



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

Purpose and Instructions:

This Certificate of Graduation (COG) is used by the Massachusetts Board of Registration in Nursing 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 was educated outside of the United States: 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.
- If the Applicant is applying for an LPN license as a former RN student withdrawn in good standing: A Board-issued NCLEX-PN Eligibility Certificate must be attached to the *Application for Initial Nurse Licensure by Examination and Reciprocity Licensure* for former RN students withdrawn in good standing who meet PN curriculum requirements.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): _____

Section 3: Advanced Standing, Transfer, or Credit

Did the applicant receive credit for any **nursing (core) curriculum requirements** from another source (e.g., transfer credit from another nursing program, AP/CLEP exams, military or healthcare training, international coursework, or competency-based credit)? Yes No

If yes, check all that apply and complete the table below:

- Prior practical nursing licensure
- Transfer credit from another nursing education program
- Other advanced standing (specify): _____

Program	Course	Date

Section 4: Parent Institution Accreditation (REQUIRED)¹

The parent institution was accredited during the applicant's enrollment. Yes No

Accrediting Agency: _____

- Last Review Date: _____
- Outcome: _____
- Next Review Date: _____

Section 5: Program Approval (REQUIRED)²

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

Legal Approving Authority (e.g., State Board of Nursing or State Agency):

- Name: _____
- Last Review Date: _____
- Outcome: _____

¹ 244 CMR 6.04 (1)(a) The Program shall be affiliated with a Parent Institution that has and maintains its accreditation.

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

- Next Review Date: _____ Ongoing

Section 6: Program Accreditation Status³

How to Complete This Section

- Complete this section only if the nursing program held national nursing accreditation or accreditation candidacy during the applicant's enrollment.
- Select Status 1 (Full Accreditation) *only if* the program was fully accredited.
- Select Status 2 (Candidacy) *only if* the program was formally granted candidacy and had not yet achieved full accreditation.
- **If the program was neither accredited nor in candidacy, select no for both statuses and leave agency details blank.**

Status 1: Full Program Accreditation

The nursing program is fully accredited by a Board-recognized national nursing accrediting agency.

Yes No

If yes, select the accrediting agency (check one): ACEN CCNE NLN CNEA

Accreditation Details:

- Last Review Date: _____
- Accreditation Outcome: _____
- Next Scheduled Review Date: _____

Status 2: Accreditation Candidacy

The nursing program is in accreditation candidacy status (not fully accredited) with a Board-recognized national nursing accrediting agency. Yes No

If yes, select the accrediting agency (check one): ACEN CCNE NLN CNEA

Section 7: Curriculum Content Across the Lifespan (REQUIRED)

For each content area below, indicate the type of instruction provided in the program's curriculum. Include all applicable instructional methods or indicate if the content area is not covered.

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"/>

Theoretical: Classroom or online instruction that provides foundational nursing knowledge, such as lectures, readings, seminars, and case studies.
Clinical (Traditional Clinical Experience): Practice in an inpatient, ambulatory care, or community setting where the student provides direct patient care under the guidance of an instructor or preceptor. ([NCSBN Simulation Guidelines](#))

Simulation: A technique, not a technology, to replace or amplify real experiences with guided experiences that replicate substantial aspects of the real world in a fully interactive manner. Simulation includes debriefing and structured scenarios designed to teach clinical decision-making and skills. ([NCSBN Simulation Guidelines](#))

Section 8: Clinical Hours Distribution (REQUIRED)

Based on the program's approved clinical hour allocation, identify how clinical learning experiences are

³ 244 CMR 6.04 (1)(b) The program shall obtain and maintain program accreditation

distributed by instructional methods. For each content area, enter the **percentage of total clinical learning** attributed to each category listed below. **Percentages for each content area must equal 100%.**

Clinical learning categories include:

1. Direct Patient Care (Traditional clinical experience)
2. High-Fidelity Simulated Experiences
3. Low-Fidelity Simulated Experiences
4. Virtual Simulated Experiences
5. Other Learning Activities, such as case studies, care plans, or care mapping (see definitions on page 4)

Course/Content	Direct Patient Care	High Fidelity Simulation	Low Fidelity Simulation	Virtual Simulation	Other learning	Total
Medical/Surgical						
Pediatrics						
Obstetrics						
Mental Health						

Clinical Learning Experience Definitions and Concept-Based Guidance

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). *Direct patient care may include up to 50% substitution with simulation per course.*

Simulation: A technique, not a technology, that replaces or amplifies real experiences with guided, interactive learning that replicates substantial aspects of the real world (NCSBN, 2026).

High-fidelity simulation is defined as simulation experiences that use advanced, computer-driven manikins, virtual reality, or standardized patients to realistically replicate clinical patient care scenarios with dynamic physiological responses.

Low-fidelity simulation refers to static models, task trainers, role-play, or other simplified learning activities designed to practice discrete skills or concepts with limited realism (National Council of State Boards of Nursing [NCSBN], 2014).

Virtual Simulation: Screen-based or immersive digital learning modalities, including three-dimensional environments, virtual or augmented reality, and game-based learning (Martin et al., 2023; Hansen, 2008).

Concept-Based Curriculum Guidance: For programs using a concept-based curriculum, the program administrator determines the percentage of direct patient care hours in each content area by mapping each clinical learning experience to the nursing competencies achieved rather than to the course title or population focus. Clinical activities are reviewed and assigned to Medical/Surgical, Pediatrics, Obstetrics, or Mental Health based on the primary concepts addressed and the demonstrated learning outcomes across the lifespan. Hours are then aggregated to calculate the percentage of direct patient care attributable to each content area.

Regulatory Exception (If Applicable)

If direct patient care clinical experiences fall below NCSBN guideline requirements due to regulatory changes enacted by the legal approving authority of the nursing program, provide a citation or active link to the applicable regulation. Regulatory Citation / Link:

Section 9: Distance Education

Was any portion of the program delivered online as the standard method of instruction? Yes No

If yes:

- Is the program authorized to operate by distance education? Yes No
- Legal Approving Authority granting authorization: _____

Section 10: Massachusetts Clinical Rotations

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

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

--	--	--

Section 11: PN Programs Only (if applicable)

Complete this section only if the applicant graduated from a Practical/Vocational Nursing (PN/LPN) program.

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	

Section 12: Closed Programs (if applicable)

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

Section 13: 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

Upon completion, the following documents must be submitted directly by the nursing education program to Professional Credential Services (PCS):

- **Certificate of Graduation (COG):**
 - Must be complete, accurate, and legible
 - Must not contain cross-outs, white-outs, or alterations
 - Must be submitted in a sealed envelope
 - Must include the official raised or embossed seal of the nursing education program or parent institution
- **Official Final Transcript:**
 - May be submitted in a sealed envelope **or**
 - Sent electronically through an approved secure transcript service **such as *Parchment or National Student Clearinghouse***

Submission Address

Professional Credential Services

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

**Affix Official Seal of Nursing
 Program or Parent Institution**