



Eliminating Administrative Barriers to Enhance the Transition of Internationally Educated and Trained Nurses into Nursing Practice within Massachusetts

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Submitted by the Workforce Capacity Committee as part of the Nursing Council of Workforce Sustainability

Executive Summary

Massachusetts is home to nearly 1.1 million foreign-born residents, approximately 19% of whom hold a bachelor's degree, and 21.5% possess a graduate or professional degree. A significant number of these degrees are in the healthcare field (Migration Policy Institute, 2023).

Internationally Educated Nurses (IENs) play a vital and expanding role in the nursing workforce, both nationally and within Massachusetts. For the purposes of this recommendation, IENs are defined as nurses who have completed their education and training outside of the United States and seek to continue their nursing careers here. However, they face a challenging and often lengthy process, involving visa screenings, credential evaluations, language proficiency exams, and various licensing tests. This process can span several years (Padilla, 2023). In Massachusetts, these nurses encounter additional administrative barriers that further complicate their pathway to practice.

The Commission on Graduates of Foreign Nursing Schools (CGFNS) is a non-profit organization that provides credential evaluation services (CES) for Internationally Educated Nurses (IENs). In 2022, CGFNS received 17,354 applications from 116 countries, marking a 109% increase since 2018. Massachusetts leads the New England states in the number of IEN applicants per year (Bakhshi, Alvarez, & Cook, 2022). Table 1 illustrates the number of IEN applicants from 2019 to 2023, as well as the number of nursing licenses issued to IENs in Massachusetts in each of those years.

Table 1. IEN Applicants to Massachusetts since 2019

IEN Applicants to Massachusetts				
Year	LPN		RN	
	Applications	Issued	Applications	Issued
2019	12	4	483	228
2020	20	8	735	392
2021	23	7	724	444
2022	22	8	951	644
2023	20	3	1,191	638
Total	97	30	4,087	2,346

Understanding the Value of Internationally Educated Nurses

Healthcare organizations are serving a more diverse population. This diversity demands replication in the healthcare workforce. Additionally, the workforce must possess a greater degree of cultural sensitivity.

Increasing diversity in the nursing workforce is a challenge. According to the National Center for Health Statistics, the lack of diversity in nursing contributes to higher morbidity and mortality rates among underrepresented minority groups (AACN). Culturally competent care has been shown to reduce healthcare disparities, improve patient outcomes, and enhance overall health (Faubion, 2024). IENs are a key method to diversify the healthcare workforce. These nurses come from varied cultural backgrounds, help address staffing shortages and bring valuable cultural competence to populations within Massachusetts (Osea, 2023).

Background

The Workforce Capacity Committee (WCC) of the NCWS spearheaded this initiative. Their efforts included engaging directly with Internationally Educated Nurses (IENs) and advocacy organizations such as the Nigerian Nurses Association and the African Nurses Association to better understand the unique challenges faced by these groups. The committee also collaborated closely with the Massachusetts Board of Registration in Nursing (MA-BORN) and the Boston Welcome Back Center (WBC) to gain deeper insights into the issues and potential solutions. Additionally, they examined policies and practices from the top ten states attracting IENs, as well as those in the New England region. Throughout this process, the WCC prioritized evidence-based practices and regulatory standards to guide their work.

The committee identified several opportunities to improve and enhance existing policies and practices. To better understand the issues, they outlined key barriers alongside potential solutions, which were summarized into a set of key recommendations. Notably, during this work, Massachusetts enacted legislation—subsequently signed by the Governor—joining the Nurse

Licensure Compact, an initiative strongly supported by the NCWS. This development addressed some significant barriers faced by Internationally Educated Nurses (IENs), and as a result, those issues are not included in the recommendations.

Understanding Barriers and Potential Solutions

English Proficiency Examination

Nurses who complete their initial training in non-English-speaking settings are required to demonstrate English proficiency as part of the credentialing process to practice in the U.S. This requirement ensures they are adequately prepared to provide safe and effective care in U.S. healthcare environments.

Several English proficiency examinations are available to candidates in Massachusetts, but significant challenges persist. The committee heard numerous accounts of IENs who were licensed and practicing in other states but were required to complete an English proficiency examination upon moving to Massachusetts.

