



## Mission

The mission of the Board of Registration in Nursing is to protect the health, safety and welfare of the citizens of the Commonwealth through the fair and consistent application of the statutes and regulations governing nursing practice and nursing education.

### Fiscal Year 2017 Board Members as of June 30, 2017

- K. Gehly, MSN, CNP, Chairperson: Educator-RN ADN Education
- B. Levin, BSN, RN, Vice Chairperson: RN-Direct Care
- S. Abbott: Consumer
- D. Drew, MBA: Consumer
- G. Dufault, LPN: LPN Community Health
- J. Fantes, MD: Physician
- L. Kelly, DNP, CNP – Advanced Practice, Direct Care
- L. Keough, PhD, CNP - Advanced Practice, Direct Care
- J. Killion, LPN: LPN Acute Care
- C. LaBelle, MSN, RN: RN- Direct Care
- P. Noonan, MS, RN,: Educator-Practical Nurse Education
- A. Peckham, MSN/MBA, RN: RN Administrator
- C. Simonian, RPh, Pharm.D.: Pharmacist
- D. Zucker, PhD, RN: Educator – Baccalaureate/ Higher Ed.

# Board News

## Fiscal Year 2017

March 2018 | Volume 12 | Number 1

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# Executive Order 562: Updates on the Board's 244 CMR Review

The Board of Registration in Nursing (Board) has undertaken a multi-step review of its regulations at 244 CMR in compliance with Executive Order (EO) 562, issued by Governor Baker on March 31, 2015. The resulting proposed revisions were first approved by the Board on December 3, 2015, and subsequently submitted for administrative approval to proceed to the public comment stage as required under EO562.

As reported in the August 2016 issue of Nursing Board News, the proposed revisions are intended to incorporate:

- Substantive updates to the regulations proposed by Board-appointed task forces including 244 CMR 3.00 with respect to delegation to unlicensed persons and 244 CMR 6.00 designed to modernize standards and streamline the process for the approval of Registered Nurse and Practical Nurse education programs;
- Recent changes to statutes that impose conditions on nurse licensure such as St. 2010, c. 283, An Act Adding Safeguards to the Prescription Monitoring Program and Furthering Substance Abuse Education and Prevention which added M.G.L. c. 94C, §18(e) requiring Advanced Practice Registered Nurses who prescribe to complete training in topics relating to pain management, substance abuse and counseling and the new mandatory domestic violence training requirement specified at M.G.L. c. 112. §264;

- Technical corrections to 244 CMR 4.00 concerning provisions applicable to the practice of certified registered nurse anesthetists;
- Codification of licensee and applicant responsibilities with respect to license renewal and the information submitted to the Board in connection with any application;
- Internal consistency within 244 CMR by moving definitions contained in each 244 CMR subsection to a “definitions” subsection at 244 CMR 10.00; and
- Greater efficiency and consistency in the initiation, investigation and handling of complaints across all boards within the Bureau of Health Professions Licensure.

Since receiving administrative approval to proceed, the Board has published the proposed changes to the following regulations at 244 CMR:

- [3.00](#): Registered Nurse and Licensed Practical Nurse (includes 3.05: Delegation and Supervision of Selected Nursing Activities by Licensed Nurses to Unlicensed Personnel)
- [5.00](#): Continuing Education
- [6.00](#): Approval of Nursing Education Programs and the General Conduct Thereof
- [7.00](#): Action on Complaints
- [8.00](#): Licensure Requirements
- [9.00](#): Standards of Conduct
- [10.00](#): Definitions and Severability

## Public Comment Periods Result in Additional Revisions

The Board held a public hearing on October 4, 2016, related to the proposed revisions to 244 CMR 3.00, 6.00, 7.00 and 10.00. Written comments were also accepted through October 11, 2016. The testimony was reviewed during the Board's January 19, 2017, open session, and as a result, the Board made additional revisions including deleting ambiguous language and clarifying language where needed. It then voted to submit the updated revisions to sections 3.00, 7.00 and 10.00 for post-public hearing administrative review. Once approved, the Board will promulgate the revised regulations.

Also during the January 19, 2017, meeting, the Board approved additional changes to 244 CMR 6.00 that necessitated administrative approval. If approved, the Board will re-publish the updated proposed revisions to section 6.00 and schedule a second public hearing. In addition, the Board adopted edits to the proposed revisions to 244 CMR 4.00: Advanced Practice Registered Nursing resulting from the initial administrative review

process which the Board of Registration in Medicine has concurred with. The proposed changes will be published and a public hearing scheduled.

A public hearing was also held on January 9, 2017, to receive testimony related to the proposed changes to 244 CMR 5.00, 8.00 and 9.00; written comments were accepted through January 16, 2017. The Board reviewed the testimony at its April 12, 2017, meeting and made further revisions based on the input it received. It then voted to submit the updated revisions for post-public hearing administrative review and will promulgate the revised regulations once administrative approval is received.

When new regulations are promulgated, all nurses will be responsible for following their provisions. To educate the public and the nursing community, the Board plans to host educational forums in addition to publishing all changes and their implications on the Board's website at [www.mass.gov/dph/boards/rn](http://www.mass.gov/dph/boards/rn).

## A Regulations Primer (excerpted from Nursing Board News, vol. 5, no. 1, Summer 1999)

### **Q. What is a regulation?**

A. A regulation is a rule, promulgated by a government agency, that has the effect or force of law. Government agencies are granted rule-making authority by the state Legislature. The purpose of regulation is to clarify the general and board provisions of law. The Board is authorized by Massachusetts General Laws (M.G.L.), Chapters 13 and 112, to promulgate and enforce regulations.

### **Q. What does CMR mean?**

A. CMR is an acronym that refers to Code of Massachusetts Regulations. The CMR is the entire body of administrative law for Massachusetts. Board regulations are located at title, "244".

### **Q. What does promulgate mean?**

A. Promulgate means to put into effect by formal public announcement. The Board's regulations are promulgated, i.e. become effective, upon publication of the regulations in the Massachusetts Register, the official state publication of regulations.

### **Q. Can changes in the Board's regulations expand the scope of the Board's authority?**

A. No, changes in regulations cannot expand the Board's authority which is based in statute enacted by the Legislature.

# NURSING PRACTICE-RELATED LAWS and REGULATIONS UPDATES

## Immunization Administration by Medical Assistants

[M.G.L. c. 112, §265](#) authorizes a primary care provider (PCP) including Certified Nurse Practitioners and Certified Nurse Midwives, acting within the PCP's designated scope of practice, to delegate the administration of an immunization of a patient to a certified medical assistant who meets specified qualifications. Under this new law, a PCP is permitted to delegate the administration of an immunization to a certified medical assistant only while the PCP is present in the facility and immediately available to assist and direct the certified medical assistant. It does not allow a PCP to delegate to a Registered Nurse or Licensed Practical Nurse assistance, direction or supervision of the medical assistant to whom the PCP has delegated the immunization administration. The new law does not require a PCP to delegate administration of an immunization to a patient.

Additionally, the PCP may choose not to delegate immunization administration to a certified medical assistant or may limit the circumstances in which the PCP chooses to delegate immunization administration.

