



OCCUPATIONAL LICENSURE

Interstate Compacts in Action



TABLE OF CONTENTS

| | |
|---|----|
| INTRODUCTION | 2 |
| COMPACT MODELS: MUTUAL RECOGNITION VS. EXPEDITED LICENSURE | 3 |
| EMERGENCY MEDICAL SERVICES (EMS) COMPACT: | 4 |
| <i>Overview</i> | |
| <i>Model</i> | |
| <i>Scope of Practice</i> | |
| <i>Adverse Action</i> | |
| <i>Requirements</i> | |
| THE PHYSICAL THERAPY COMPACT | 5 |
| <i>Overview</i> | |
| <i>Model</i> | |
| <i>Scope of Practice</i> | |
| <i>Adverse Action</i> | |
| <i>Requirements</i> | |
| ENHANCED NURSE LICENSURE COMPACT (ENLC) | 6 |
| <i>Overview</i> | |
| <i>Model</i> | |
| <i>Scope of Practice</i> | |
| <i>Adverse Action</i> | |
| <i>Requirements</i> | |
| <i>Academic Research on NLC's Effects</i> | |
| ADVANCED PRACTICE REGISTERED NURSE (APRN) COMPACT | 7 |
| <i>Overview</i> | |
| <i>Model</i> | |
| <i>Scope of Practice</i> | |
| <i>Adverse Action</i> | |
| <i>Requirements</i> | |
| INTERSTATE MEDICAL LICENSURE COMPACT (IMLC) | 8 |
| <i>Overview</i> | |
| <i>Model</i> | |
| <i>Scope of Practice</i> | |
| <i>Adverse Action</i> | |
| <i>Requirements</i> | |
| PSYCHOLOGY INTERJURISDICTIONAL COMPACT (PSYPACT) | 9 |
| <i>Overview</i> | |
| <i>Model</i> | |
| <i>Scope of Practice</i> | |
| <i>Adverse Action</i> | |
| <i>Requirements</i> | |
| AUDIOLOGY & SPEECH-LANGUAGE PATHOLOGY INTERSTATE COMPACT (ASLP-IC) | 10 |
| <i>Overview</i> | |
| <i>Model</i> | |
| <i>Scope of Practice</i> | |
| <i>Adverse Action</i> | |
| <i>Requirements</i> | |
| OCCUPATIONAL LICENSURE COMPACT MEMBERSHIP | 13 |
| TABLE 1 | 14 |
| Summary of Occupational Licensure Compacts | |
| SOURCES | 16 |

INTRODUCTION

Over the years, the prevalence of occupational licensing has grown at a prolific rate across the states. In 1950, less than 5% of U.S. workers were licensed.¹ Today, that number has swelled to over 25%.²

The regulatory intent of occupational licensure is to safeguard the public from incompetent practitioners and foster information symmetry between consumers and producers. However, when this process is carried out at the state-level, incongruities arise that can create labor market frictions, as individuals may be dissuaded from relocating to another state for a new job and/or less likely to commute across state lines due to the costs of licensure. This can result in diminished wages and employment for individuals working in professions and occupations with differing licensing requirements across states.

To address these challenges, states and professions have turned to occupational licensure interstate compacts. These compacts create reciprocal professional licensing practices between states, while ensuring the quality and safety of services and safeguarding state sovereignty. To date, over 40 states and territories have adopted occupational licensure compacts for nurses, physicians, physical therapists, emergency medical technicians and psychologists.



COMPACT MODELS: MUTUAL RECOGNITION VS. EXPEDITED LICENSURE

Occupational licensure compacts are typically operationalized by one of two methods: mutual recognition or expedited licensure. Under a mutual recognition model, a licensee receives a multistate license from the compact state in which the licensee has established residence or purchases a “privilege” from the compact. This multistate license or privilege authorizes the licensee to practice in any of the other states that have entered the compact insofar as the licensee maintains residence in the state in which he or she is initially licensed. That is, under a mutual recognition approach, licensees typically must apply for a new license when they move or establish a principal place of business in another state. Generally, licensees are bound to the renewal and continuing education requirements of the state in which they reside.

