



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
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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.

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:

Participating Member of SARA ☐ yes or ☐ no

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:** _____

