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
www.mass.gov/dph/boards/rn

CERTIFICATION OF GRADUATION FROM AN OUT OF STATE NURSING EDUCATION PROGRAM

To be completed by the Program Administrator, (the Registered Nurse designated the administrative authority and is responsible for the nursing education program), for all graduates of nursing education programs located outside of Massachusetts, in the U.S. or its territories, that are applying for ***initial licensure by examination or reciprocity licensure in Massachusetts.***

- A Board-issued NCLEX Eligibility Certificate must be attached to the *Application for Initial Nurse Licensure by Examination and Reciprocity Licensure for* graduates of non-U.S. nursing education programs.
- A Board-issued NCLEX-PN Eligibility Certificate must be attached to the *Application for Initial Nurse Licensure by Examination and Reciprocity Licensure* for former RN nursing education program students withdrawn in good standing who meet PN curriculum requirements.

I hereby certify that _____
(**Applicant's Name/Year of Birth**) (**First**) (**Middle**) (**Last**) (**Year of Birth**)

graduated from _____
(Nursing Education Program Name)

Located _____
(Address) **(City/Town)** **(State, Zip/Postal Code)**

Date of Graduation* _____ **Date Degree or Certificate was conferred/awarded** _____
(MM/DD/YYYY) **(MM/DD/YYYY)**

(*244 CMR 8.01; Graduation means the date the applicant graduated from a nursing education program as defined in the policy of the applicant's nursing education program).

(Type of degree or certificate to be conferred or awarded)

Program Type
Check one *

☐PRACTICAL/VOCATIONAL NURSE ☐RN DIPLOMA ☐RN ASSOCIATE DEGREE
☐RN BACCALAUREATE ☐RN ENTRY-LEVEL MASTERS ☐RN ENTRY-LEVEL DOCTORATE
☐RN OTHER _____

Did the applicant receive credit for any of the core curriculum requirements **(Nursing courses)** from a source other than the program listed above? Yes ☐ No ☐

Did the applicant receive nursing credit for having a practical nursing licensure? Yes ☐ No ☐
Did the applicant receive transfer credit for any core curriculum requirements completed in another nursing education program? Yes ☐ No ☐
If yes please complete the table below:

Program	Course	Date

Revised 5.21.20; 6/8/21; 1/19/22; 1/23/2023. 2/28/2023, 5/2/2023, 5/22/2023, 5/24/2023, 12/14/2023, 5/20/2024, 10/09/2024, 7/24/2025, 8/1/2025

The nursing education program was approved by the legal approving authority during the licensure applicant's enrollment. Yes ☐ No ☐

Program Approval Status Program Approval needs to be from State Board of Nursing, or State Agency.

Approving Authority:	
Last Review:	
Outcome:	
Next Review	Date Ongoing ☐

The parent institution is accredited. Yes ☐ No ☐

(244 CMR 10: Parent Institution Accreditation means the formal recognition or acceptance of the parent institution by a regional or professional accrediting agency recognized by the United States Department of Education or other Board recognized entity.)

Parent Institution Accreditation Status

Agency:	
Last Review:	
Outcome:	
Next Review:	

The Nursing Program has candidacy from a national accreditation agency? Yes ☐ No ☐

(**244 CMR 10:** Program Accreditation Candidacy means the formal recognition or acceptance of the nursing education program's potential to achieve program accreditation by a Board Recognized Accrediting Agency in Nursing.)

Note: The program is either in candidacy or program is accredited, it cannot be both. If answering yes to candidacy and the program is accredited, the form will be rejected.

If yes, which one?

1. Accreditation Commission for Education in Nursing (ACEN) ☐
2. Collegiate Nursing education (CCNE) ☐
3. National League for Nursing Commission for Nursing Education Accreditation (NLN CNEA) ☐

The Nursing Program is accredited by a national accreditation agency? Yes ☐ No ☐

(**244 CMR 10:** Program Accreditation means the formal recognition or acceptance of the nursing education program by a Board Recognized Accrediting Agency in Nursing.)

If yes, which one?

