

002015

NCLEX-RN® CANDIDATE REPORT
National Council Licensure Examination for Registered Nurses



Test Date: 10/25/14
Test Center: 46988 - Wethersfield

RL 2097319

Rebecca Krieger
12 Kristin Drive
Chelmsford, MA 01824
United States



Candidate Number: 22817396
Date of Birth: redacted
Social Security Number: redacted
Program Code: US08509800
Program Name: UNIVERSITY OF
MASSACHUSETTS -
WORCESTER - MSN
WORCESTER, MA

A

Rebecca Krieger, an NCLEX examination applicant for Massachusetts Board of Registration in Nursing, HAS PASSED the National Council Licensure Examination for Registered Nurses.

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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
www.mass.gov/dph/boards/rn

APPLICATION FOR INITIAL NURSE LICENSURE BY EXAMINATION

Licensure Type: (check only one) REGISTERED NURSE PRACTICAL NURSE
Applicant type: (check only one) FIRST TIME
 REPEAT TESTER (within 1 year of receipt of original application)
 REPEAT TESTER (over 1 year of receipt of original application)

TYPE OR PRINT USING BLACK INK

UNITED STATES SOCIAL SECURITY NUMBER (SSN) (MANDATORY) redacted
Pursuant to G.L. c. 30A, s. 13A; see instructions.

NAME: Rebecca Elizabeth Krieger
(First) (Middle) (Last) (Maiden/Previous)

DATE OF BIRTH: redacted CITY/STATE/COUNTRY of BIRTH: Boston / MA / USA

MOTHER'S MAIDEN NAME: redacted

HEIGHT: 5 (FT) 3 (IN) WEIGHT: 145 (LBS) EYE COLOR: green GENDER: FEMALE MALE

ADDRESS OF RECORD: (Mailing address) 12 Kristin Drive (Apt/Suite/Floor)
(No.) (Street)
Chelmsford MA 01824
(City) (State or Country) (Zip/Postal Code)

MOST RECENT PREVIOUS ADDRESS: N/A (No.) (Street) (City) (State or Country) (Zip/Postal Code)

E-MAIL ADDRESS: redacted TELEPHONE NUMBER: redacted

NURSING EDUCATION PROGRAM NAME AND LOCATION: University of Massachusetts, Graduate School of Nursing, 55 Lake Avenue North, Worcester, MA 01655

PROGRAM CODE: US-08-15-0918-00 See NCLEX Candidate Bulletin at: www.vue.com/nclex for Program Code list (Program Codes prior to 4/1/14 are 5-digits only. Effective 4/1/14, Program Codes expand to 10-digits).

TYPE OF PROGRAM: PRACTICAL/VOCATIONAL NURSE RN DIPLOMA ASSOCIATE DEGREE IN NURSING
(Check one) BACHELOR OF SCIENCE IN NURSING RN ENTRY-LEVEL MASTERS

Check here only if requesting NCLEX@ Accommodations (see page ii).

RN Applicants 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 register on www.NURSYS.com, as applicable, from each state or jurisdiction (EXCEPT Massachusetts) in which you are currently, or have ever been, licensed as a Practical Nurse. PCS will verify your Massachusetts license only. The Licensure Verification Form must indicate the status of your license and any disciplinary action (continued next page).

State	License Number	Issue Date	State	License Number	Issue Date

If necessary, continue on another sheet of paper. Do not omit any states. Be sure to include Massachusetts, if applicable.

QUESTIONS: If you answer "yes" to any of the following questions, the Board must evaluate your compliance with the Good Moral Character licensure requirement. This evaluation must be completed to determine your qualifications for initial licensure in Massachusetts. Prior to submitting this application, review the Board's Licensure Policy 00-01: *Determination of Good Moral Character Compliance* and the *Determination of Good Moral Character Compliance Information Sheet*. 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?		✓
2.	Are you the subject of an investigation or pending disciplinary action by a professional and/or trade licensing/certification board located in the United States or any country/foreign jurisdiction, including a long-term care nurse aide registry program?		✓
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?		✓
4.	Have you ever surrendered or resigned a professional and/or trade license/certificate in the United States or any other country/foreign jurisdiction?		✓
5.	Have you ever been convicted of a felony or misdemeanor in the United States or any other country/foreign jurisdiction?		✓
6.	Are you the subject of any pending or open criminal case (s) or investigation(s), (including for any felony or misdemeanor) in a jurisdiction in the United States or any country/foreign jurisdiction?		✓



If you have answered "Yes" to any of the above questions, the Board may deny your application for licensure. Denial of licensure by the Massachusetts Board may have consequences before other professional licensing and certifying boards, including any licenses or certifications you may already currently hold.

