



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](http://www.mass.gov/dph/boards/rn)

**CERTIFICATION OF GRADUATION FROM A MASSACHUSETTS NURSING EDUCATION PROGRAM**

To be completed by Program Administrator, (the Registered Nurse designated the administrative authority and responsibility for the nursing education program), for all graduates of nursing education programs located in Massachusetts that are applying for initial licensure by examination in Massachusetts.

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to the *Application for Initial Nurse Licensure by Examination* for former RN nursing education program students withdrawn in good standing who meet PN curriculum requirements.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

located \_\_\_\_\_  
 (City/Town)      (Zip/Postal Code)

**Date of Graduation\*** \_\_\_\_\_ **Date Degree or Certificate conferred/awarded** \_\_\_\_\_

(\*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).

**PN Programs Only** Program Length: \_\_\_\_\_

**Program Type**       PRACTICAL/VOCATIONAL NURSE       RN DIPLOMA     RN ASSOCIATE DEGREE  
**Check one \***       RN BACCALAUREATE       RN ENTRY-LEVEL MASTERS  
 (Type of degree or certificate to be conferred or awarded)

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

Program Administrator Name & Credentials (Print): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Original Signature of Program Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

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