1. Accreditation Commission for Education in Nursing (ACEN) ☐
2. Collegiate Nursing education (CCNE) ☐
3. National League for Nursing Commission for Nursing Education Accreditation (NLN CNEA) ☐

Program Approval Status

Last Review:	
Outcome:	
Next Review:	

The curriculum covered:

Medical/Surgical	Theoretical☐	Clinical ☐	Simulation ☐	Not covered☐
Pediatrics	Theoretical☐	Clinical ☐	Simulation ☐	Not covered☐
Obstetrical	Theoretical☐	Clinical ☐	Simulation ☐	Not covered☐
Mental Health	Theoretical☐	Clinical ☐	Simulation ☐	Not covered☐

For clinical hours:

Based on the Program's approved credited clinical hours in the below content areas, please delineate the percentage of clinical hours in: (see definitions p.3):

1. Direct Patient Care (Traditional)
2. High Fidelity Simulated Experiences
3. Virtual Simulated Experience

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4. Other learning opportunities such as case studies, care plans and/or care mapping

Totals percentage for each course/content area should equal 100%.

Course/Content	Direct Patient Care (Traditional Clinical Experience)	High Fidelity Simulation	Low Fidelity Simulation	Virtual Simulated Experience	Other learning	Total
Medical/Surgical						
Pediatrics						
Obstetrics						
Mental Health						

Traditional Clinical Experience: Practice in an inpatient, ambulatory care or community setting where the student provides care to patients under the guidance of an instructor or preceptor.(NCSBN, 2016)
***NCSBN Guidelines: Direct patient care clinical experience with substitution of no more than 50% for each course.**
Simulation: A technique, not a technology, to replace or amplify real experiences with guided experiences that evoke or replicate substantial aspects of the real world in a fully interactive manner (NCSBN, 2016).
Virtual Simulation: "The term is often used to describe a variety of interchangeable learning modalities, including three-dimensional learning environments (Hansen, 2008), virtual or augmented reality (Kardong-Edgre et al. 2019), game-based learning, and screen-based learning." (Martin et al, 2023)

If direct patient care clinical experiences were below requirements as outline in the NCSBN Guideline due to regulatory changes made by the legal approving authority of the nursing program, please provide a link to the Regulations: _____

Was any of this Program completed online as the **standard method** of delivery? Yes ☐ No ☐

If yes, is the Program authorized to operate by distance education by the legal approving authority in the Parent Institution's State? Yes ☐ No ☐

Please list the name of that legal approving authority:

_____

Did the graduate complete any of their clinical rotations in Massachusetts Yes ☐ No ☐ If yes (List all):

TYPE (Fundamental, Med/Surg, Pedi, Ob, Psych, Community, Preceptorship)	CLINICAL AGENCY	DATES

For PN Programs Only:

Program length (in weeks):	
Total number of program hours including non-nursing requirements	
Total number of hours in nursing courses including theoretical, lab, simulation and clinical	
Total number of hours allocated to clinical practice	

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For <u>CLOSED</u> Programs Only: If the Holder of Records is unable to provide the requested information regarding the nursing education program, please contact Professional Credential Services (PCS)/Virtual Inc. at cog@virtualinc.com

The COG cannot contain cross-outs, white-outs, or an appearance of alteration.

Program Administrator Name & Credentials (Print): _____

Telephone Number:_____ E-mail: _____

Original Signature of Program Administrator: _____Date: _____

Attestation: By signing this Affidavit, I certify, under the pains and penalties of perjury, that the information provided herein is truthful and accurate.

Please send the completed Certificate of Graduation (COG) and the official final transcript from the nursing education program where the applicant graduated, in a sealed envelope *directly to PCS at:*.

Professional Credential Services
ATN: MA Board of Registration in Nursing
C/O MA Nurse Coordinator
P.O. Box 198788,
Nashville, TN 37219.

AFFIX OFFICIAL SEAL OF NURSING
PROGRAM (Must be raised/embossed)

Please note that official transcripts can also be sent by secure server, such as Parchment or National Student Clearinghouse to transcripts@pcshq.com

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