[Circular Letter DCP 17-8-102](#) provides guidance to the PCP on how the Massachusetts Department of Public Health will interpret and enforce this new law until such time as regulations are promulgated. This guidance includes a definition of the PCP; certified medical assistant qualifications; and reporting requirements. Also, once they are promulgated, the Board's proposed amendments to 244 CMR 3.05 will provide additional guidance. Questions should be directed to the Board of Registration in Nursing at [nurse.admin@state.ma.us](mailto:nurse.admin@state.ma.us).

## STEP Act: Voluntary Non-Opioid Directive Form

[Chapter 52 of the Acts of 2016](#) ("the STEP Act") establishes Voluntary Non-Opioid Directives to enable an individual to decline in advance of any treatment option that includes opioids. Under the STEP Act, the Massachusetts Department of Public Health (DPH) is responsible for creating a Voluntary Non-Opioid Directive (Directive) form and publishing it on the DPH website. In addition, prior to discharge, substance use disorder treatment providers must inform persons under their care about the option to file a Directive. Any person who wishes to decline future treatment with opioids may fill out the Directive form

and give it to their health care provider or to responding EMS personnel. The Directive must be recorded in the patient's electronic health record (EHR) or, in the absence of an EHR, the patient's medical record.

[DPH Circular Letter 17-1-668](#) provides guidance regarding how the DPH will implement the Directive requirements until such time as regulations are promulgated. Questions regarding the guidance should be directed to the Drug Control Program at [dcp.dph@state.ma.us](mailto:dcp.dph@state.ma.us).

## Schedule II Opioids: Prescription Form Requirements and Patient Requests for Partial Fill

In accordance with amendments to M.G.L. c. 94C: Controlled Substances Act, patients can now request less than the prescribed amount of an opioid substance in Schedule II (ref. M.G.L. c. 94C, § 19(d3/4)); and prescribers must include a notation on the prescription that the patient may request an amount less than the full quantity prescribed (ref: M.G.L. c. 94C, §22(c)). The

Massachusetts Department of Public Health [Circular Letter: DCP 16-12-665](#) provides guidance to prescribers and pharmacists for meeting the statutory requirements of this law. Questions regarding the guidance should be directed to the Drug Control Program at [dcp.dph@state.ma.us](mailto:dcp.dph@state.ma.us).

## Status of the Enhanced Nurse Licensure Compact in Massachusetts

The Board of Registration in Nursing has received numerous inquiries from nurses and employers seeking information about the status of the Enhanced Nurse Licensure Compact (ENLC) in Massachusetts. As a statutory agreement between two or more states - similar to the driver's license compact - the ENLC must be enacted by

the state Legislature. Currently, Massachusetts is not a member of the ENLC. However, [House 1188](#) and [Senate 1162](#) were filed earlier this year for consideration during the 2017-2018 legislative session. There are currently 25 states which are members of the compact.

## U.S. Drug Enforcement Administration Registration Renewal

Federal regulations now require the Drug Enforcement Administration (DEA) to send only one renewal notification to each DEA registrant. The renewal notification will be sent to the registrant's "mail to" address approximately 65 days prior to the expiration date. In addition, online capability to renew a DEA registration after the expiration date will no longer be available. In

the event a DEA registration is not renewed by midnight Eastern Time of the expiration date, the registrant will be required to complete an application for a new DEA registration. Paper renewal applications will not be accepted after the expiration date and the original DEA registration will not be reinstated. For additional information, contact the DEA.

# BOARD OF REGISTRATION IN NURSING

## Katherine Gehly and Catherine Simonian to Depart Nursing Board Service

Members and staff of the Massachusetts Board of Registration in Nursing (Board) will honor long-time members, Katherine Gehly, MSN, CNP, (Educator – Associate Degree RN Education), and Catherine Simonian, Pharm.D., RPh, (Pharmacist),

for their service and commitment to the Board’s public protection mission on June 14, 2017. Both Ms. Gehly and Dr. Simonian plan to retire from their Board membership following the June meeting.

## Nursing Board Elects Fiscal Year 2018 Officers

Members of the Board of Registration in Nursing (Board) elected their Fiscal Year 2017 officers during the Board’s June 14, 2017, meeting.



Fiscal Year 2018 officers, Vice-Chairperson, Lori Keough, PhD, CNP (left) and Chairperson, Barbara Levin, BSN, RN (right).

For a list of the Fiscal Year 2018 meeting dates, visit the Board’s website at [www.mass.gov/dph/boards/rn](http://www.mass.gov/dph/boards/rn), click on “About the Board of Registration in Nursing” and then on the link to the <[Board Calendar](#)>. Minutes of the Board’s regularly scheduled monthly meetings are published on the [Minutes and Agendas of Previous Board Meetings](#) webpage.

## Board Extends Its Appreciation to Outgoing Members

During Fiscal Year 2017, members and staff of the Board of Registration in Nursing extended their sincere appreciation to outgoing Board members, Sara Abbott (Consumer), Ann-Marie Peckham, MSN/MBA, RN (Nursing Service Administration), Patricia Gales, MS, RN (Educator, Practical Nurse Education), Margaret Beal, PhD, CNM (Educator,

Baccalaureate and Higher Degree Education), Christine Tebaldi, MS, CNP (Advanced Practice, Direct Care) and Cheryl Urena, LPN (LPN, Long-term Care), for their service on behalf of the residents of the Commonwealth.

## Governor Appoints New Board Members

Governor Baker appointed four new members to the Board of Registration in Nursing (Board) during Fiscal Year 2017. The Board is pleased to welcome Deborah Drew (Consumer), CEO/President, Drew Quality Group, Inc.; Linda Kelly, DNP, CNP (Advanced Practice, Direct Care), Nurse Practitioner, Gynecology, and Nursing Director, Ambulatory Gynecology and Midlife Women's Center, Massachusetts General Hospital;

Patricia Noonan, MS, RN (Educator, Practical Nurse Education), Coordinator, Shawsheen Valley School of Practical Nursing; and Donna Zucker, PhD, RN (Educator, Baccalaureate and Higher Degree Education), Associate Professor, College of Nursing, University of Massachusetts/Amherst.

## Board Member Vacancies

The composition of the 17-member Board is established at M.G.L., Chapter 13, §13, and includes a total of nine Registered Nurses, four Licensed Practical Nurses, one physician, one pharmacist and two public members. Both the Registered Nurse and Licensed Practical Nurse members are required to include representation from long-term care, acute care, and community health practice settings. Additionally, among the nine Registered Nurses, there must be one representative from each level of nursing education whose graduates are eligible to write nursing licensure examinations (baccalaureate and higher degree programs are considered to be one level); two Registered Nurses in advanced practice, at least one of whom is employed providing direct patient care at the time of appointment; one Registered Nurse who is currently employed as a nursing service administrator and who is responsible for agency or service wide policy development and implementation; and two Registered Nurses not authorized in advanced nursing practice and who provide direct patient care. The statute also specifies that the consumer representative must be knowledgeable in consumer health concerns and have no current or prior association, directly or indirectly, with the provision of health care.