One particularly striking case involved an IEN who had been living and practicing in the U.S. for 15 years. During that time, she earned both a master's degree and a doctorate in nursing. However, when she sought licensure in Massachusetts for a new job, the first requirement she encountered was completing an English proficiency exam.

MA-BORN acknowledges the importance of English proficiency testing and accepts applicants' prior English proficiency exams. However, despite supporting this policy, feedback received by the committee suggests that it has not been consistently implemented in practice.

Several states have established waiver protocols for English proficiency examinations. These waivers may apply to IENs who meet specific criteria, such as previously passing an approved English proficiency examination with qualifying scores, earning an additional nursing degree in the U.S., obtaining licensure in another state (where an English proficiency exam was required), or completing a specified number of work hours in another state.

To address the challenges of implementing non-repetitive English proficiency testing and the ongoing issue of redundant examinations, the committee recommends that Massachusetts adopt a standardized English proficiency examination waiver protocol. An English proficiency exam should be waived at the discretion of the MA-BORN executive director, or their designee, if the candidate meets one or more of the following criteria:

- Previously passed an English proficiency examination with appropriate scores regardless of timeframe
- If already working as a nurse in the US, eliminate the exam requirement if the individual has logged 1,000 hours or more of nursing practice
- Applicant has obtained a second nursing degree after moving to the United States
- If there is the ability for the candidate to demonstrate English proficiency through some other method

If the candidate meets one or more of the above criteria the English proficiency examination should be waived.

The committee recognizes that instituting such a waiver would likely require a statutory change and approval from the broader Massachusetts Board of Registration in Nursing (MA-BORN) before implementation. The NCWS fully supports this initiative and is prepared to assist in drafting the necessary measures, drawing on established practices from other states, including New England states like Maine.

Credentialing Evaluation

All Internationally Educated Nurses (IENs) seeking to practice in the United States must complete a thorough background check, credential verification, and education assessment. As previously mentioned, CGFNS is the leading provider of these services, processing thousands of requests annually (CGFNS International, 20230). However, delays in their process—caused by various, often unclear factors—can extend wait times to two years or more. It is important to note that CGFNS is not the only organization offering Credential Evaluation Services (CES).

Previously, MA-BORN only accepted CES reports from CGFNS, resulting in significant delays for IENs. However, MA-BORN has recently expanded its list of approved CES providers and may approve additional providers in the future, provided they meet specific criteria and receive approval through a vote by MA-BORN.

Despite these efforts, challenges and inefficiencies persist in the process. If a nurse is licensed and practicing in another state and has already completed a successful CES report as part of their licensure, requiring a new CES for licensure in Massachusetts should not be necessary. This causes lengthy delays and results in unnecessary cost to the candidate.

The MA-BORN notes that there is a process in place to eliminate duplicative CES reports. However, the NCWS strongly recommends that this be codified.

The NCWS recommends formalizing this process to eliminate redundant and unnecessary steps. Similar to the English proficiency waiver, this may require a statutory amendment or the establishment of a new policy and practice. Given that several states have already adopted this approach, a clear framework for implementation exists. The NCWS is willing to assist in facilitating this process and provide additional recommendations, with oversight from MA-BORN.

Duplicative processes not only cause delays but also impose unnecessary costs on potential members of the nursing workforce. The National Council of State Boards of Nursing (NCSBN) operates a national electronic nurse licensure verification system called Nursys, which serves as a primary source for nurse licensure, practice privileges, and disciplinary records. It is strongly recommended that both English proficiency examination results and CES reports be integrated into Nursys. This would enable nationwide access for all participants and help eliminate redundant reports and procedures.

MA-BORN is exploring options for Nursys with the NCSBN. The NCWS will also participate in this work and send the NCSBN this recommendation as part of its efforts.

Social Security Number Waiver

Some states, such as Vermont, provide a waiver for applicants who do not have a Social Security Number (SSN). Under this waiver, applicants may submit alternative documents, such as a U.S. Visa, I-94, I-20 (for students on an F-1 visa), and/or a Tax Identification Number (TIN). Additionally, the applicant is typically required to provide a statement explaining why they are not eligible to obtain an SSN (see Attachment A).

In Massachusetts, an SSN is not required for initial licensure, but it is necessary for license renewal. The time between license issuance and renewal can vary, sometimes being as short as a few months, meaning the absence of an SSN could have a significant impact. It is also important to note that, in order to obtain or maintain a multistate license under the NLC, a valid SSN is required.

