Simulation
 - Clinical
6. The established credit to contact hour ratio for each component of each course.
 - Didactic
 - Laboratory
 - Simulation
 - Clinical
7. Total number of weeks in semester.
 - For clinical hours only: please delineate the total time and percentage of the total time spent in:
 - Direct Patient Care
 - High Fidelity Simulated Experiences
 - Virtual Experiences
 - Other learning opportunities such as case studies; care plans and/or care mapping

Curriculum #1

Program Option Name *

Type of Course * Course Number and Title * Credit Hours *

Science ▼ Sample Text 100

Didactic Clock Hours * Laboratory Clock Hours * Simulation Clock Hours * Clinical Clock Hours *

For example, 50 represents 50 Hours For example, 50 represents 50 Hours For example, 50 represents 50 Hours For example, 50 represents 50 Hours

100 100 100 100

Didactic Credit-to-Contact Hour Ratio * Laboratory Credit-to-Contact Hour Ratio * Simulation Credit-to-Contact Hour Ratio * Clinical Credit-to-Contact Hour Ratio *

Sample Text Sample Text Sample Text Sample Text

Time spent in Direct Patient Care * Time spent in High Fidelity Simulated Experiences * Time spent in Virtual Experience * Time spent in other learning opportunities such as case studies; care plans and/or care mapping *

For example, 50 represents 50 Hours For example, 50 represents 50 Hours For example, 50 represents 50 Hours For example, 50 represents 50 Hours

100 100 100 100

Add Curriculum

<< Go To Previous Page Save & Stay On This Page Save & Go To Next Page >> Exit

Instructional Text

For each nursing course, please include:

- Program Option Name
- Type of course
- The course number and title
- Total credit for each course
- Total semester clock hours for each component of each course:
 - Didactic
 - Laboratory
 - Simulation
 - Clinical
- The established credit to contact hour ratio for each component of each course.
 - Didactic
 - Laboratory
 - Simulation
 - Clinical
- Total number of weeks in semester.
 - For clinical hours only: please delineate the total time and percentage of the total time spent in:
 - Direct Patient Care
 - High Fidelity Simulated Experiences
 - Virtual Experiences
 - Other learning opportunities such as case studies; care plans and/or care mapping

Leadership and Professional Development Experiences

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Here's how you know

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Leadership and Professional Development Experiences

Does the program provide experiences that promote development of nursing judgement? *

☒ Yes

☐ No

Does the program provide experiences that develop leadership and management skills? *

☒ Yes

☐ No

Does the program provide experiences that develop professional role socialization consistent with level of licensure? *

☒ Yes

☐ No

Does the program provide experiences that demonstrate the ability to delegate, supervise others, and provide leadership? *

☒ Yes

☐ No

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Instructional Text

Please respond and complete the leadership and professional development experiences questions in this section.

Resources

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Preceptor Profiles

Cooperating Agencies

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Application #: NETPAR6259

Resources

Faculty Student Ratios

Minimum Didactic Faculty Student Ratio *

Maximum Didactic Faculty Student Ratio *

Sample Text

Sample Text

Minimum Laboratory Faculty Student Ratio *

Maximum Laboratory Faculty Student Ratio *

Sample Text

Sample Text

Minimum Clinical Faculty Student Ratio *

Maximum Clinical Faculty Student Ratio *

Sample Text

Sample Text

Are written affiliation agreements with cooperating agencies utilized as clinical learning sites current, and are they in compliance with 244 CMR 6.05(B)? *

Yes

No

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Instructional Text

Please respond by completing the Faculty-Student Ratios in this section.

Preceptor Profiles

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Preceptor Profiles

You may add a profile by clicking the **Add Profile** button below.You are also required to provide the RN License Number in the section below. You may search for your MA RN License Number on the Health Professions License Verification Site at <https://checkahealthlicense.mass.gov/>.

Preceptor Profiles #1

Delete

First Name *

Sample Text

Last Name *

Sample Text

Title *

Sample Text

RN License Number *

Sample Text

Is the preceptor RN license from outside of MA? *

☒ Yes ☐ No

RN License State *

Date of Expiration *

7/2/2025

Nursing Academic Degrees, Years (List all nursing degrees) *

Sample Text

Name of Healthcare Facility *

Sample Text

Preceptor : Student Ratio *

Sample Text

Faculty Clinical Instructor *

Add Profile

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Exit

Instructional Text

You may add a profile by clicking the **Add Profile** button below.

You are also required to provide the RN License Number in the section below. You may search for your MA RN License Number on the Health Professions License Verification Site at <https://checkahealthlicense.mass.gov/>.

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Mass.gov | Massachusetts Department of Public Health eLicensing System

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Cooperating Agencies

Cooperating Agencies #1

Name of Agency *Unit *Course *

Sample Text

Sample Text

Sample Text

Type of Clinical Experience *

Start Date *End Date *

7/2/20257/2/2025

Faculty - Student Ratio *Faculty Clinical Instructor *

Sample Text

Add Agency

<< Go To Previous PageSave & Stay On This PageSave & Go To Next Page >>

Exit

Please complete the cooperating agencies section. You may add an additional agency profile by clicking the **Add Agency** button below.

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Outcomes

Please complete ALL of the following sections for the three (3) most recent years. For expected levels of achievement (ELAs), include a timeline (e.g., 70% of students will complete the program in 150% of the program length).