Currently, there are seven vacant seats on the Board: Consumer; Educator, Hospital-Based Diploma Education; Educator, Associate Degree Education; Licensed Practical Nurse, Long-term Care; Licensed Practical Nurse (setting not specified); Nursing Service Administrator and Pharmacist.

To be eligible for a Board appointment, potential members must meet criteria established at M.G.L., Chapter 13, §13 which include residency in the Commonwealth. Nurse members must hold current licensure as a Registered Nurse or Licensed Practical Nurse based on seat; possess at least eight years of nursing practice experience in the ten years immediately preceding appointment; and be employed in the Commonwealth as a nurse. Appointments to the Board are made by the Governor for a three-year term; members may serve no more than two consecutive terms or until a successor is appointed. All members are subject to the State Conflict of Interest and Ethics Law in accordance with M.G.L. Part IV, Title I, c. 268A.

Individuals who are interested in an appointment to the Board should submit a letter of intent and current resume to James Lavery, Director, Bureau of Health Professions Licensure, 239 Causeway Street, Boston, MA 02114.

## Keeping Up to Date with Board News

The Board posts information on its website to alert nurses to licensure requirement revisions or other noteworthy news. In order to keep current, the Board recommends that all nurses subscribe to the Board's RSS feed icon  at <http://www.mass.gov/dph/boards/rn> to be automatically

notified via email when the Board posts a "news and alert" item. Note: the RSS feed does not work with iPhones, iPads, Safari or Google. Please use a compatible web browser.

# NURSING PRACTICE UPDATES

## Board Issues Revised Advisory Rulings

M.G.L. c. 30A, § 8, authorizes the Board of Registration in Nursing (Board) to issue an Advisory Ruling with respect to the applicability of a statute or regulation that it enforces or administers. The Board's Nursing Practice Advisory Panel reviews each advisory at three-year intervals to ensure it reflects evidence-based standards of practice and makes recommendations to the Board. During Fiscal Year 2017, the Board updated the following Advisory Rulings:

- 1001: Management of Patients Receiving Analgesia by Catheter Technique
- 0901: Management of Pain
- 9101: Administration of Medications for Sedation/Analgesia

- 9901: Registered Nurses as First Assistants at Surgery
- 9902: Advanced Practice Registered Nurses as First Assist at Surgical Procedures
- 1301: Cosmetic and Dermatologic Procedures

In each of its advisories, the Board affirms that the licensed nurse is responsible and accountable for acquiring and maintaining the knowledge, skills and abilities (i.e. competencies) necessary to practice in accordance with accepted standards. The Board's [Advisory Rulings on Nursing Practice](#) can be found in the Nursing Practice section of the Board's website.

## Scope of Nursing Practice Decision Making Guidelines

The Board of Registration in Nursing (Board) publishes its [Scope of Nursing Practice Guidelines](#) to assist Registered Nurses and Licensed Practical Nurses, and their employers in determining whether a task or activity is within the nurse's

scope of practice. The Nurse Practice Act (i.e. statutes) and regulations governing nursing practice which are referenced in the Decision Making Framework are available on the Board's [Statutes and Regulations](#) webpage.

## ECRI Institute: Top 10 Patient Safety Concerns for 2017

The ECRI Institute has released its list of the top 10 patient safety concerns for 2017:

1. Information management in EHRs
2. Unrecognized patient deterioration
3. Implementation and use of clinical decision support
4. Test result reporting and follow-up
5. Antimicrobial stewardship
6. Patient identification
7. Opioid administration and monitoring in acute care
8. Behavioral health issues in non-behavioral health settings
9. Management of New oral anticoagulants
10. Inadequate organization systems or processes to improve safety and quality

Created to support healthcare organizations in identifying potential patient safety threats and addressing concerns, detailed information is available from the ECRI Institute at [www.ecri.org/PatientSafetyTop10](http://www.ecri.org/PatientSafetyTop10).

## Important Information for APRN Prescribers

The Board of Registration in Nursing (Board) takes this opportunity to again remind the Advanced Practice Registered Nurse (APRN) engaged in prescriptive practice of the following requirements of [Chapter 52 of the Acts of 2016](#) (“the STEP Act”):

- M.G.L. c. 94C, § 18(e) now requires all APRN prescribers to complete education related to:
  - effective pain management;
  - the risks of abuse and addiction associated with opioid medication;
  - identification of patients at risk for substance use disorders;
  - counseling patients about the side effects, addictive nature and proper storage and disposal of prescription medications;
  - appropriate prescription quantities for prescription medications that have an increased risk of abuse; and
  - opioid antagonists, overdose prevention treatments and instances in which a patient may be advised on both the use of and ways to access opioid antagonists and overdose prevention treatments.

This new continuing education requirement must be fulfilled as a prerequisite to initial application for a MA Controlled Substance Registration and subsequently during each APRN license renewal period, and it must be consistent with [244 CMR 5.00: Continuing Education](#). The APRN prescriber will be required to attest under the penalties of perjury to complying with M.G.L. c. 94C, § 18(e) when signing the Massachusetts Controlled Substance Registration form and the nursing license/ APRN authorization renewal form.

Please note that MGL 94C, Section 18(e) does not specify a minimum number of contact hours to comply with this education requirement. Also, the [Board Advisory Ruling 0901: Management of Pain](#) has undergone revisions to reflect the new education mandates.

- [Online PMP Check Required for Each Schedule II and III Prescription](#)

All prescribers must use Massachusetts Prescription Awareness Tool (MassPAT), the new online Prescription Monitoring Program (PMP):

- Use MassPat each time the prescriber issues a prescription for a narcotic drug contained in Schedules II and III; and
- Check MassPAT when prescribing a benzodiazepine or DPH designated drugs in Schedule IV through VI for the first time (Gabapentin and its chemical equivalents are designated as “additional drugs” pursuant to Chapter 52 of the Acts of 2016).

Currently, the PMP provides to authorized users, a patient’s prescription history for Schedule II – V prescriptions for the prior 12 months as reported by all Massachusetts pharmacies and by out-of-state pharmacies delivering to people in Massachusetts. The prescription information is reported electronically to the PMP at least every 24 hours, or next business day, from all Massachusetts community, hospital outpatient and clinic pharmacies as well as from out-of-state mail order pharmacies that deliver to patients in Massachusetts.

For more information, including how to access MassPAT, visit the Prescription Monitoring Program website at [www.mass.gov/dph/dcp/pmp](http://www.mass.gov/dph/dcp/pmp).

- [7 Day Restriction on Supply of Prescribed Opioids](#)
  - Opioid prescriptions are now limited to a maximum seven-day supply when issued to an adult for the first time. Opioid prescription for minors are also limited to a maximum seven-day supply.
  - Prescriber may issue a prescription for more than a seven-day supply of an opioid to adult or minor patients if, in the prescriber’s medical judgment, a greater supply is necessary to treat an acute medical condition, chronic pain, pain associated with a cancer diagnosis or for

palliative care. In such a case, the condition must be documented in the patient’s medical record and the prescriber must indicate that a non-opioid alternative was not appropriate to address the medical condition. The new law does not apply to opioid medications that are designed for the treatment of substance abuse or opioid dependence.

