



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for Initial Nurse Licensure by Examination and Reciprocity Licensure* for former RN nursing education program students withdrawn in good standing who meet PN curriculum requirements.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 PRACTICAL/VOCATIONAL NURSE RN DIPLOMA RN ASSOCIATE DEGREE
 Check one * RN BACCALAUREATE RN ENTRY-LEVEL RN ENTRY-LEVEL
 RN OTHER _____ MASTERS DOCTORATE

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

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	<input type="checkbox"/>

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 <input type="checkbox"/>	Clinical <input type="checkbox"/>	Simulation <input type="checkbox"/>	Not covered <input type="checkbox"/>
Pediatrics	Theoretical <input type="checkbox"/>	Clinical <input type="checkbox"/>	Simulation <input type="checkbox"/>	Not covered <input type="checkbox"/>
Obstetrical	Theoretical <input type="checkbox"/>	Clinical <input type="checkbox"/>	Simulation <input type="checkbox"/>	Not covered <input type="checkbox"/>
Mental Health	Theoretical <input type="checkbox"/>	Clinical <input type="checkbox"/>	Simulation <input type="checkbox"/>	Not covered <input type="checkbox"/>

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
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						100%
Pediatrics						100%
Obstetrics						100%
Mental Health						100%

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	

For CLOSED 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

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.

Send this form with the official final transcript that is in a sealed envelope from the nursing education program where the applicant graduated and submit it 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)***