



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  
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Lieutenant Governor

KATHLEEN E. WALSH  
Secretary

ROBERT GOLDSTEIN, MD, PhD  
Commissioner

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**244 CMR 6.05 Massachusetts Board of Nursing Petition for Nursing Education Programs offered by a parent institution that has a principal place of business outside of Massachusetts offering Clinical Experience in Massachusetts**

**Part B – Student Clinical Placement Information**

**Part A:** Submit one time at least 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.** A form must be completed for each clinical placement. Any changes must be updated within 7 days of change.

**Program Name:**

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**Program Administrator Name and Title:**

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**Program Administrator Phone Number:**

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**Program Administrator Email Address:**

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**Clinical Agency:**

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**Clinical Agency Address:**

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**Written Agreement with Cooperating Agencies Utilized as Clinical Learning Site:**

Written agreement is developed and reviewed annually by both the program and agency personnel

☐ Yes

☐ No

Written agreement is current

☐ Yes

☐ No

Written agreement is specific in defining parameters of activities and responsibilities of the:  
program

☐ Yes

☐ No

student

☐ Yes

☐ No

cooperating agency

☐ Yes

☐ No

**Proposed Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Clinical Instructor Name:** \_\_\_\_\_

**Clinical Instructor MA RN License:** \_\_\_\_\_

**Highest Degree in Nursing:** \_\_\_\_\_

**Number of students in clinical group:** \_\_\_\_\_

**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:** \_\_\_\_\_

