



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 MASSACHUSETTS NURSING EDUCATION PROGRAM

Purpose and Instructions:

This Certificate of Graduation (COG) is used by the Massachusetts Board of Registration in Nursing (Board) to determine whether a nursing education program meets licensure requirements for:

- Initial Licensure by Examination, or
- Licensure by Reciprocity

This form must be completed by the Program Administrator, defined as the Registered Nurse designated as the administrative authority and responsible for the nursing education program (for closed programs, see Section 12).

Important Notes:

- If the Applicant is applying for an LPN license as a former RN student withdrawn in good standing: A Board-issued NCLEX-PN Eligibility Certificate must be attached to the *Application for Initial Nurse Licensure by Examination and Reciprocity Licensure* for former RN students withdrawn in good standing who meet PN curriculum requirements.
- This form must be complete, accurate, and legible. **No cross-outs, white-outs, or alterations are permitted.**

Section 1: Applicant Identification

I hereby certify that:

- Applicant Name (First, Middle, Last): _____
- Year of Birth: _____

Graduated from:

- Nursing Education Program Name: _____
- Parent Institution (if different): _____

Program Location:

- Street Address: _____
- City/Town: _____ State/Province: _____
- Country: _____ Zip/Postal Code: _____

Section 2: Graduation Information

- Date of Graduation* (MM/DD/YYYY): _____
- Date Degree/Certificate Conferred (MM/DD/YYYY): _____

*Per 244 CMR 8.01, graduation is defined as the date the applicant completed the nursing education program according to program policy.

- Type of Degree or Certificate Awarded: _____

Program Type (check one):

- Practical/Vocational Nurse (PN/LPN)
- RN Diploma
- RN Associate Degree

- RN Baccalaureate
- RN Entry-Level Master's
- RN Entry-Level Doctorate
- Other (specify e.g. Bachelors in Direct Entry Master's program): _____

Please provide the NCSBN NCLEX code number: _____

Section 3: Program Approval ¹

The nursing education program was approved by a legal approving authority during the applicant's enrollment.

Yes No

Section 4: Program Administrator Attestation

- Name (Printed): _____
- Title: _____
- Telephone Number: _____ Email address: _____
- Signature: _____ Date: _____

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

Submission Instructions and Questions

Upon completion, the Certificate of Graduation (COG) and the applicant's official final transcript must be submitted directly by the nursing education program to Professional Credential Services (PCS).

- Documents must be sent in a sealed envelope or by an approved secure electronic transcript service.
- The Certificate of Graduation must be complete, accurate, legible, and free of cross-outs, white-outs, or alterations.
- The Certificate of Graduation must bear the official raised or embossed seal of the nursing education program, where applicable.

Submission Address

Professional Credential Services

ATTN: Massachusetts Board of Registration in Nursing
c/o MA Nurse Coordinator
P.O. Box 198788
Nashville, TN 37219

Official transcripts may also be transmitted electronically via a secure server (e.g., Parchment or National Student Clearinghouse).

Questions Regarding the Certificate of Graduation

Should you have any questions regarding the completion or submission of the Certificate of Graduation, please direct all inquiries to DPH-NursingCOG@mass.gov.

¹ 244 CMR 10.0 Definitions: Approved Nursing Education Programs [244 CMR 10](#)