Hence, it would be necessary to issue candidates without a social security number a Massachusetts-only nursing license. This could complicate processes for the MA-BORN and should be a consideration.

Massachusetts also requires that the candidate have a social security number to take the National Council Licensure Examination (NCLEX) for RNs. This means that IENs applying for license in Massachusetts would not qualify for certain services, including the programs at the Welcome Back Center. There are at least ten states that do not require a social security number to sit for the NCLEX examination, including Texas and Colorado (NEAC Medical Exams Center, 2023).

When considering the benefits of a social security waiver, the WBC supports the idea especially as it qualifies a candidate for the services of the WBC. While the validity of the request remains intact, it is unclear whether such a waiver would have a significant impact or if its adoption could affect other aspects of an individual's transition to life in Massachusetts. Therefore, the committee suggests further research and examples to demonstrate the potential positive impact of an SSN waiver.

For further review the social security waiver utilized in Vermont can be reviewed in Attachment A.

The Boston Welcome Back Center

As previously mentioned, IENs face a long and complex journey to licensure and practice in their destination states, making it difficult to navigate the process independently. To support IENs, the Welcome Back Center (WBC) was established in 2005. Located at Bunker Hill Community College, the WBC helps IENs obtain licensure in Massachusetts and re-enter the nursing workforce ([Boston Welcome Back Center - Bunker Hill Community College](#)).

The WBC provides essential support, including credential evaluation, English exam preparation, National Council Licensure Exam (NCLEX) preparation, and guidance throughout the

Massachusetts nurse licensure process. Its goals are to create new pathways to address nursing shortages, enhance workforce diversity, and promote cultural competence.

In March 2024, the Nursing Council on Workforce Sustainability (NCWS) highlighted the critical work of the WBC and the significant challenges it faced in a published brief. Following this, the Executive Office of Health and Human Services partnered with the MA-BORN to address many of the report's findings. By August 2024, the NCWS was assigned a new focus on IENs, tasked with developing and supporting strategies to reduce unnecessary administrative barriers within the commonwealth.

The WBC is dedicated to supporting IENs. The committee devoted considerable time, both collectively and individually, engaging with the WBC to better understand their work. The committee unanimously agrees that the WBC's efforts are valuable, necessary, and align with the values of the commonwealth. As a result, the committee has developed several key recommendations specifically aimed at enhancing the work of the WBC.

The WBC is currently funded by Bunker Hill Community College but serves the entire commonwealth. Its operations are managed by a small team consisting of two case managers and a part-time English tutor.

For the fiscal year 2024, the Center received an earmark of \$190,000, which was used to provide financial assistance to participants, helping to offset the various fees they incur. This funding also allowed for an increase in English and NCLEX tutoring support, significantly aiding participants in passing the NCLEX more quickly. Additionally, the funds were allocated to other resources, such as refresher courses and textbooks.

Given the critical need for the WBC and the valuable services it provides, the current staff is inadequate to fully accomplish their mission. Furthermore, additional funding is required to expand services and support individuals applying to work in Massachusetts from international regions.

The committee recommends funding the WBC as a line item in the budget and increasing the funding to a minimum of \$250,000 yearly or based on need. While this is a 32% increase over the previous earmark, there is a strong case for further funding increases beyond this level and removes the need for yearly advocacy as with an earmark.

The WBC also publishes an annual report on its activities. The NCWS recommends that this report be provided to the NCWS each year. The NCWS will then make the report available on its website and distribute it to all relevant stakeholders, as the WBC's work directly impacts the nursing workforce in the commonwealth.

Furthermore, any IEN that meets the requirements (i.e., living in Massachusetts and eligible to take the NCLEX) should be referred to the WBC. This will be realized through a developing relationship with the WBC and the MA-BORN.

Additionally, the WBC and MA-BORN should collaborate through monthly meetings. Since the NCWS's initial report on the WBC, these meetings have begun, and we strongly encourage their continuation. We also advocate for the WBC to become a key part of the MA-BORN's work and broader nursing workforce initiatives in the Commonwealth.