If you have answered "Yes" to question #6, DO NOT submit this application. The Board will deny an application for GMC compliance if the applicant has failed to fulfill all requirements imposed by a licensure/certification body or if all criminal matters have not been closed for at least one (1) year.

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

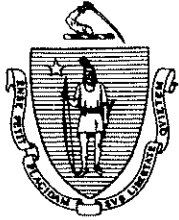
- The information that I have provided in connection with this Application is truthful and accurate;
- I understand that the failure to provide truthful and accurate information may be grounds for the Massachusetts Board of Registration in Nursing (Board) to deny my nurse licensure in accordance with Massachusetts law and may effect my ability to obtain licensure and/or practice nursing in this or any other jurisdiction in which I am currently licensed or may seek licensure in the future;
- I have read and understand the Board's Licensure Policy 00-01: *Determination of Good Moral Character Compliance* and the *Determination of Good Moral Character Compliance Information Sheet*;
- I understand that this application will expire if the application is incomplete or if any requirements for nurse licensure are not met within one (1) year from the date of the receipt of the application by PCS on behalf of the Board. I also understand that fees are non-refundable and non-transferable; and
- If I am granted nurse licensure by the Board, I will comply with M.G.L. c. 112, §§ 74 through 81C as well as any other laws and regulations (including those at 244 CMR 3.00 through 9.00 related to lice

Rebecca K
Signature of Applicant

6/17/14
Date

Mail to: Professional Credential Services
ATTN: MA Nursing
P.O. Box 198788
Nashville, TN 37219





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
www.mass.gov/dph/boards/rn

DEVAL L. PATRICK
 GOVERNOR
 TIMOTHY P. MURRAY
 LIEUTENANT GOVERNOR
 JOHN W. POLANOWICZ
 SECRETARY
 CHERYL BARTLETT
 ACTING COMMISSIONER

**APPLICATION FOR INITIAL NURSE LICENSURE
 BY EXAMINATION**

CERTIFICATION OF GRADUATION FROM A 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 the U.S. or its territories that are applying for initial licensure by examination in Massachusetts.

In lieu of this document:

- A Board-issued NCLEX Eligibility Certificate must be attached to the *Application for Initial Nurse Licensure by Examination* by graduates of non-U.S. nursing education programs.
- 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 Rebecca Elizabeth Krieger
 (Applicant's Name in full)

graduated from University of Massachusetts, Graduate School of Nursing
 (Nursing Education Program)

located Worcester/Massachusetts 01655
 (City/State) (Zip/Postal Code)

on August 1, 2014 PN Programs Only: Program Length _____
 (Graduation Date*)

(*Graduation means the date the NCLEX applicant graduated as defined in the policy of the applicant's nursing program.)

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

Program Administrator Name & Credentials (Print): Paulette Seymour-Route, PhD, RN, Dean and Professor

IMPORTANT NOTE: If the nursing education program is located *outside of Massachusetts* the Program Administrator must affix a business card and provide a telephone number and e-mail address.

Telephone Number: 508-856-5758 E-mail: Paulette.SeymourRoute@umassmed.edu

Original Signature of Program Administrator: Paulette Seymour-Route Date: 8/1/2014

**AFFIX OFFICIAL SEAL OF
 NURSING EDUCATION PROGRAM**

Mail to:

**Professional Credential Services
 ATTN: MA Nursing
 P.O. Box 198788
 Nashville, TN 37219**



*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
<http://www.mass.gov/dph/boards/rn>*

Application for Advanced Practice Registered Nurse (APRN) Authorization

To complete this application online, you must answer all required questions. Please read each question carefully and provide accurate information. **Only the applicant can complete this application.** PCS processes nurse licensure applications on behalf of the Massachusetts Board of Registration in Nursing.

Note: To practice as an Advanced Practice Registered Nurse (APRN) in Massachusetts (MA), you must hold a valid, current Registered Nurse (RN) license issued by the MA Board of Registration in Nursing (Board). Temporary licenses are not issued. An APRN may practice only in the clinical category of advanced practice for which the Board has authorized (see application for clinical categories).