On the other hand, an expedited licensure approach calls for applicants to request an individual license from each state in which they intend to practice, but the compact makes the application process more efficient than it otherwise would be through

data centralization and harmonized application requirements. Typically, the process begins when applicants provide their credentials to a central entity for storage and transfer. Administrative officials from the principal state of licensing then determine whether an applicant qualifies for expedited licensure. If qualified, applicants receive an expedited license in other member states. Expedited licensure has been described as the “check the box” approach where individuals are licensed in one state and can choose which other states in which they would also like to be licensed. An advantage of this approach is that it does not require licensees who move to another compact state to apply for a new license, provided they currently possess an expedited license in the new state. However, licensees would likely still have to change their state of principal licensure. A tradeoff with this approach is that licensees typically will have to bear the costs of licensure in multiple states, including renewal and continuing education requirements.

EMERGENCY MEDICAL SERVICES (EMS) COMPACT:

OVERVIEW

The creation of the EMS Compact began in 2012 with the goal of addressing problems related to the cross-state deployment of EMS personnel. Prior to the compact formation, EMS experts identified the need for EMS providers to be able to respond across state lines for unplanned, non-governor declared disaster events; large planned events; and general day-to-day duties for agencies with a multistate footprint.

The goals and basic structure of the compact began to take shape in early 2013, with the convening of the National Advisory Panel. The final draft was completed and released in 2014, with activation contingent upon adoption in at least 10 states. REPLICA became official in 2017 and has currently been passed in 18 states: Alabama, Colorado, Delaware, Georgia, Idaho, Kansas, Mississippi, Missouri, Nebraska, New Hampshire, North Dakota, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, and Wyoming. However, the compact is not fully operational at this point, as the commission is in the process of adopting the compact rules.

MODEL

The compact employs a mutual recognition model, meaning licensees with residence in a compact state are granted a privilege to practice in any other compact state, provided the licensee maintains active status and residence in the home state.

SCOPE OF PRACTICE

An individual providing patient care in a remote state under the privilege to practice is to function within the scope of practice authorized by the home state unless modified by an appropriate authority in the remote state.

ADVERSE ACTION

The home state has exclusive power to impose adverse action against an individual's license. If an individual's license in a home state is restricted or suspended, the licensee's privilege to practice in remote states is nullified until the home state license is fully restored.

A remote state may take adverse action against an individual's privilege to practice within that state. If an individual's privilege to practice in any remote state is restricted, suspended or revoked, the individual will not be eligible to practice in any remote state until the privilege to practice is fully restored. Moreover, home states are instructed to investigate reported misconduct in remote states as if the infraction occurred in the home state.

REQUIREMENTS

TO PARTICIPATE IN THE COMPACT, A STATE MUST:

- Currently require the use of the National Registry of Emergency Medical Technicians (NREMT) examination as a condition of issuing initial licenses at the EMT and paramedic levels;
- Have a mechanism in place for receiving and investigating complaints about individuals;
- Notify the commission of any adverse action or investigatory information regarding an individual;
- No later than five years after compact activation, require fingerprint or other biometric FBI background checks of all initial applicants; and
- Comply with rules of the commission.

TO BE GRANTED THE PRIVILEGE TO PRACTICE UNDER THE COMPACT, THE LICENSEE SHALL:

- Be at least 18 years of age;
- Possess a current unrestricted license in a member state as an EMT, AEMT, paramedic, or state recognized and licensed level with a scope of practice and authority between EMT and paramedic; and
- Practice under the supervision of a medical doctor.

THE PHYSICAL THERAPY COMPACT

OVERVIEW

In 2010, the Federation of State Boards of Physical Therapy (FSBPT) and its member jurisdictions became concerned about the challenges to patient access that the current model of licensure presented. New delivery models, ease of movement of consumers and providers, and new technologies brought opportunities for improved consumer access, but due to the nature of state-level licensing, these opportunities were often only realized within state borders. The development of the PT Compact sought to address several challenges faced by practitioners seeking licensure in multiple states, such as different renewal cycles, redundant continuing education requirements, costly submissions of NPTE scores, etc.