Lastly, with the appropriate resources, the committee recommends close monitoring and reporting of data related to IENs. Currently, while data on the number of applicants and licenses issued is available, there is no formal tracking system to analyze gaps or deficits. For example, in 2023, there were 1,191 applications, but only 638 licenses were issued, and neither the MA-BORN nor the WBC could explain the discrepancy of 553 applicants. Given the current nursing workforce crisis, it is essential to account for all data sources. Additionally, this data should be trended against national data sources to determine how Massachusetts performs related to the transition of IENs to practice.

NCWS believes that the WBC should be the owner of this data. However, the committee recognized the need for the WBC to be adequately staffed and funded to be able to meet this requirement.

Develop a Preceptor Program

The American healthcare system is complex, with its own distinct culture and heavy reliance on technologies that are often not available in other countries. As a result, the transition for IENs to practice in the U.S. can be challenging. In addition to language barriers, cultural differences can also pose difficulties (Padilla, 2023). While the WBC offers a skills refresher course (discussed later in this recommendation), many applicants would benefit from additional guidance, such as job shadowing opportunities.

The committee proposes the creation of a culturally competent preceptor program, which could be implemented at participating healthcare organizations across the commonwealth. This program could be standardized and scaled for widespread use.

Such a program would depend on the willingness of bedside nurses to undergo training in effective precepting and culturally competent communication with IENs. Each IEN would then be paired with a preceptor, similar to a nursing student, for a set number of shifts. Throughout this process, the IEN would be required to complete specific competencies and learning objectives.

Although there are several resources available to facilitate course creation, there are challenges and considerations to address. Typically, when a student undergoes preceptorship, a contractual agreement exists between the healthcare organization and the academic institution. However, IENs are not affiliated with an academic institution and, for all practical purposes, are considered independent contractors. This arrangement could present challenges related to risk and liability.

Alternatively, many healthcare organizations have policies and protocols for job shadowing, which typically involve observation without active participation. While these opportunities may

be adequate for some IENs, a more hands-on approach to learning would offer greater benefits and maximize the effectiveness of the program.

It may be possible to collaborate with academic institutions that would be willing to sponsor IENs for preceptorships, similar to the way nursing students are supported.

Additionally, compensation for bedside nurses who dedicate their time and effort to this program should be considered. Healthcare organizations could view the preceptor program as a pipeline for recruiting new nurses, with the potential to create a sustainable workforce. Developing such a pipeline would justify compensating nurses for all training related to the preceptorship program. Furthermore, healthcare organizations should consider offering nurses a stipend for participating in the program. This investment, which leads to a more qualified nursing staff, would be attractive to healthcare organizations and enhance their recruitment efforts.

The NCWS is committed to working with the WBC to develop this preceptor program and to address the various challenges that may arise.

Establish Satellite Locations for the Boston Welcome Back Center with Skills Refresher Courses

IENs often require both skills verification and a refresher for tasks they may not have performed regularly or that are not part of nursing practice in their countries of origin. The WBC currently offers a Transition to Nursing in the U.S. course, which is a skills refresher conducted in a simulation lab. This course is taught by WBC staff and is offered at Bunker Hill Community College in Boston.

However, the location can be challenging for some students. The committee recommends establishing a satellite location for this course in Western Massachusetts, utilizing an available simulation lab. A partnering academic institution could provide dedicated staff to conduct the course as needed. These staff members would need training from the WBC, and the goal should be to implement a streamlined approach to the course.

The NCWS is willing to assist in identifying a suitable location in Western Massachusetts and an academic institution willing to invest in this initiative.

Additionally, some IENs require additional coursework and clinical hours. Currently, Bunker Hill Community College provides these. However, it would be beneficial to expand the network of academic institutions that could partner with the WBC to offer these services.

The committee recommends establishing a network of academic institutions that can collaborate with the WBC and Bunker Hill, replicating the existing model. Since one state school is already able to provide coursework and clinical hours, it stands to reason that other state schools should be able to follow this precedent.

Summary of Recommendations

The recommendations proposed by the Workforce Capacity Committee are outlined in detail within the main body of this report. For clarity and ease of reference, a summary of these recommendations is provided below.

1. Create a Protocol and Enact an English Proficiency Examination Waiver for Qualified Candidates

Repetitive English proficiency testing for qualified candidates is unnecessary. To prevent this, a waiver should be implemented for candidates who have clearly demonstrated English proficiency through prior testing, U.S.-based nursing education, or verified practice hours in another state.