First-time Performance on Licensure/Certification Examination Aggregated for Entire Program

First-time Performance on Licensure/Certification Examination Aggregated for Entire Program #1
Expected Level of Achievement from Systematic Evaluation Plan *

Sample Text

Year *

Sample Text

Licensure Examination Pass Rate *

Enter as a percentage. For example, 50 represents 50%

100

First-time Performance on Licensure/Certification Examination Aggregated for Entire Program #2
Expected Level of Achievement from Systematic Evaluation Plan *

Year *

Licensure Examination Pass Rate *

Enter as a percentage. For example, 50 represents 50%

First-time Performance on Licensure/Certification Examination Aggregated for Entire Program #3
Expected Level of Achievement from Systematic Evaluation Plan *

Year *

Licensure Examination Pass Rate *

Enter as a percentage. For example, 50 represents 50%

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Exit

Please complete ALL of the following sections for the three (3) most recent years. For expected levels of achievement (ELAs), include NCLEX first-time pass rates (e.g., 90% of students will pass on first attempt on the NCLEX.)

Performance on Program Completion – Aggregated for Entire Program

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Performance on Program Completion – Aggregated for Entire Program

Performance on Program Completion – Aggregated for Entire Program #1

Expected Level of Achievement from Systematic Evaluation Plan *

Sample Text

Year *

Sample Text

Program Completion Rate *

Enter as a percentage. For example, 50 represents 50%

100

Performance on Program Completion – Aggregated for Entire Program #2

Expected Level of Achievement from Systematic Evaluation Plan *

Year *

Program Completion Rate *

Enter as a percentage. For example, 50 represents 50%

Performance on Program Completion – Aggregated for Entire Program #3

Expected Level of Achievement from Systematic Evaluation Plan *

Year *

Program Completion Rate *

Enter as a percentage. For example, 50 represents 50%

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Exit

Instructional Text

Please complete ALL of the following sections for the three (3) most recent years. For expected levels of achievement (ELAs), include a timeline (e.g., 70% of students will complete the program in 150% of the program length).

Admission Rates Reported on Annual Reports – Aggregated for Entire Program

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Outcomes

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Admission Rates Reported on Annual Reports – Aggregated for Entire Program

Admission Rates Reported on Annual Reports – Aggregated for Entire Program #1

Expected Level of Achievement from Systematic Evaluation Plan *

Sample Text

Year *

Sample Text

Admissions Rate *

Enter as a percentage. For example, 50 represents 50%

100

Admission Rates Reported on Annual Reports – Aggregated for Entire Program #2

Expected Level of Achievement from Systematic Evaluation Plan *

Year *

Admissions Rate *

Enter as a percentage. For example, 50 represents 50%

Admission Rates Reported on Annual Reports – Aggregated for Entire Program #3

Expected Level of Achievement from Systematic Evaluation Plan *

Year *

Admissions Rate *

Enter as a percentage. For example, 50 represents 50%

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Exit

Instructional Text

Please complete ALL of the following sections for the three (3) most recent years. For expected levels of achievement (ELAs), include a timeline for the admissions rates.

Required Documentation

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Required Documentation

E-Signature

Submit

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Required Documentation

Notification of a 6.07 Board Approval of Specific Nursing Education Program Changes *

Check one

☒ I have no program changes to report in compliance with 6.07(3)

☐ I am submitting the attached program changes in compliance with 6.07(3) requiring Board notification of program changes when submitting the Annual Report

Program Administrator

As program administrator, I certify under the pains and penalties of perjury, that this program complies with those requirements specified in state regulations, 244 CMR 6.00, respective to program type *

☒ I certify that this program complies with those requirements specified in state regulations, 244 CMR 6.00

☐ This nursing education program is not in compliance with state regulations

First Name *

Last Name *

Title *

Sample Text

Sample Text

Sample Text

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Instructional Text

This form should be submitted by the Program Administrator.

E-Signature

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E-Signature

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Submit

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E-Signature

Please read the following statement carefully, then acknowledge that you have read and approved it by providing the information requested at the bottom of the page. If this application was reopened by Board staff for amendment, you must review the entire application to ensure the information you have provided is truthful and accurate. Please note that an eSignature is the electronic equivalent of a hand-written signature.

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application is truthful and accurate. I further certify that I have had the opportunity to review and correct the information provided in this application. I understand that any misrepresentation or omission of information contained in this application may be grounds for the Board to deny the application or to suspend or revoke a license issued to me.

I further attest that, pursuant to M.G.L. c 62C, §49A, to the best of my knowledge and belief, I have complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

By my eSignature below, I certify that I have read, fully understand, and accept all terms of the foregoing statement. I make my eSignature by completing the fields below.

Do Not E-Sign Until You Have Read the Above Statements. ([Information about the Massachusetts Electronic Signature Law](#))

I agree *

☒ Yes

My full name *

Sample Text

Title

Sample Text

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Exit

Instructional Text

Please read the following statement carefully, then acknowledge that you have read and approved it by providing the information requested at the bottom of the page. If this application was reopened by Board staff for amendment, you must review the entire application to ensure the information you have provided is truthful and accurate. Please note that an eSignature is the electronic equivalent of a hand-written signature.

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