- Patients may direct pharmacies to dispense less than the fully prescribed quantity of an opioid. Whenever a prescriber issues a Schedule II opioid, the prescriber must:
  - » consult with the patient regarding the quantity of the opioid prescribed and the patient’s option to request the prescription be filled in a reduced quantity; and
  - » inform the patient of the risks associated with the opioid. If dispensed in a lesser amount, the prescription is void as to the unfilled quantity.

Currently, the state online Prescription Monitoring Program (PMP) enables authorized prescribers to access a patient’s history for Schedule II through V prescriptions for the past year. The information is reported electronically to the PMP at least every 24 hours, or next business day, by all Massachusetts community, hospital outpatient and clinic pharmacies as well as from out-of-state mail order pharmacies that deliver to patients in the Commonwealth.

## Federal Comprehensive Addiction and Recovery Act

In an effort to improve access to medication assisted treatment (MAT) of Substance Use Disorders, President Obama signed the Comprehensive Addiction and Recovery Act (CARA) into law on July 22, 2016, as [Public Law 114-198](#). One of CARA's important provisions expands access to substance use treatment services and overdose reversal medications—including the full spectrum of services from prevention to MAT and recovery support—

by extending the privilege of prescribing buprenorphine in office-based settings to qualifying nurse practitioners (NPs) and physician assistants (PAs). NPs and PAs who have completed the 24 hours of required training may seek to obtain a DATA 2000 waiver from the DEA for up to 30 patients. For additional information go to: <https://www.samhsa.gov/medication-assisted-treatment/qualify-nps-pas-waivers>

# PRE-LICENSURE NURSING EDUCATION

## Board-Approved Nursing Education Programs

M.G.L. c. 112, §81A and §81C, authorize the Board of Registration in Nursing (Board) to establish regulations governing the approval and operation of Registered Nurse and Practical Nurse education programs located in the Commonwealth.

As of June 30, 2017, there were 73 Board-approved Registered Nurse and Practical Nurse education programs:

- 26 Practical Nurse Programs
  - Pre-requisite Approval Status: Salter College
  - Initial Approval Status: None
  - Approval with Warning Status:
    - » Diman Regional School of Practical Nursing (2/8/17 Board action)
    - » Quincy College (6/14/17 Board action)
    - » Roxbury Community College (2/8/17 Board action)
  - Full Approval Status: all other Practical Nurse programs
- 20 Registered Nurse – Associate Degree Programs
  - Pre-requisite Approval Status: None
  - Initial Approval Status: None
  - Approval with Warning Status:
    - » Bunker Hill Community College (6/14/17 Board action)
    - » Laboure College (11/9/16 Board action)
    - » Quincy College (6/14/17 Board action)
    - » Roxbury Community College (2/8/17 Board action)
  - Full Approval Status: all other Associate Degree RN programs
- 20 RN – Baccalaureate Degree Programs
  - Pre-requisite Approval Status: None
  - Initial Approval Status: None
  - Approval with Warning Status:
    - » College of Our Lady of the Elms (12/14/17 Board action)
    - » MCPHS University, Boston campus (12/14/17 Board action)
  - Full Approval Status: all other Baccalaureate Degree (pre-licensure only) programs

- 6 Direct Entry Graduate Degree Programs
  - Pre-requisite Approval Status: None
  - Initial Approval Status: None
  - Approval with Warning Status: None
  - Full Approval Status: all Direct Entry Graduate Degree programs
- 1 RN - Hospital-based Diploma Program – Full Approval status

Board actions related to individual nursing education programs during Fiscal Year 2017 is contained in the Board's monthly meeting minutes available on the [Minutes and Agendas of Previous Board Meetings](#) webpage.

A list of all Board approved nursing education programs is available on the Board's website at <http://www.mass.gov/eohhs/docs/dph/quality/boards/rnnecpro.pdf>.

### Medical Professional Institute Practical Nurse Program Approval Withdrawn

The Board of Registration in Nursing (Board), in compliance with regulation, 244 CMR 6.08(3), withdrew its approval of the Medical Professional Institute (MPI) to operate a Practical Nurse Program (Program), effective August 18, 2016. MPI did not request a hearing.

Should MPI choose to operate a practical nurse program in the future, it will be required to apply to the Board for Pre-requisite Approval Status according to the regulations in effect at that time.

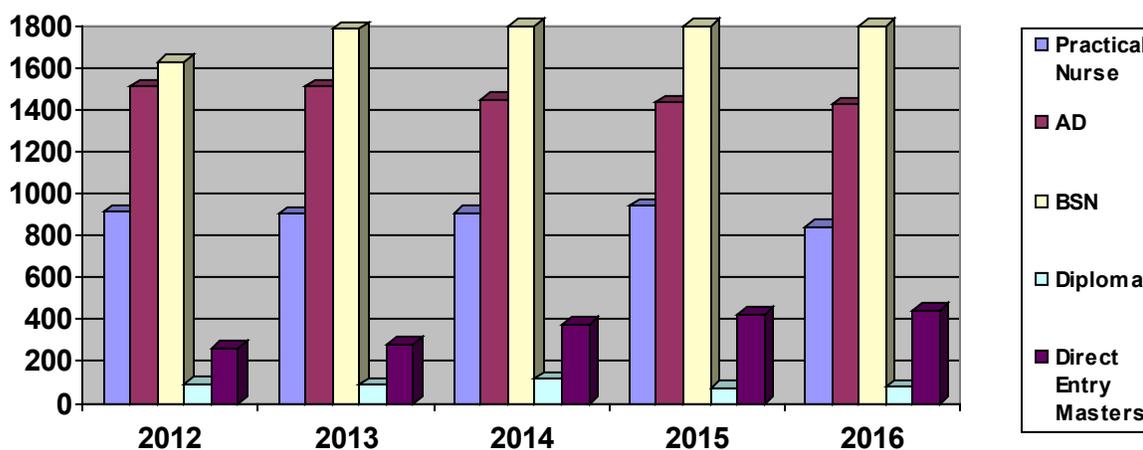
### Increases Noted in 2016 in Basic Baccalaureate Degree and Direct Entry Graduate Program Graduates, Declines Among Practical Nurse and Associate Degree Graduates

The total number of graduates from Board-approved Registered Nurse education programs increased 15% in 2016 (n=4045) compared to 2012 (n=3505). Of particular note, the number of graduates from pre-licensure Baccalaureate Degree nursing programs increased from 1,633 in 2012 to 2097 in 2016. Similarly, the number of "graduates" from the pre-licensure component of Direct Entry MSN programs also increased from 263 in 2012 to 442 in 2016.

The number of graduates from Associate Degree Registered Nurse programs was unchanged between 2012 and 2013 and has declined each year since 2013. In fact, a 6% decrease in graduates was noted in 2016 compared to 2012 (n=1514).

The number of Practical Nurse program graduates has also declined each year since 2012. Practical Nurse program graduates in 2012 totaled 912 while in 2016, there were 843, a decrease of 8%.