2. Enact Processes to Eliminate Duplicate Credential Evaluations on Qualified Candidates

Duplicate CES testing is costly, time-consuming, and unnecessary. The process that the MA-BORN has put forward should be codified.

The committee recommends establishing a formal waiver process to prevent duplicative CES reports, ensuring a clear and efficient pathway for IENs who have already completed a CES.

3. Add Items Such as English Proficiency and CES Results to NURSYS

Methods for national reporting and tracking of CES results, such as through the Nursys system, should be explored and implemented to facilitate better communication between boards of nursing. The committee will submit this recommendation to the National Council of the States Boards of Nursing for evaluation and consideration.

4. Fund the Boston Welcome Back Center Annually

It is crucial that the WBC's work receive full support. Current staffing levels are inadequate, and the WBC has previously been supported by Bunker Hill Community College.

The committee recommends increasing the one-time earmark of \$190,000 for the WBC to a baseline annual investment as part of the Commonwealth's budget of \$250,000, with consideration for additional funding to support the WBC's work. This funding should also include support for stipend and scholarship programs for IENs to help offset the various fees and expenses incurred throughout the process.

5. Ensure that the Welcome Back Center is the Primary Driver and Owner of Internationally Educated Nurse Transition with Qualified Candidates

All IEN applicants to the commonwealth that meet criteria (i.e., eligible to take the NCLEX and living in Massachusetts) should be referred directly to the WBC for processing. The

WBC's services should also be prominently featured on the MA-BORN website, ensuring easy access for potential candidates.

The WBC and MA-BORN should collaborate closely to support the transition of IENs into nursing practice within the commonwealth. This partnership should include regularly scheduled meetings, data reporting, and the submission of the WBC's Annual Report to MA-BORN. The relationship between these two entities should be cooperative, with a shared goal of supporting and strengthening this growing segment of the nursing workforce.

It is noted that not all applicants are not candidates for the services of the WBC, especially if they do not live in Massachusetts or have a social security number. ***Further research should be done to consider if the social security number requirement should be waived in order to more fully facilitate IENs.***

6. Develop a Preceptor Program to Aide in the Transition of Internationally Educated Nurses to Practice in Massachusetts

The transition to nursing practice within the American healthcare system can be particularly challenging for IENs. While the WBC offers a refresher course to help nurses begin this transition, on-the-job shadowing and preceptorship would greatly enhance candidates' success in adapting to the U.S. healthcare environment.

Developing a preceptor program should include a competency-based guide for IENs, with preceptors receiving specialized training in cultural competence. The program should also address cultural challenges and barriers that IENs may face.

By leveraging partnerships between academic institutions and healthcare organizations, the preceptor program could be offered across various regions of Massachusetts, ensuring equitable access for all IEN candidates, regardless of location.

The NCWS is committed to working with the WBC to develop this program and establish a network of qualified preceptors and healthcare organizations willing to support IENs' transition. Additionally, the committee strongly advocates for an innovative approach to the program that would serve as a nurse pipeline for healthcare organizations, making the investment in preceptors' time and training incentives both justifiable and beneficial.

7. Establish a Satellite Location for Transition Courses for Internationally Educated Nurses

Currently, the refresher course for IEN applicants is offered on the campus of Bunker Hill Community College in Boston. However, this creates geographic inequities, particularly for IENs living in Western Massachusetts. While Bunker Hill is accessible by public transportation, not all areas of the state have similar access, and the distance itself can be a significant barrier.

The committee recommends training faculty at an academic institution in Western Massachusetts to offer the refresher course with the same content and expertise as the course in Boston. This would ensure equitable access to the course and require minimal investment.

It is important to note that the host institution would need to be willing to allocate compensated time for their faculty to complete the necessary training and teach the course.

8. Create a Network of Academic Institutions that can Assist Internationally Educated Nurses with Needed Coursework and Clinical Hours.

Some IENs may require additional coursework or clinical hours to meet the educational requirements for licensure in Massachusetts. Currently, all of these courses and clinical hours are provided through Bunker Hill Community College. Expanding access to other community colleges is essential. Since Bunker Hill has already successfully engaged in this work, there is a clear precedent for replicating this model at other community colleges across the commonwealth as needed.

