



The Commonwealth of Massachusetts  
 Executive Office of Health and Human Services  
 Department of Public Health  
 Division of Health Professions Licensure  
 Board of Registration in Nursing  
 239 Causeway Street, Suite 200, 2<sup>nd</sup> Floor, Boston,  
 MA 02114  
 617-973-0800

AZC 175  
 DEVAL PATRICK  
 GOVERNOR  
 TIMOTHY P MURRAY  
 LIEUTENANT GOVERNOR  
 JUDYANN BIGBY, MD  
 SECRETARY  
 PAUL J. COTE, JR.  
 COMMISSIONER  
 RULA HARB  
 EXECUTIVE DIRECTOR

743198

APPLICATION FOR INITIAL LICENSURE AS A NURSE BY EXAMINATION

Licensure Type: (check only one)  REGISTERED NURSE  PRACTICAL NURSE  
 Applicant type: (check only one)  FIRST TIME  REPEAT

NAME Jurena Christie Lyn  
 (Last) (First) (Middle) (Maiden /Previous)

ADDRESS OF RECORD 1869 Beacon St, unit 4 Boston MA 02445  
 (No.) (Street) (City) (State or Country) (Zip/Postal Code)

MOST RECENT PREVIOUS ADDRESS

(No.) (Street) (City) (State or Country) (Zip/Postal Code)

E-MAIL ADDRESS jurena@bc.edu PLACE OF BIRTH Livingston, NJ DATE OF BIRTH [REDACTED]

TELEPHONE NUMBER DAY 8622680635 EVENING same

SOCIAL SECURITY NUMBER (SSN) (MANDATORY) [REDACTED]  
 Pursuant to M.G.L. c. 30A, s. 13A, if you have a Social Security Number (SSN), you must provide it to the Board. If you do not have a SSN and are eligible for one, you must obtain one and provide it to the Board. If you are not eligible for a SSN, you must complete the Board's Affidavit in Support of Application for License to Practice as a Registered Nurse, or Licensed Practical Nurse and attach the completed affidavit to this application.

SEX: FEMALE  MALE  HEIGHT 5 (FT) 5 (IN) WEIGHT 160 EYE COLOR blue

MOTHER'S MAIDEN NAME Nielsen

NURSING EDUCATION PROGRAM NAME AND LOCATION: Boston college  
Chestnut Hill, MA

PROGRAM CODE: 085514 See NCLEX Candidate Bulletin available at [www.ncsbn.org](http://www.ncsbn.org) for a listing of Program Codes.

TYPE OF DEGREE:  PN CERTIFICATE  RN DIPLOMA  RN ASSOCIATE  RN BACCALAUREATE  RN ENTRY-LEVEL MASTERS  
 (Check one)

SPECIAL EXAMINATION ARRANGEMENTS: Applicants qualified for protection under Title II, Americans with Disabilities Act, must have NCLEX administration modifications approved by the Board and the National Council of State Board of Nursing prior to examination. Please complete the enclosed "NCLEX Applicants Requesting Modifications Due to Disability Information Sheet" (includes NCLEX Accommodation Request Form) and submit to PCS with your nurse licensure application. More information is RN/PN by Exam

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available online at [www.mass.gov/dph/boards/rn](http://www.mass.gov/dph/boards/rn). Repeat candidates must submit this form each time they apply for the examination and need administration modifications.

\_\_\_ Check here only if requesting special modifications

**RN ONLY:** If you have ever been licensed as a Practical Nurse in the United States or its territories, please arrange for submission of Licensure Verification Form or Nursys Form, as applicable, from each state or jurisdiction in which you are, or have been, licensed as a Practical Nurse. Form must indicate the status of your license and any disciplinary action.

## APPLICATION FOR INITIAL LICENSURE AS A NURSE BY EXAMINATION

**QUESTIONS:** If you answer "yes" to any of the following questions, the Board must evaluate your compliance with the good moral character licensure requirements. This evaluation must be completed to determine your qualifications for initial licensure by examination in Massachusetts. Prior to submitting this licensure by examination application, refer to the Board's *Good Moral Character Licensure Requirement Information Sheet* for directions. Review the Information Sheet carefully. Submit all required documentation to the Board as directed.

