



TEMPORARY Nursing Licensure by Reciprocity Application

Please note TEMPORARY licensure is no longer valid when the Public Health Emergency is NO longer in effect

Select Application Type: Licensed Practical Nurse [] Registered Nurse []
 Advanced Practical Nurse: CNP [] CNM [] CRNA [] PCNS [] CNS []

To complete this application you must answer all required questions. Please read each question carefully and provide accurate information. PCS processes nurse licensure applications on behalf of the Massachusetts Board of Registration in Nursing.

Personal Information

Social Security Number: _____ **Birth Date:** _____
Phone Number: _____ **Email:** _____

Full Legal Name (As it appears on your government issued ID or other legal documentation.)

First Name _____ **Middle Name** _____ **Last Name** _____

Mailing Address: _____
 _____ Apt/Ste #
 _____ United States

 _____ City _____ State _____ Zip _____ Country

Please list below your initial license information for the temporary license type you are applying for in Massachusetts and license information for the state you are currently practicing.

	State	License Number	Year Issued
Initial State of Licensure by EXAM			
Current Primary state of Licensure (Seeking Reciprocity from)			

If you have ever held or hold a license in the California, Michigan or Pennsylvania and it is not included above, please list below:

State	License Type	License Number	Year Issued
CA			
MI			
PA			

Attestation: Under the penalties of perjury, I declare that to the best of my knowledge and belief, the information contained herein is true, correct and complete. I understand that any falsification or misrepresentation of any item on this application may be a sufficient basis for denying or revoking a license. I also declare I will cease to practice as a nurse in the Commonwealth of Massachusetts when the Emergency order is no longer in effect

SIGNATURE: _____ **DATE:** _____

To submit this form: fax securely to: 615-523-8840 or Mail to: ATTN:MA Board of Registration in Nursing, C/O MA Nurse Coordinator, P.O. Box 198788, Nashville, TN 37219