



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
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ROBERT GOLDSTEIN, MD, PhD
 Commissioner

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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 principal place of business outside of Massachusetts offering Clinical Experience in Massachusetts

Part B – Student Clinical Placement Information

Part A: Submit one time annually, 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 made at *least* two weeks prior to the clinical placement start, and the Board should be notified within 7 days of the changes.

Please ensure that the form is completed in type format.

Program Name: _____

Program Administrator Name and Title: _____

Program Administrator Phone Number: _____

Program Administrator Email Address: _____

Clinical Agency: _____

Clinical Agency Address: _____

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: _____

Does the clinical placement include a preceptor experience? _____

Preceptor Name: _____

Preceptor MA RN License: _____

All Degrees in Nursing: _____

Name of students in the 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: _____