The PT Compact became official in 2017 and has been enacted in 28 states.

MODEL

The compact utilizes a mutual recognition approach, whereby individuals may apply within their home state for a privilege to practice in remote states, provided the applicant maintains active status and residence in the home state.

SCOPE OF PRACTICE

A licensee providing physical therapy in a remote state under the compact privilege must function within the laws and regulations of the remote state. That is, a Compact Privilege allows the privilege holder to practice physical therapy in a remote state under the scope of practice of the state where the patient/client is located.

ADVERSE ACTION

The home state has exclusive power to impose adverse action against an individual's license. If an individual's home state license is encumbered, the licensee's privilege to practice in remote states is nullified until the home state license is no longer encumbered and two years have elapsed from the date of adverse action.

A remote state may take adverse action against an individual's privilege to practice within that state. If an individual's privilege to practice in any remote state is encumbered, the individual shall not be eligible to practice in any remote state until the license is fully restored and all applicable fines are paid.

REQUIREMENTS

TO PARTICIPATE IN THE COMPACT, A STATE MUST:

- Participate in the commission's data system;
- Have a mechanism in place for investigating complaints;
- Notify the commission of any adverse action taken against a license;
- Require FBI criminal background checks within a time frame established by rule;
- Comply with rules of the commission;
- Utilize a recognized national examination for licensure; and
- Have continuing competence requirements.

TO BE GRANTED THE PRIVILEGE TO PRACTICE UNDER THE COMPACT, THE LICENSEE SHALL:

- Hold a license in the home state;
- Have no encumbrance on any state license;
- Have not had any adverse action against any license or compact privilege within the previous 2 years;
- Notify the commission that the licensee is seeking the compact privilege within a remote state(s);
- Pay any applicable fees, including any state fee, for the compact privilege;
- Meet any jurisprudence requirements established by the remote state(s) in which the licensee is seeking a compact privilege; and
- Report to the commission adverse action taken by any non-member state within 30 days from the date the adverse action is taken.

ENHANCED NURSE LICENSURE COMPACT (eNLC)

OVERVIEW

The Enhanced Nurse Licensure Compact (eNLC) went into effect in 2019 in the pursuit of the same objective sought by the original Nurse Licensure Compact (NLC): facilitate public protection by encouraging cooperation among party states in regulation, while also providing opportunities for interstate practice and reducing redundant, inefficient licensing requirements.

The distinguishing feature of the eNLC is that it contains new standards that stakeholders identified were lacking in the original NLC, such as criminal background checks, English proficiency exams, and stricter standards for convicted criminals.

MODEL

The compact utilizes a mutual recognition approach, whereby individuals may apply within their home compact state for a multistate license. If a nurse who possesses a multistate license changes his or her primary state of residence by moving from a compact state to a noncompact state, the multistate license will be converted to a single-state license, valid only in the former home state.

SCOPE OF PRACTICE

Licensees must comply with the scope of practice defined by the state in which the client is located at the time service is provided.

ADVERSE ACTION

The home state has exclusive power to impose adverse action against an individual's license. If an individual's home state license is encumbered, the licensee's privilege to practice in remote states is nullified until the home state license is fully restored.

A remote state may take adverse action against an individual's multistate licensure privilege within that state. Any adverse action is reported to both the licensure information system and the licensee's home state, where the adverse action will be handled as if it had occurred in the home state.