APRN Authorization Requirement [CM.G.L. C.HZ, s.80B & 244 CAIR. 4.00 & 9.04(1), (2), and (4) & Board Policy]

1. Good moral character, as established by the Board.
2. Current, valid Massachusetts licensure as a Registered Nurse (RN);
3. Graduation from an APRN education program accredited by a Board-recognized national accreditation body;
4. Current advanced practice certification by Board-approved nationally recognized certifying body; and
5. Payment of all required fees. Only credit cards accepted. PCS accepts the following credit cards: **Visa, MasterCard, & Discover.**

Personal Information

Social Security #

redacted

Confirm SSN #:

redacted

Birth Date:

redacted

Phone Number:

redacted

Please Note: Email will be the primary form of communication during application review.

eMail Address:

redacted

Confirm eMail:

redacted

Enter your full legal name below. This is how your name will appear on your nursing license. Your name must match your official ID.

First Name:

Rebecca

Middle Name:

Last Name:

Krieger

Maiden/Previous Name:

N/A

Address of Record:

12 Kristin Drive

Apt / Suite #

City:

Chelmsford

State:

Massachusetts

Zip Code:

01824

APRN Program Information

All APRN applicants must graduate from an academic program designed to prepare the graduate for practice as an APRN in a specific clinical category (CNM, CNP, CRNA, PCNS or CNS). The program must be approved by a national accrediting organization and contain core content at the graduate level in advanced assessment, advanced pathophysiology and advanced pharmacotherapeutics. Should your official, final transcript fail to identify that these requirements have been successfully met, you may be required to obtain additional information from your academic program.

APRN Education Program/School Name:

University of Massachusetts Worcester, Graduate School of Nursing

Degree Type:

Masters

Clinical Category:

Nurse Practitioner (CNP)

APRN Certification Information

All APRN applicants must have current APRN certification granted by a Board recognized certifying organization. See APRN application instructions for additional information.

Name of Certifying Body:	Certification Number:	Expiration Date:
<i>American Nurses Credentialing Center (ANCC)</i>	<i>2017012702</i>	<i>08/20/2022</i>

License Verifications

If you are currently or have ever been licensed as a nurse (LPN and/or RN and/or APRN) in the United States, District of Columbia, U.S. territories, or in another country after licensure in the U.S. or its territories, verification of each licensure status must be completed. PCS will verify your Massachusetts nurse license only.

- **For all states that participate in the NURSYS License Verification System:**Go to www.nursys.com and follow the instructions including paying the necessary fee
- **For all states that DO NOT participate in the NURSYS License Verification System:**Complete the authorization portion at the top of the Verification of Nurse Licensure (RN/LPN) form verification and/or the Verification of Advanced Practice Registered Nurse Authorization(APRN) form; Enclose the appropriate verification fee (contact the Board of Nursing in that state for fee and instructions). Submit the form directly to the Board of Nursing in that state with the appropriate fee (that board will complete the form and must mail directly to PCS on your behalf).

DO NOT OMIT ANY STATE OR U.S. TERRITORY. Be sure to include Massachusetts, if applicable. Your application will NOT be processed if the License Verification information is not complete or accurate.

This information will be confirmed by PCS during the processing of your application. Any incorrect or omitted information could lead to processing delays.

Do you have any current or expired RN, PN, or APRN Licenses?



Enter all current & expired LPN, RN and APRN nursing licenses in the table below.

State/Territory of Licensure	License Type	License Number	License Status	Initial Licensure Year
<i>Massachusetts</i>	<i>Registered Nurse</i>	<i>RN2297319</i>	<i>Active</i>	<i>2014</i>




Good Moral Character Questions

If you answer Yes to any of the following questions, the Board must evaluate your compliance with the Good Moral Character (GMC) licensure requirement. The Board must complete its evaluation of your compliance with the GMC requirements in order to proceed with further determination of your qualification for initial Massachusetts licensure. Prior to submitting this application, review the Board Licensure Policy 00-01: Determination of Good Moral Character Compliance and the Determination of Good Moral Character Compliance Information Sheet.

Any and all documents that you submit in support of your compliance with the GMC requirement as defined by the Board must be sent directly to the Board as directed in the GMC compliance policy and information sheet; PCS does not process good moral character documentation.

Answer all questions truthfully and accurately.

If you answer any question incorrectly, you must restart the application from the beginning in order to change your answer.

<p>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?</p>	
<p>Are you the subject of an investigation or pending disciplinary action by a professional and/or trade licensing/certification board located in the United States or any country/foreign jurisdiction, including a long-term care nurse aide registry program?</p>	
<p>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?</p>	

Have you ever surrendered or resigned a professional and/or trade license/certification in the United States or any other country/foreign jurisdiction?