		YES	NO
1.	Has any disciplinary action ever been taken against you by a professional and/or trade licensing/certification board located in the United States or any country/foreign jurisdiction, including removal from a long-term care nurse aide registry program?		<input checked="" type="checkbox"/>
2.	Are you the subject of pending disciplinary action by a professional and/or trade licensing/certification board located in the United States or any country/foreign jurisdiction?		<input checked="" type="checkbox"/>
3.	Have you ever applied for, and been denied, a professional and/or trade license/certification in the United States or any other country/foreign jurisdiction?		<input checked="" type="checkbox"/>
4.	Have you ever surrendered or resigned a professional and/or trade license/certificate in the United States or any other country/foreign jurisdiction?		<input checked="" type="checkbox"/>
5.	Have you ever been convicted of a felony or misdemeanor in the United States or any other country/foreign jurisdiction?		<input checked="" type="checkbox"/>

### CERTIFICATION OF GRADUATION FROM NURSING EDUCATION PROGRAM:

To be completed by program administrator for all graduates of nursing education programs located in the U.S. or its territories that are applying for initial licensure by examination in Massachusetts. A Board-issued NCLEX Eligibility Certificate must be attached by graduates of non-U.S. nursing education programs. A Board-issued NCLEX-PN Eligibility Certificate must be attached for former RN nursing education program students withdrawn in good standing who meet PN curriculum requirements in lieu of graduation certification by nursing education program administrator

I hereby certify that Christie L. Jurena graduated from  
(Applicant's Name in full)

Boston College William F. Connell School of Nursing, Boston College, Chestnut Hill, MA 02467

(Nursing Education Program)

(Zip/Postal Code)

on 6/22/07  
(Graduation Date)

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

Program Length \_\_\_\_\_  
PN Programs Only

Catherine Y. Read, Associate Dean, Undergraduate Program

Program Administrator Name (Print)

Original Signature of Program Administrator:

Catherine Y. Read

Date: 6/28/07

**AFFIX OFFICIAL SEAL OF NURSING EDUCATION PROGRAM**



APPLICATION FEE: First Time Licensure Applicant - \$175.00 Repeat Licensure Applicant - \$75.00

Payment may be made with cashier's check / certified check / money order (payable to PCS) or credit card. Please record your social security number on the check. Fees are non-refundable and non-transferable.

Credit Card Payment Information (If NOT submitting check / order)

Type of Credit Card: VISA  MASTERCARD

Credit Card # [REDACTED] Expiration Date [REDACTED]

Print Card Holder's Name as it appears on account Christie L Jurena

Cardholder's Authorized Signature Christie Jurena

### APPLICATION FOR INITIAL LICENSURE AS A NURSE BY EXAMINATION

**ATTESTATION:** By signing this application for nurse licensure by examination, I certify, under the pains and penalties of perjury, that:

- The information that I have provided in connection with this application is truthful and accurate;
- I understand that the failure to provide truthful and accurate information may be grounds for the Massachusetts Board of Registration in Nursing (Board) to deny me nurse licensure in accordance with Massachusetts law;
- If I am granted nurse licensure by the Board, I will comply with the Board regulations at 244 CMR 3.00 – 9.00;
- I understand that the Board is certified by the Massachusetts Criminal History Systems Board (CHSB) for access to conviction and pending criminal case data (Agency Code: MABRN G). As an applicant for initial nurse licensure by examination, I understand that a criminal record check may be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information provided in this application pursuant to 803 CMR 3.05 is correct to the best of my knowledge.
- I understand that this application is void if requirements for nurse licensure by examination are not met within one (1) year from the date of Board receipt of the application. I also understand that fees are non-refundable and non-transferable.

Christie Jurena  
Signature of Applicant

5/29/07  
Date



BOARD OFFICE ONLY: Signature of CORI authorized employee \_\_\_\_\_

Mail Application for Licensure to:

Professional Credential Services  
ATTN: MA Nurse Coordinator  
P.O. Box 198689  
Nashville, TN 37219-8689

Questions or Comments, contact PCS at:

Toll free: (877) U-TRY-PCS  
Web site: <http://www.pcshq.com>  
Email: [nurselicense@pcshq.com](mailto:nurselicense@pcshq.com)



Mrs. Ted W...