## Number of Graduates from BRN-approved Nursing Education Programs: 2012 to 2016



Source: MA BRN data compiled from 2016 Annual Reports submitted by BRN-approved nursing education programs

## 2016 NCLEX® Performance of Massachusetts Graduates

The 2016 pass rate of first-time writers of the National Council Licensure Examination for Registered Nurses (NCLEX-RN) who graduated from Board-approved Registered Nurse education programs was 83.61%. The 2016 performance of all U.S.-educated Registered Nurse program graduates during the same period was 84.56%.

The pass rate for graduates of Board-approved Practical Nurse education programs who wrote the National Council Licensure Examinations for Practical Nurses (NCLEX-PN) for the first time during 2016 was 86% compared to 84% for all U.S.-educated Practical Nurse program graduates.

The NCLEX-RN and NCLEX-PN are valid and reliable assessments of the competencies needed to perform safely and effectively as a newly licensed, entry-level Registered Nurse or Licensed Practical Nurse. The NCLEX exams are administered daily Monday through Friday using computer adaptive testing (CAT) which merges computer technology with the latest measurement theory to increase the efficiency of the exam process. The NCLEX has been administered using

CAT since 1994 when it replaced the pencil-and-paper version of what many nurses refer to as “Boards.” For information on the 2016 NCLEX pass rate for individual Board-approved nursing education programs, visit the Board’s [2016 Performance Summary for Massachusetts Nursing Education Programs](#) webpage.

Regulation, 244 CMR 6.08(1)(h), identifies an ongoing annual NCLEX pass rate less than 80% for first time writers who are graduates of a Board-approved nursing education program as grounds for the Board’s review of the program’s approval status and an on-site survey. In action taken March 8, 2017, the Board will now interpret the term “ongoing” as it appears in 244 CMR 6.08(1)(h) as any second year within a three year period. As a result, the Board will direct a program with an NCLEX pass rate less than 80% for first-time writers for any second year within a three year period to conduct an evaluation of its compliance with the regulations at 244 CMR 6.04: *Standards for Nursing Education Program Approval*.

## Current NCLEX-PN® Passing Standard in Effect through March 2020

The National Council of State Boards of Nursing (NCSBN) announced last December that the NCLEX-PN passing standard will remain at the current level of -0.21 logits through March 31, 2020. A logit is defined as a unit of measurement to report relative differences between candidate ability measures and test question difficulties.

In taking this action, the NCSBN Board of Directors considered multiple sources of information including the recommendations of an expert panel of nine subject matter experts who performed a criterion-referenced standard setting procedure. The panel's findings supported

retaining the current passing standard. The NCSBN Board of Directors also considered an historical record of the NCLEX-PN passing standard and test-taker performance and the results of national surveys conducted between 2014 and 2016 of nursing professionals including nurse educators and directors of nursing in acute and long-term care settings.

The NCLEX-PN passing standard is evaluated every three years to ensure the minimum competence of entry-level Registered Nurses. The current passing standard was implemented on April 1, 2014.

## Next Generation NCLEX®

Findings of research by Examination Department staff at the National Council of State Boards of Nursing (NCSBN) indicated that critical thinking and decision-making skills were an essential component of entry-level nursing education. This research further identified the need for measurement of competence in clinical judgment within high-stakes nursing licensure exams.

As a result, NCSBN has announced it is conducting a research project to assess the ability of current and potential innovative items, or test questions, to evaluate a nurse licensure candidate's clinical judgement. Beginning in July 2017, the NCLEX-RN® will include a Special Research Section. The Special Research Section will be given to select candidates taking the NCLEX-RN and will take approximately 30 minutes to complete. This section will be administered following a candidate's regular NCLEX exam and will not count as part of their NCLEX score. Information about the Special Research Section is available to NCLEX candidates via the NCSBN and Pearson VUE websites.

According to NCSBN, clinical judgment is defined as the observed outcome of critical thinking and decision-making. It is an iterative process that uses nursing knowledge to observe and access presenting situations, identify a prioritized client concern, and generate the best possible evidence-based solutions in order to deliver safe client care (please visit the following link for a more detailed discussion of the clinical judgement model: <http://www.jattjournal.com/index.php/atp/article/view/89187>). NCSBN research, literature review and pilot studies identified the following important elements of nursing clinical judgment: cue recognition; hypotheses generation; hypotheses evaluation; taking actions; and evaluating outcome.

## Board Hosts Programs to Orient New Administrators and Faculty to Board Regulations

The Board of Registration in Nursing hosted its annual New Administrator Orientation last November. Designed to promote public protection through greater compliance by the Commonwealth's Board-approved nursing education programs with the regulations at 244 CMR 6.00: Approval of Nursing Education Programs and the General Conduct Thereof and 244 CMR 8.00: Licensure Requirements and their graduates, the program was attended by 18 new nurse administrators.

In addition, the Board rolled-out its new Nursing Faculty Orientation on April 28, 2017, for nurse educators of Board-approved RN and LPN education programs. Also designed to promote public protection and enhance regulatory compliance, the Nursing Faculty Orientation addressed the important role of nursing faculty in the development, implementation and evaluation of an evidence-informed program of study that prepares graduates for safe, entry-level practice.

## Reminder Related to RN and LPN Students Employed as Unlicensed Assistive Personnel

M.G.L. c. 112, § 80B, exempts pre-licensure nursing students enrolled in a clinical course of an approved Registered Nurse (RN) and Licensed Practical Nurse (LPN) education program from Massachusetts nurse licensure. The Board of

Registration in Nursing reminds all nurses that it is unlawful for an RN or LPN student employed as an unlicensed assistive person (UAP) to perform nursing activities such as medication administration when the student is functioning as an UAP.

# COMPLAINT RESOLUTION AND PATIENT SAFETY

The Board of Registration in Nursing (Board) has long supported a patient safety culture that balances individual accountability and system-related factors. To that end, it considers a variety of factors in its evaluation of a “complaint” or allegation that a nurse has engaged in practice that violates a law or regulation related to that practice. These factors include: the nature and related circumstances of the nurses conduct; applicable remedial activities successfully completed by the nurse; employment performance evaluations of the nurse prior to and following the error; any acknowledgment by the nurse of a practice error and its significance; prior repeated or continuing practice-related issues; associated practice environment or systems-related factors; and whether there is a need, in the public’s interest, for an official record of the nurse’s practice-related error.

For detailed information regarding the Board’s complaint resolution process, visit [244 CMR 7.00: Action on Complaints](#).

During Fiscal Year 2017, the Board opened 244 complaints and closed 379. Of the 379 closed complaints, 166 were resolved through a disciplinary action (i.e. reprimand, probation, suspension, surrender or revocation of the nurse’s license). Source: MLO Custom Report Run June 30, 2017.

Disciplinary actions taken by the Board since January 1, 2006 are shown on the Board’s [Disciplinary Actions](#) webpage. The record is updated every month with the disciplinary actions taken by the Board during the prior month.

Disciplinary actions taken by other state boards of nursing can be found by clicking on [Nursys Licensure Quick Confirm](#).