NO

Have you ever been convicted of a felony or misdemeanor in the United States or any other country/foreign jurisdiction?

NO

Are you the subject of any pending or open criminal case(s) or investigation(s), (including any felony or misdemeanor) in a jurisdiction in the United States or any other country/foreign jurisdiction?

NO

Application Checklist

Complete the following questions prior to submitting your application. Your signature on the application attests that you have read and completed all application requirements. Contact PCS with any questions Toll-free: 877-887-9727 or by emailing customerservice@pcshq.com.

I understand that I must select the correct APRN clinical category (Must match educational program and certification).

YES

My Massachusetts RN license expiration date exceeds 90 days

YES

I understand that I must contact Nursys for PN, RN, APRN verification(s)



I understand that I will contact Non-Nursys participating states for PN, RN, APRN verifications(s).



I understand that I must request official, final transcripts from my APRN education program (Must be sent to PCS directly from educational program).



I understand I must upload a 2x2 passport type color photo taken within one year of this application.
If you do not have a 2x2 passport type photo, you must obtain one as required to complete this application.



IMPORTANT, PLEASE READ CAREFULLY

ATTESTATION

By signing this application for APRN authorization, I certify, under the pains and penalties of perjury, that:

- I completed this application and I am the applicant named in this application seeking licensure in the state of Massachusetts;
- 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 my nurse licensure in accordance with Massachusetts law and may effect my ability to obtain licensure/authorization and/or practice nursing in this or any other jurisdiction in which I am currently licensed or may seek licensure in the future;
- I have read and understand the Board's Licensure Policy 00-01: Determination of Good Moral Character Compliance and the Determination of Good Moral Character Compliance Information Sheet;
- I understand that this application will expire if the application is incomplete or if any requirements for nurse licensure are not met within one (1) year from the date of the receipt of the application by PCS on behalf of the Board;
- I understand participation in MassHealth for the limited purposes of ordering and referring services covered under such program is required as an APRN practice condition. [Ref: MGL c. 112, Â§ 80B] For details and forms, visit <http://www.mass.gov/eohhs/provider/insurance/masshealth/aca/aca-section-6401enrollment-information.html>
- I understand that I must complete education prior to registering with the MA Department of Public Health Drug Control Program (DCP) as a prescriber and subsequently, during each licensure renewal period consistent with MGL c. 94C, Â§ 18(e). For details, visit: <http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/nursing/pmp-alert.html>;
- If I am granted APRN authorization by the Board, I will comply with M.G.L. c. 112, Â§Â§ 74 through 81C as well as any other laws and regulations (including those at 244 CMR 3.00 through 9.00 related to licensure and practice);
- I have completed the checklist in the application instructions;
- I understand that I may NOT practice as a APRN in the state of MA until my authorization appears on the Board's website; and
- I understand that all fees are non refundable and non transferable and submission of this completed application and fee acknowledges that the applicant understands and agrees to all provisions herein

BY SELECTING YES AND ENTERING YOUR NAME BELOW, YOU ARE AGREEING TO THE ATTESTATION ABOVE AND CONSENTING TO THE USE OF YOUR ELECTRONIC SIGNATURE IN LIEU OF AN ORIGINAL SIGNATURE ON PAPER.

Confirm Terms
 YES, I Agree

Date
 09/06/2017

Digital Signature
 Rebecca Krieger

VERIFICATION

Confidential information enclosed



Professional Credential Services
Attention: ATTN: MA Board of Registration in Nursing, C/O MA Nurse Coordinator
P.O. Box 198788
Nashville, TN 37219

August 23, 2017

VERIFICATION OF CERTIFICATION

Rebecca Krieger FNP-BC

Please accept this letter of verification that the above-named clinician, certified by the American Nurses Credentialing Center, holds the certification of **Family Nurse Practitioner**. The certification dates are **August 21, 2017 to August 20, 2022**. This clinician's certification number is **2017012702**. For inquiries regarding this verification notice, please call 1.800.284.2378 and ask to speak with a Verification Specialist.

Sincerely,

A handwritten signature in black ink, appearing to read "M Horahan".

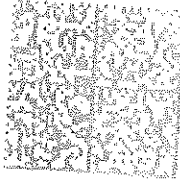
Marianne Horahan, MBA, MPH, BSN, RN, CPHQ
Director, Certification Services





Office of the Registrar
 University of Massachusetts Medical School
 55 Lake Avenue North
 Worcester, MA 01655-0002 USA

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