## 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

## ATTESTATION FOR LICENSURE APPLICANTS WHO COMPLETED NONACCREDITED NURSING PROGRAMS THAT DO NOT MEET THE DIRECT PATIENT CLINICAL EXPERIENCES REQUIREMENTS

To be completed by applicants who completed nonaccredited nursing education programs that do not meet the direct patient clinical experiences in adult medical-surgical, pediatric, obstetrics, and/or mental health with clinical substitution as defined by the National Counsil of State Boards of Nursing (NCSBN) guidelines, who are applying for <u>initial licensure</u> by examination and <u>reciprocity licensure</u> in Massachusetts

\*NCSBN Guidelines: Direct patient care clinical experience with substitution of no more than 50% for each course.

**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)

Applicant 3)	(First)	(Middle)	(Last)	(Year of Birth)
A graduate fro	om			
		(Nursing	Education Program Name)	
ocated				
	(Address)	(C	ity/Town)	(State, Zip/Postal Code)
	e □ PRACTIC □F			□RN ASSOCIATE EVEL □RN ENTRY LEVEL ERS DOCTORATE
Date of Gradu	uation*	(MM/DD/YYYY)		
Hereby submi vithin the past			of full-time nursing praction	ce experience or its equivalen
		s Affidavit, I certify, u	inder the pains and pena ate.	alties of perjury, that the
Name (print):_			_Title:	
			Date:	

ATN: MA Board of Registration in Nursing

**C/O MA Nurse Coordinator** 

P.O. Box 198788, Nashville, TN 37219