## Disciplinary Action Reporting to the National Practitioner Database

Disciplinary action reporting systems are designed to protect the public by making it easier to access data about the health care practitioner who is providing care to a patient. The Board of Registration in Nursing (Board) is required to report all disciplinary actions taken against a nurse to [National Practitioner Database](#) (NPDB), the result of a May 2013 merger of the federal Healthcare Integrity and Protections Databank and the National Practitioner Databank. The NPDB is intended to combat fraud and abuse in health insurance and health care delivery, and can be accessed by employers, federal and state governmental agencies, health insurance plans, medical facilities, individual health care practitioners and the public.

The Board also reports disciplinary action against licensees on its website. It also provides licensee information, including disciplinary actions, to the National Council of State Boards of Nursing NURSYS® database, the only national database for verification of nurse licensure.

# SUBSTANCE ABUSE REHABILITATION PROGRAM

Established in accordance with M.G.L. Chapter 112, § 80F, the Board of Registration in Nursing's Substance Abuse Rehabilitation Program (SARP) is a voluntary, non-disciplinary approach to Substance Use Disorders (SUDs) among licensed nurses.

SARP is a five-year abstinence-based program designed to protect the public health, safety and welfare by establishing adequate safeguards to maintain professional standards of nursing practice. It is accomplished by monitoring and supporting participants' ongoing recovery and their return to safe nursing practice.

## NCSBN Offers Free Substance Use Disorder Education Courses

The National Council of State Boards of Nursing now offers its continuing education courses, Understanding Substance Use Disorder in Nursing and Nurse Manager Guidelines for Substance

Use Disorder, free of charge. These and other resources related to Substance Use Disorder are available at [www.ncsbn.org](http://www.ncsbn.org).

# MASSACHUSETTS NURSE WORKFORCE

## 2015 LPN Workforce Data to Be Published Shortly

The Massachusetts Health Care Workforce Center, Massachusetts Department of Public Health, will publish its findings shortly from the 2015 Licensed Practical Nurse workforce survey. The Massachusetts Health Professions Data Series: 2015 Licensed Practical Nurses provides stakeholders such as nurse educators, employers, researchers and policy makers with important information about the respondents to the 2015

Licensed Practical Nurse workforce survey including characteristics (demographics, education and employment) and geographic distribution. The survey is conducted biennially when Licensed Practical Nurses renew their nursing licenses online. The 2015 LPN Data Series report will be available on the Board's [Health Professions Data Series: Registered Nurses and Licensed Practical Nurses](#) webpage.

# MASSACHUSETTS NURSE LICENSURE AND APRN AUTHORIZATION

## Nurse Licensure by the Numbers

As of June 30, 2017, a total of 149,864 nurses maintained a current Massachusetts nursing license issued by the Board of Registration in Nursing including:

117,328 Registered Nurses (RN)  
1,282 Nurse Anesthetists (CRNA)  
476 Nurse Midwives (CNM)  
9,077 Nurse Practitioners (CNP)

55 Clinical Nurse Specialists (CNS)  
719 Psychiatric Clinical Nurse Specialists (PCNS)  
20,927 Licensed Practical Nurses (LPN)

**149,864** TOTAL

Source: MLO 7/3/17

## Domestic Violence Training Requirement for Licensure

[M.G.L. c. 112, § 264](#) requires the boards of registration in nursing, medicine, nursing home administrators, physician assistants, social workers, psychologists and allied mental health and human services to promulgate regulations establishing standards that require training on the issue of domestic and sexual violence as a condition of licensure and license renewal. The Board's proposed regulations at 244 CMR 8.00: Licensure Requirements would require completion of this training as a one-time condition of licensure to be met before initial issuance, renewal or reinstatement of licensure.

Information about the Board's promulgation of the revised regulations at 244 CMR 8.00, how nurses can comply with this new requirement and the effective date will be posted on the Board's website when available. The Board will not enforce the training requirement until such time as the training standards are developed and the new regulations are promulgated. Nurses are directed to consult the Board's website regularly to stay abreast of further developments.

## Information Confidentiality Program

The Massachusetts Board of Nursing facilitates special management of specific information it holds related to Massachusetts nurse licensure. Massachusetts General Law chapter 66A §10 provides an exemption to public records law that certain information associated with your license that would normally be publicly available shall be

restricted if you are a **victim of domestic violence, victim of an adjudicated crime, or a person providing or training in family planning services.** This information includes the home address, telephone number, place of employment, and place of education listed in the Bureau of Health Profession's Licensure (BHPL) database.

Once restricted, applicable information will not be disclosed under §10 in response to a public records request, whether that request is made in writing, in person or by telephone. The restricted information will no longer be publicly available on the Bureau's [Check-a-License](#) online feature. Under Massachusetts law, BHPL is legally mandated to respond to a public records request with the non-exempt information in your licensure records (e.g., your name, license number, and license status). Certain information, including dates of birth and social security numbers, are kept confidential and are exempt from disclosure for all individuals.

Please be aware that restrictions applied are only associated with information in connection with your licensure by the Bureau of Health Professions Licensure. Should you hold a license not governed by the BHPL you must contact that agency directly.

If you are interested in this program please visit the Board's website at <http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/information-confidentiality.html> for more information, to access the Information Confidentiality Program Declaration Form for enrollment and other useful state, federal, and private resources.

## Reminder: Nursing License Renewal is Going Green!

Effective with the 2018 Registered Nurse (RN) and the 2019 Licensed Practical Nurse (LPN) renewal cycles, license renewal reminders and nursing licenses in paper format will no longer be mailed via the U.S. Postal Service to Massachusetts nurses. After the current renewal cycle, nurses will be expected to initiate renewal of their nursing license without a paper reminder by logging on to <http://onlineservices.hhs.state.ma.us>. Nurses who subscribe to Nursys e-Notify will be able to receive renewal reminders.

Licensure status can be verified by accessing the [Massachusetts Health Professions License Verification Site](#). The license verification site is considered primary source of verification and is available 24 hours a day, seven days a week at no cost. It is possible to print information from the website or download licensing information into an excel spread sheet. Directions are provided at the site. Details regarding the Board's process for [Primary Source Verification](#) are available on the Board's website.

The Board will use email to send reminders to nurses who maintain a current email address in the Board's database. Log onto the [Mass Department of Public Health Online Licensing](#) site to update email or mailing addresses. Please note that the mailing and email addresses for each license held must be updated individually. For example, those with both a RN license and Advanced Practice Registered Nurse (APRN) authorization will be required to maintain current addresses for both categories.

## Need A Reminder to Renew Your Nursing License?

The National Council of State Boards of Nursing provides automatic, real-time license status notifications free of charge to LPNs, RNs and APRNs who enroll in *Nursys® e-Notify*. Nurses can self-enroll in *Nursys e-Notify* to receive license status updates, track license verifications, and manage license expiration reminders.

*Nursys e-Notify* also provides real-time licensure, discipline and other publicly available notifications

to enrolled nurse employers. The e-Notify system alerts subscribers when a modification is made to a nurse's license record including changes to license status, license expiration, license renewal and public disciplinary action/resolution and alerts. If a nurse's license is about to expire, the system will notify the employer of the expiration date.

