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| **Documenting Employment as a Registered Nurse** **Advisory****OFFICE OF EDUCATOR LICENSURE****December 14, 2023** |

# INTRODUCTION

The Department has noted that it is often burdensome for School Nurse licensure applicants to obtain letters that permit the Office of Educator Licensure (OEL) to verify either requirement noted below as met. Therefore, the OEL created this advisory and template within to assist in this effort. Signees accepted by the Department should use this template to streamline the process of preparing letters which permit the OEL to verify either requirement noted below as met. To be applicable, this employment must take place under a valid RN license.

1. A minimum of two full years of employment as a Registered Nurse in a child health, community health, or other relevant clinical nursing setting (School Nurse Initial license).
2. At least three full years of employment as a Registered Nurse (School Nurse Temporary license).

The OEL has determined that, on average, there are 230 workdays in a year. Therefore, a total of 460 full days equates to two years (24 months) of full-time employment. In addition, a total of 690 full days equates to three years (36 months) of full-time employment.

For example: Amy is applying for the School Nurse Initial license. The OEL received two letters that comply with and include all the information in the Verification of Employment as a Registered Nurse Letter Template contained in this advisory verifying the following:

1. Amy was employed half-time (.5) from 1/18/17 – 1/18/19 as a Registered Nurse.
2. Amy was employed for the equivalent of 115 full days from 2/1/19 – 2/1/20 as a Registered Nurse.

Letter a) documents the equivalent of one year of full-time employment (two years of .5 equals one year or 230 days) and letter b) documents the equivalent of a half year of full-time employment (115 days). Therefore, the equivalent of a half year (or 115 days) of full-time employment as a Registered Nurse remains to be documented for Amy to verify a minimum of two full years of employment as a Registered Nurse.

**PREFACE TO SAMPLE TEMPLATE**

The following section of this advisory lists required components of employment letters and a template to assist officials authorized to verify employment as a registered nurse. Examples of signees accepted by the OEL include but are not limited to HR Director/Manager, President, Executive Director, Health Care Head Administrator/Manager and Nurse Manager. Authorized officials may be in a position to provide such verification, but it is not a requirement or expectation of the Office of Educator Licensure. Please also note the Department may contact signees for clarification.

**- Required Letter Components -**

* Must be printed on official letterhead;
* Must include the licensure candidate’s Name and MEPID;
* Must be signed by an authorized official.

# Verification of Employment as a Registered Nurse Letter Template

# *(Examples of signees [*authorized officials*] accepted by the OEL include, but are not limited to HR Director/Manager, President, Executive Director, Health Care Head Administrator/Manager and Nurse Manager)*

| Please use the following statement(s) and insert dates, full-time equivalent (FTE) and/or number of days accordingly.**Full-Time Employment:*** [Insert the licensure applicant’s name and MEPID] was employed full-time as a Registered Nurse from \_\_\_\_\_\_ (M/D/Y)

to \_\_\_\_\_\_ (M/D/Y).**Full-Time Equivalent Employment:*** [Insert the licensure applicant’s name and MEPID] was employed [insert FTE (for example .4 or .6)] as a Registered Nurse from \_\_\_\_\_\_ (M/D/Y) to \_\_\_\_\_\_ (M/D/Y).

**Other Than Full-Time or Full-Time Equivalent Employment (such as Per Diem):*** [Insert the licensure applicant’s name and MEPID] was employed as a Registered Nurse from \_\_\_\_\_\_ (M/D/Y)

to \_\_\_\_\_\_ (M/D/Y) for the equivalent of \_\_\_\_\_\_ full days of employment within this time frame. |
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| **The letter must include the following when applicable:*** My title is other than HR Director/Manager, President, Executive Director, Health Care Head Administrator/Manager and Nurse Manager; however, I have been authorized by the employer noted in the letterhead above to verify said employment.

**All letters must include the following:****I attest that the statement(s) above are true and accurate:** |
| Print Name:  |  | Phone#: |  | Email: |  |
| Title:  |  | Signature: |  |
| **Must Be on Official Letterhead of Setting in which Employment Occurred**  |

**Please note:** The Department may contact employers if any clarification is needed. Documents may be uploaded into your ELAR account or mailed to the Office of Educator Licensure. Information regarding submitting documents may be found at <http://www.doe.mass.edu/licensure/elar/>.

If you have any questions or concerns, please do not hesitate to call the Licensure Call Center at 781-338-6600, Monday-Friday (9:00 am to 1:00 pm and 2:00 pm to 5:00 pm). Or, stop by and visit us at our Walk-in Service Counter (8:45 am to 4:45 pm) at 135 Santilli Highway, in Everett, Massachusetts.