



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 Bureau of Health Professions Licensure
 Board of Registration in Nursing
 239 Causeway Street, Suite 500, 5th Floor, Boston, MA 02114
 617-973-0900 617-973-0895 TTY
www.mass.gov/dph/boards/rn

Name: _____ Date: _____

Address: _____

SSN: _____ Date of Birth: __ / __ / __ License Number: _____ Exp.Date: _____

Email address: _____
(must be legible)

Request to Change Advanced Practice Registered Nurse Authorization to “Expired”

Advanced Practice Registered Nurse (APRN) category to change to “Expired”:

- Nurse Anesthetist (CRNA) Nurse Practitioner (CNP) Nurse Midwife (CNM)
 Psychiatric Clinical Nurse Specialist (PCNS) Clinical Nurse Specialist (CNS)

Reason for request:

- I no longer intend to practice in this APRN category I am retired
 I am no longer certified in this APRN category I have changed career plans/goals
 Other (please specify) _____

I understand that by signing and submitting this request, I am asking the Massachusetts Board of Registration in Nursing (Board) to place my authorization to practice as an APRN in the Commonwealth of Massachusetts as “expired” in the Board’s data base. Further, I understand that if, and when I wish to request my APRN authorization be “current” that I will be required to satisfy the renewal requirements for APRN practice in effect at the time of the request to make authorization “current”.

 Licensee Signature Date