The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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Maura T. Healey
Governor

Kimberley Driscoll
Lieutenant Governor

Kiame Mahaniah, MD, MBA
Secretary

Robert Goldstein, MD, PhD
Commissioner

244 CMR 6.03 Massachusetts Board of Nursing Petition for Nursing Education Programs offered by a parent institution that has a principle place of business outside of Massachusetts offering Clinical Experience in Massachusetts

Part A – Program Information

Part A: Submit one time, annually **6 months prior** to the start of any clinical experiences. Any changes to the Program information provided on this form must be updated **within 7 days** of such change. This approval does not automatically ensure that applicants from the program will be eligible for licensure in the Commonwealth of Massachusetts.

Part B: Submit **30 days prior** to any student clinical placement.

Please ensure that the form is completed in type format.

Parent Institution Name: _____

Address: _____

_____

CEO Name and Title: _____

_____

CEO Phone Number: _____

CEO Email Address: _____

Program Administrator Name and Title: _____

Program Administrator Phone Number: _____

Program Administrator Email Address: _____

Nursing Education Program Delivery Method:
☐ Face to face ☐Hybrid/Blended ☐ Fully Online

Program Type:

☐ LPN
☐ADN
☐RN Diploma
☐BSN
☐Direct Entry Masters

Program Approval Status and Approving Authority:

☐ State Board of Nursing State: _____

☐Other: _____

Approval Status: _____ (Letter or document must be attached)

Parent Institution Accreditation:
Accreditation Agency: _____

Accreditation Status: _____
Letter or document must be attached.

Nursing Program Accreditation (Must be a Board approved accreditation agency):
Accreditation Agency: _____

Accreditation Status: _____
Letter or document must be attached

☐No Program Accreditation

Additional:
Office of Private Occupational School Education ☐ yes or ☐ no
Letter or document must be attached

As CEO, I certify under the pains and penalties of perjury, that the information provided in this application is accurate.

Last Name	**First Name**	**Title**
_____	_____	_____

Signed: _____ Date: _____

As Program Administrator, I certify under the pains and penalties of perjury, that the information provided in this application is accurate.

Last Name	**First Name**	**Title**
_____	_____	_____

Signed: _____ **Date:** _____