REQUIREMENTS

EACH MEMBER STATE MUST REQUIRE THE FOLLOWING FOR AN APPLICANT TO OBTAIN A MULTISTATE LICENSE:

- Has graduated or is eligible to graduate from a board-approved RN or LPN/VN prelicensure education program;
- Has passed an English proficiency exam if English is not the applicant's native language or if prelicensure education program was not taught in English;
- Has successfully passed an NCLEX-RN® or NCLEX-PN® Examination or recognized predecessor;
- Is eligible for or holds an active, unencumbered license;
- Has submitted biometric data for criminal history record checks;
- Has not been convicted or found guilty, or entered into an agreed disposition, of a felony offense;
- Has not been convicted or found guilty, or entered into an agreed disposition, of a misdemeanor offense related to the practice of nursing;
- Is not enrolled in an alternative program;
- Is subject to self-disclosure requirements regarding current participation in an alternative program; and
- Has a valid U.S. Social Security number.

ADVANCED PRACTICE REGISTERED NURSE (APRN) COMPACT

OVERVIEW

The APRN Compact was adopted as model law on May 4, 2015, and has now been enacted by three states (North Dakota, Idaho and Wyoming). The compact will officially be implemented when 10 states join. Much like eNLC, the goal of the APRN Compact is to promote mobility of APRNs, facilitate the utilization of advanced communication technologies in health care delivery, and reduce redundancies and inefficiencies in the licensing process for multistate practitioners.

MODEL

The compact takes a mutual recognition approach, whereby individuals may apply within their home compact state for a multistate license. If a nurse who possesses a multistate license changes his or her primary state of residence by moving from a compact state to a noncompact state, the multistate license will be converted to a single-state license, valid only in the former home state.

SCOPE OF PRACTICE

Licensees must comply with the scope of practice defined by the state in which the client is located at the time service is provided.

ADVERSE ACTION

The home state has exclusive power to impose adverse action against an individual's license. If an individual's home state license is encumbered, the licensee's privilege to practice in remote states is nullified until the home state license is fully restored.

A remote state may take adverse action against an individual's multistate licensure privilege within that state. Any adverse action is reported to both the licensure information system and the licensee's home state, where the adverse action will be handled as if it had occurred in the home state.

REQUIREMENTS

TO PARTICIPATE IN THE COMPACT, A STATE MUST:

- Implement a biometric criminal background check procedure; and
- Adopt the APRN Uniform Licensure Requirements (ULRs) for initial licensure.

ACADEMIC RESEARCH ON NLC'S EFFECTS

The NLC is the only occupational licensure compact that has been studied by academics. A recent National Bureau of Economic Research working paper found that NLC adoption is correlated with longer commute times for nurses relative to non-nurse healthcare workers.³ However, no impact on primary work location was observed. This implies that the NLC may have increased commute times for nurses through uptake of additional

part-time work in other states, even though primary place of practice was largely unaffected. When the authors restricted the sample to health care workers that have a high baseline probability of moving, the results indicated that NLC is associated with an increase in interstate migration for "very mobile" workers. Very mobile is defined as nurses who are relatively young with no children.

INTERSTATE MEDICAL LICENSURE COMPACT (IMLC)

OVERVIEW

The IMLC seeks to improve access to health care by providing a streamlined process for physicians seeking licensure in multiple states. The compact maintains the prevailing standards for licensure and does not change a state's existing Medical Practice Act. Rather, the compact simply creates another pathway for licensure. The IMLC language was finalized in 2014 by a drafting team composed of state medical board executives, administrators and attorneys. The compact's activation was contingent upon adoption in seven states. The commission was seated in 2015 and began issuing Letter of Qualification in 2017. Today, the IMLC has been adopted by 29 states, the District of Columbia, and the Territory of Guam.

MODEL

The IMLC is the only occupational licensure compact that uses an expedited licensure method. This differs from mutual recognition in that licensees receive an actual license to practice in remote states, rather than a "privilege to practice" that is used in a mutual recognition model. This process is carried out as follows: First, a physician must designate a compact state as his or her "principal state of licensure." This is the state in which a physician holds a full and unrestricted license and is defined as either the state in which the physician resides; the state where at least 25% of the practice of medicine occurs; the location of the physician's employer; or the state designated as the state of residence for federal income tax purposes. The physician must then apply for an expedited licensure with the state board of the physician's state of principal license. The board will then issue a letter of verification, provided the physician meets the necessary requirements, to the Interstate Commission. The physician must register through the Interstate Commission, pay any applicable fees, and denote the state(s) from which he or she wants to receive a license. Following the issuance of any expedited license, the licensee is subject to any fees and continuing education requirements for renewal of any license(s) issued by a member state.