To learn more about *Nursys e-Notify* and to participate, visit [www.nursys.com/e-notify](http://www.nursys.com/e-notify).

## APRN Certification

In order to maintain authorization from the Board of Registration in Nursing (Board) to engage in advanced practice nursing, an Advanced Practice Registered Nurse (APRN) must hold current APRN certification from a Board-recognized certifying organization [ref: 244 CMR 9.04(4) and 244 CMR 4.05]. To that end, the Board has updated its database and will be communicating with APRN certifying organizations on a regular basis.

Board-recognized certifying organizations include the following:

- Clinical Nurse Specialist (CNS):
  - American Nurses Credentialing Center
  - American Association of Critical-Care Nurses
- Nurse Anesthetist (CRNA): National Board of Certification and Recertification of Nurse Anesthetists
- Nurse Midwife (CNM): American Midwifery Certification Board
- Nurse Practitioner (CNP):
  - American Academy of Nurse Practitioners
  - American Nurses Credentialing Center
  - National Certification Corporation
  - Pediatric Nursing Certification Board
  - American Association of Critical-Care Nurses
- Psychiatric Clinical Nurse Specialist: American Nurses Credentialing Center

Should an APRN's certification lapse for any reason, the APRN must inform the Board by completing a [Request to remove APRN authorization](#) form and cease APRN practice until such time that certification becomes current (there is no "grace period"). Once the re-certification process is successfully completed, the APRN can complete a [Request to reinstate APRN authorization](#). Upon receipt of the form, the Board will verify the certification as current and will update the Board's license verification website, and the APRN may return to practice.

It is an APRN professional responsibility to meet the initial and continued certification requirements of the Board approved certifying organization. APRNs should contact their certifying organization for additional certification information.

## Additional Reminders: Nurse Licensure and APRN Authorization

RN license and APRN authorization renewals occur on the RN's birthday in even-numbered years. LPN license renewals occur on the LPN's birthday in odd-numbered years. Once the RN or LPN completes the renewal process, the renewed license status will immediately appear on the Board's [license verification site](#). Licenses automatically change to an "Expired" status should the licensee fail to renew by 11:59 p.m. on the license expiration date.

Practice with an expired license is illegal and grounds for Board discipline. A civil administrative

penalty for unlicensed practice of up to \$2,500 and or six months of imprisonment may be imposed [ref: M.G.L. c. 112, §65A].

During the renewal process, all nurses attest under penalties of perjury to compliance with:

- State tax and child support laws
- [Mandatory reporting laws](#)
- All Board laws and regulations including continuing education requirements
- Prescriber training requirements pursuant to M.G.L. c. 94C, §18(e)

## Continuing Education

The Board of Registration in Nursing (Board) frequently receives inquiries regarding the Board's regulatory requirements at [244 CMR 5.00](#) for continuing education (CE) programs. It is the responsibility of each licensed nurse to determine whether a CE program provides a planned learning experience that augments the knowledge, skills and attitudes for the enhancement of their individual nursing practice.

In general, CE programs approved by a professional review process or by other jurisdictions' boards of nursing satisfy the Massachusetts continuing educational requirements. However, it remains the responsibility of the licensee to determine whether the program satisfies all the Board's regulatory requirements. The Board provides a [checklist](#) to assist nurses in making this determination.

A CE program is not required to be approved by the Board or a professional nursing organization. CE program approval is a voluntary peer review process usually conducted by a professional nursing association, or, as is the case in some states, through that state's board of nursing. The Board provides a [checklist for providers](#) to assist in determining whether a CE program satisfies the Board's regulatory requirements.

Frequently asked questions and responses related to continuing education are detailed on the [Board's Continuing Education](#) webpage.

# NURSING BOARD (BRN) AND BUREAU OF HEALTH PROFESSIONS LICENSURE (BHPL) STAFF

The Board of Registration in Nursing is one of ten boards of registration that comprise the Massachusetts Bureau of Health Professions Licensure: Dentistry, Genetic Counselors, Nursing, Nursing Home Administrators, Perfusionists, Pharmacy, Physician Assistants, Respiratory Care, and Community Health Workers and Naturopathy.

## New Colleagues are Welcomed as We Say Farewell to Others

During Fiscal Year 2017, the Board of Registration in Nursing and its staff welcomed Nursing Education Coordinator, Angela MacDonald, DNP – PHNL, RN, and Substance Abuse Coordinator, Marsha Gilmore, MSN, PCNS, SARP Coordinator. Board members and staff also extended their appreciation and best wishes to the following BRN and BHPL staff members as they departed for new opportunities: SARP Coordinator, Valerie Iyawe, MBA, RN, and Compliance Officer, Cliff Pascarella, JD.

## Assistant Director of Policy and Research Retires



Carol Silveira MS, RN, has retired her tenor with the Massachusetts Board of Registration in Nursing after 28 years of service. Ms. Silveira earned her Bachelors of Science in Nursing from Salve Regina University and her Master of Science in Gerontological Nursing degree from Boston University. Prior to working at the Board, Ms. Silveira practiced as a Geriatric Nurse Practitioner as well as an educational instructor for multiple schools of nursing within Massachusetts and Rhode Island.

Ms. Silveira was appointed to the Nursing Education Coordinator position in September of 1988. She served in that position until 2005 when she was appointed to the position of Assistant Director for Policy and Research where she collected, maintained, and analyzed data and information for the development and implementation of regulations, evidence-based policies, and outcome measures to promote public health and safety. She also provided consultation on current and emerging trends in nursing practice, education, regulation, and medical error prevention. Ms. Silveira held that position until her retirement in July of 2017.

Some of Ms. Silveira's notable accomplishments while working for the Massachusetts Board of Nursing include:

- Represented the Board in a multitude of capacities both state and national levels by serving on committees such as: the MA System for Advance Registration of Volunteer Health Professionals Advisory Committee, Coalition for the Prevention of Medical Errors, the Initiative on Public Nursing Education with the MA Board of Higher Education, the Nursing Shortage Workgroup with MA Extended Care Federation, and the National League for Nursing's Nursing Education Pilot Project, as well as serving on various committees with the National Council of State Boards of Nursing.
- Co-Principle Investigator for the CHPR/MBORN Patient Safety Initiative Phase I, funded by the NCSBN for the development of the Nurse Employer Medication Safety Partnership model which is a nondisciplinary strategy to cultivate a long-term care practice environment supportive of medication error recognition and disclosure by nurses, assuring that errors are addressed at the facility level before they result in serious patient harm requiring reporting to state oversight agencies.
- Authored published research and resources for the Board in the areas of regulation of nursing education, licensure, and practice.

Ms. Silveira was an invaluable member of the Board's staff and a champion for public health and safety. Her vast array of knowledge and expertise will be missed.