The committee is prepared to assist in establishing a network of locations for this coursework. However, we strongly encourage the Massachusetts Community College system to recognize the value of this initiative and offer its support to facilitate its implementation.

9. Improve IEN Data Collection and Reporting Processes

Currently there is no formal method to track and report data on the number of IEN applicants versus licensed issues. Furthermore, in order to better understand what is needed to enhance IEN transition into Massachusetts, it is imperative that data be collected and reported on geographic and work locations for IENs.

The committee recommends that the WBC be the owner of this data and report this data out yearly. However, it must be noted that the WBC cannot take on responsibilities with data without proper support of staff and funding.

Conclusion

IENs represent a rapidly growing and vital segment of the nursing workforce, playing an integral role in the nursing landscape of Massachusetts. Despite limited resources and significant barriers, the WBC has been the sole driving force in successfully supporting the transition of over two thousand nurses from 126 countries into practice in the state. To ensure continued success and maximize the potential of this invaluable workforce, it is crucial to remove administrative obstacles, fully support the WBC, and expand services to IENs across the commonwealth. The time to invest in this workforce and its future impact is now.

The *Recommendations to Support Internationally Educated Nurses* were proposed by the Workforce Capacity Committee and presented to the full NCWS on January 09, 2025. The NCWS voted to support the recommendation, and it passed unanimously.

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Appendix 1: Helpful Links and Resources

There are several organizations dedicated to international populations living and working in the United States. These organizations provide a wealth of understanding, statistical data, support, and cultural training. Additionally, throughout this recommendation, the committee has outlined a very complicated process for IENs.

Hence, the committee thought it beneficial to add this section of links to various resources. These resources can provide a greater degree of understanding regarding the benefits and challenges of the internationally educated workforce.

- African Bridge Network: [Immigrant Professionals Fellowship | Massachusetts | African Bridge Network](#)
- Bunker Hill Community College Welcome Back Center: [Boston Welcome Back Center - Bunker Hill Community College \(bhcc.edu\)](#)
- Canada CARES Program: [Supporting Nurses Back into Practice \(care4nurses.org\)](#)
- [Special Commission on Foreign Trained Medical Professionals | Mass.gov](#)
- CGFNS: [CGFNS International, Inc. - Nursing Credentials Evaluation](#)
- Massachusetts Board of Registration in Nursing Regulations: [244 CMR 8 \(mass.gov\)](#)
- Massachusetts guidance for internationally educated nurses: [Information for nurses educated outside of the United States | Mass.gov](#)
- Society of Internationally Educated Nurses in North America (SIENNA): [The Significant Role and Impact of Internationally Educated Nurses in Delivering and Sustaining Heal \(siennanursingsociety.org\)](#)

Appendix 2: Vermont Social Security Waiver

State of Vermont Secretary of State Office of Professional Regulation SSN Requirements for All Nursing Board Profession Applicants Policy

Except as specified herein, all applicants for initial or renewal licensure as an LPN, RN, LNA, MNA, or APRN, must supply a valid U.S. Social Security Number (SSN).

The SSN facilitates accurate identification and Board interaction with the National Practitioner Databank, the NURSIS national nursing database, the Vermont Crime Information Center, and the Vermont Department of Taxes.

Storage and transmission of SSNs shall be accomplished in conformity with Vermont and federal law.

Exception

An applicant for a Vermont LPN, RN, LNA, MNA, or APRN license who does not have an SSN may, at the Director's discretion, be permitted to present, in lieu thereof, all or some combination of the following documents:

- A passport and US Visa showing the entitlement to work in the United States such as a H1B Visa, I-766 or other current federal government form;
- For applicants attending school on an F1 visa, copies of the I-94 and I-20 signed by the designated school authority; and/or
- A Tax Identification Number.

In all cases, an applicant shall submit a clear, written statement stating the reason or reasons that the applicant is ineligible to obtain an SSN before applying.

If an SSN exception is granted, the Director shall so indicate on the applicant's written statement, sign, and return the statement to be uploaded into the licensing file.

A valid SSN is a statutory requirement to obtain or retain a multistate license under the Nurse Licensure Compact. 26 V.S.A. § 2647c(c)(11). The exception above is available only in relation to a single-state, Vermont LPN or RN license.