SCOPE OF PRACTICE

Licenses issued through the compact authorize licensees to practice medicine in the issuing state consistent with the Medical Practice Act and all applicable laws and regulations of the member state in which the patient is located.

ADVERSE ACTION

State medical boards retain the jurisdiction to impose an adverse action against a license to practice medicine in that state. Moreover, any disciplinary action taken by any member state may be subject to discipline by other member boards. If an individual's license is encumbered in the state of principal licensure, then all licenses possessed by the individual will automatically be placed on the same status. If an individual's license is encumbered in any other member state, then all licenses possessed by the individual will automatically be suspended.

REQUIREMENTS

TO BE ELIGIBLE FOR EXPEDITED LICENSURE, APPLICANTS MUST HAVE:

- Graduated from a medical school accredited by the Liaison Committee on Medical Education, the Commission on Osteopathic College Accreditation, or a medical school listed in the International Medical Education Directory or its equivalent;
- Passed each component of the United State Medical Licensing (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) within three attempts, or any of its predecessor examination accepted by a state medical board as an equivalent examination for licensure purposes;
- Successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association;
- Specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists;
- A full and unrestricted license to engage in the practice of medicine issued by a member board;
- Never been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction;
- Never held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to non-payment of fees related to a license;
- Never had a controlled substance license or permit suspended or revoked by a state of the U.S. Drug Enforcement Administration; and
- No pending investigations by a licensing agency or any law enforcement authority.

PSYCHOLOGY INTERJURISDICTIONAL COMPACT (PSYPACT)

OVERVIEW

The development of PSYPACT was spurred by the call for new regulation to be brought to bear to help manage the proliferation of telepsychology, as well as greater general concern among stakeholders regarding barriers to temporary practice across state lines. The severity of the opioid epidemic and the ongoing mental health care crisis further compounded the need for practitioners to be able to provide consistent access to quality mental health care across state lines. PSYPACT's language was finalized and approved by the ASPPB Board of Directors in February 2015, with activation contingent upon adoption in seven states. PSYPACT officially went into effect on April 23, 2019, when it was enacted by Georgia.

MODEL

Like many other licensure compacts, PSYPACT takes a mutual recognition approach to multistate licensing. However, PSYPACT is somewhat unique in that it distinguishes the way in which privilege to practice is granted by partitioning it into two distinct forms, primarily focusing on telehealth. Practitioners licensed under the compact can choose to exercise their privilege to practice in remote states through telepsychology and/or a temporary authorization to practice in remote states. Telepsychology is defined by the compact as the provision of psychological services using telecommunications technology. On the other hand, a temporary authorization to practice permits psychologists licensed through the compact to conduct temporary in-person, face-to-face practice in remote states. This privilege is limited to 30 days within a calendar year and is primarily used for emergency situations.

SCOPE OF PRACTICE

Psychologists practicing outside of their home state under a privilege granted by the compact are to operate within the scope of practice of the remote state in which the client is located.

ADVERSE ACTION

The home state has the power to impose adverse action against a psychologist's license. The home state regulatory authority is to investigate and take appropriate action with respect to any misconduct reported by a remote state as it would if the infraction had occurred in the home state. If adverse action is taken by the home state, the licensee's privilege to practice in remote states is nullified.

Remote states have the authority to take adverse action against a psychologist's temporary authorization to practice and telepsychology privileges within that state. Remote states are to investigate and take appropriate action with respect to any misconduct as it would if such conduct had occurred by a licensee within the home state. All disciplinary orders are to be reported to the Commission.