### BRN and BHPL Staff as of June 30, 2017

BRN Executive Director: Lorena Silva, MSN-L, MBA, DNP, RN

BRN Deputy Executive Director: Claire MacDonald, MSN, DNP, RN

### BRN Staff

Stewart Allen, Administrative Assistant

Kathleen Ashe, MS, RN, Nursing Education Coordinator

Heather Cambra, RN, JD, Complaint Resolution Coordinator

Marjorie Campbell, RN, JD, Supervisor, Compliance Officers

Dawn Marie DeVaux, MSN, RN, SARP Coordinator

Amy Fein, BSN, RN, JD, Complaint Resolution Coordinator

Steven Guan, Office Support Specialist I

Marsha Gilmore, MSN, PCNS, SARP Coordinator

Shalonda Hall, Administrative Assistant

Kevin Keenan, BA, Licensing Coordinator

Angela MacDonald, DNP-PHNL, RN, Nursing Education Coordinator

Mary Matthews, BSN, RN, Compliance Officer

Jennifer Morisset, LPN, Compliance Officer

Sherri Muise, BSN, RN, Compliance Officer

Ellen Sandler, MPH, RN, Compliance Officer

***BRN Staff (continued)***

Jean Scranton, LPN, Compliance Officer  
Maryann Sheckman, ADN, RN, Compliance Officer  
Carol A. Silveira, MS, RN, Assistant Director  
Laurie Talarico, MS, CNP, Nursing Practice Coordinator  
Lauren Woodward, ADN, RN, Compliance Officer

***BRN Legal Staff***

Olajumoke Atueyi, JD, Board Counsel  
Beth Oldmixon, JD, MPH, Board Counsel

**BHPL Director:** James Lavery, JD  
**Chief Board Counsel:** Vita Berg, JD

Jodi Greenburg, JD, Chief Prosecutor  
Richard Banks, JD, Prosecuting Counsel  
Sean Casey, JD, Prosecuting Counsel  
Eugene Langner, JD, Prosecuting Counsel  
Anne McLaughlin, JD, Prosecuting Counsel  
Patricia Blackburn, JD, Prosecuting Counsel  
Michelle Fentress, JD, Prosecuting Counsel

Jason Barshak, JD, Chief Hearings Officer  
Beverly Kogut, JD, Administrative Hearing Counsel  
Karen Gray Carruthers, JD, Administrative Hearing Counsel

***Probation***

Karen Fishman, Probation Monitor

# BORN

## Quick Links

Questions About...	BORN Web Page	Telephone/Email
<ul style="list-style-type: none"> <li>■ Scheduled Board meetings and agenda</li> <li>■ List of Board members</li> <li>■ Emergency and holiday closure</li> </ul>	<a href="#">About the Board...</a>	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> <li>■ Board address and telephone numbers</li> <li>■ Directions to Board office</li> <li>■ List of Board staff members</li> <li>■ Board email address</li> </ul>	<a href="#">Contact Us</a>	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> <li>■ Nursing laws and regulations</li> </ul>	<a href="#">Statutes, Rules &amp; Regulations</a>	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> <li>■ BORN-approved Registered Nurse (RN) and Licensed Practical Nurse (LPN) education programs</li> </ul>	<a href="#">RN and LPN education programs</a>	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> <li>■ Records custodian, closed LPN education programs</li> </ul>	<a href="#">Closed LPN program, records custodian</a>	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> <li>■ NCLEX pass rates by RN &amp; LPN education program</li> </ul>	<a href="#">NCLEX pass rates</a>	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> <li>■ License applications</li> </ul>	<a href="#">Advanced Practice Licensure by exam (NCLEX)</a> <a href="#">Licensure by reciprocity</a>	Professional Credential Services 877-887-9727 (within US) 615-880-4275 (outside US) <a href="mailto:nursebyexam@pcshq.com">nursebyexam@pcshq.com</a> <a href="mailto:nursebyreciprocity@pcshq.com">nursebyreciprocity@pcshq.com</a>
<ul style="list-style-type: none"> <li>■ Other license-related forms</li> </ul>	<a href="#">Change of Address or Name or Duplicate License</a> <a href="#">Request to remove APRN authorization</a> <a href="#">Request to reinstate APRN authorization</a> <a href="#">Affidavit to Verify Social Security Number or Date of Birth</a>	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> <li>■ License renewal</li> </ul>	<a href="#">Online license renewal</a>	617-973-0900 or 800-414-0168 <a href="mailto:Renew.bymail@state.ma.us">Renew.bymail@state.ma.us</a>

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Questions About...	BORN Web Page	Telephone/Email
<ul style="list-style-type: none"> <li>■ License fees</li> <li>■ Good moral character licensure requirement</li> <li>■ Important information for new nurse licensees</li> <li>■ Verification of nurse licensure</li> <li>■ Imposter alerts</li> </ul>	<a href="#">Licensing</a>	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> <li>■ Name or address change form</li> <li>■ Duplicate license request form</li> </ul>	<a href="#">Name, address, duplicate</a>	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> <li>■ License information confidentiality form</li> </ul>	<a href="#">Information confidentiality</a>	617-973-0921
<ul style="list-style-type: none"> <li>■ Online license verification</li> </ul>	<a href="#">Check-A-License</a>	617-973-0900 or 800-414-0168
<ul style="list-style-type: none"> <li>■ Online alerts</li> </ul>	<a href="#">Alerts</a>	
<ul style="list-style-type: none"> <li>■ Practice Scope: decision making guidelines</li> </ul>	<a href="#">Decision making guidelines</a>	<a href="mailto:Laurie.Talarico@state.ma.us">Laurie.Talarico@state.ma.us</a>
<ul style="list-style-type: none"> <li>■ Advisory rulings</li> </ul>	<a href="#">Advisory rulings</a>	<a href="mailto:Laurie.Talarico@state.ma.us">Laurie.Talarico@state.ma.us</a>
<ul style="list-style-type: none"> <li>■ Preparing for APRN practice</li> <li>■ Guidelines and prescriptive authority</li> <li>■ Guideline audit tool</li> <li>■ FAQ's</li> </ul>	<a href="#">Advanced practice</a>	<a href="mailto:Laurie.Talarico@state.ma.us">Laurie.Talarico@state.ma.us</a>
<ul style="list-style-type: none"> <li>■ Continuing Education including FAQ's</li> </ul>	<a href="#">Continuing education</a>	617-973-0900 or 800-414-0168 <a href="mailto:Laurie.Talarico@state.ma.us">Laurie.Talarico@state.ma.us</a>
<ul style="list-style-type: none"> <li>■ Substance Abuse Rehabilitation Program</li> </ul>	<a href="#">SARP</a>	617-973-0904 or 617-973-0867 <a href="mailto:Dawn.DeVaux@state.ma.us">Dawn.DeVaux@state.ma.us</a> <a href="mailto:Marsha.Gilmore@state.ma.us">Marsha.Gilmore@state.ma.us</a>
<ul style="list-style-type: none"> <li>■ Filing a complaint information</li> <li>■ Disciplinary action list</li> </ul>	<a href="#">Complaint resolution</a>	617-973-0865

## Contacting the Board

[www.mass.gov/dph/boards/rn](http://www.mass.gov/dph/boards/rn)  
Email: [nursing.admin@state.ma.us](mailto:nursing.admin@state.ma.us)

239 Causeway Street  
Suite 500, 5<sup>th</sup> Floor  
Boston, MA 02114

Telephone: 617-973-0900  
Toll-free: 800-414-0168