REQUIREMENTS

FOR STATES TO BE ELIGIBLE TO OFFER AN AUTHORITY TO PRACTICE INTERJURISDICTIONALLY, THE STATE MUST:

- Require psychologists to hold an active E.Passport (for telepsychology) or an active IPC (for temporary in-person practice);
- Have a mechanism in place for investigating complaints;
- Notify the Commission of any adverse action;
- Require a biometric FBI Identity History Summary of all applicants at initial licensure; and
- Comply with Bylaws and Rules of the Commission.

TO EXERCISE AN AUTHORITY TO PRACTICE INTERJURISDICTIONALLY, A LICENSEE MUST:

- Hold a graduate degree in psychology from an institution that meets the requirements laid out in the compact;
- Possess a current, full and unrestricted license to practice psychology in a home state that is part of the compact;
- Have no history of adverse action that violates the Rules of the Commission;
- Have no criminal record history reported on an Identity History Summary that violates the Rules of the Commission;
- Possess an active E.Passport (for telepsychology) or an active IPC (for temporary in-person practice);
- Provide attestations to qualifications and other requirements; and
- Meet other criteria as defined by the Rules of the Commission.

AUDIOLOGY & SPEECH-LANGUAGE PATHOLOGY INTERSTATE COMPACT (ASLP-IC)

OVERVIEW

In response to the growing demand for license portability and telepractice, the American Speech-Language-Hearing Association (ASHA) began working with The Council of State Governments National Center for Interstate Compacts (CSG-NCIC) to initiate development of an interstate compact for audiologists and speech-language pathologists. Initial work began in fall 2017, and the final compact language was approved by the advisory group in March 2019. The compact will become operational following adoption in 10 states.

The compact allows licensed audiologists and speech-language pathologists to obtain a privilege to practice across state lines without having to become licensed in additional ASLP-IC member states, facilitating in-person interstate practice, telepractice and continuity of care when patients, clients and/or students relocate or travel to another compact state. Nothing in the compact affects the requirements established by a member state for the issuance of a single-state license.

MODEL

The compact utilizes a mutual recognition approach, whereby individuals may apply within their home state for a privilege to practice in remote states, provided the applicant maintains active status and residence in the home state.

SCOPE OF PRACTICE

An audiologist or speech-language pathologist practicing in a member state must comply with the state practice laws of the state in which the client is located at the time service is provided. The practice of audiology and speech-language pathology is defined by the state practice laws of the member state in which the client is located. Likewise, the practice of audiology and speech-language pathology in a member state under a privilege to practice subjects an audiologist or speech-language pathologist to the jurisdiction of the licensing board, the courts and the laws of the member state in which the client is located at the time service is provided.

ADVERSE ACTION

The home state has the power to take adverse action against an audiologist's or speech-language pathologist's home state license. If a home state license is encumbered, the licensee's privilege to practice in remote states is nullified until the home state license is no longer encumbered and two years have elapsed from the date of adverse action.

A licensee providing audiology or speech-language pathology services in a remote state is subject to that state's regulatory authority. A remote state may, in accordance with due process and that state's laws, remove a licensee's compact privilege in the remote state for a specific period, impose fines and/or take any other necessary actions to protect the health and safety of its citizens. For purposes of taking adverse action, the home state

gives the same priority and effect to reported conduct received from a member state as it would if the conduct had occurred within the home state. In so doing, the home state shall apply its own state laws to determine appropriate action.

JOINT INVESTIGATIONS:

- In addition to the authority granted to a member state by its respective audiology or speech-language pathology practice act or other applicable state law, any member state may participate with other member states in joint investigations of licensees.
- Member states shall share any investigative, litigation or compliance materials in furtherance of any joint or individual investigation initiated under the compact.

REQUIREMENTS

TO PARTICIPATE IN THE COMPACT, A STATE MUST:

- Require FBI biometric criminal background checks within a time frame established by rule;
- Upon receiving an application for a privilege to practice, use the compact data system to check the license history of the applicant; and
- Require applicants to obtain or retain a license in the home state and meet the home state's qualifications for licensure.

FOR AN AUDIOLOGIST:

- Meet one of the qualifying education requirements:¹
 - After 2008, has graduated with a doctoral degree in audiology, or equivalent degree regardless of degree name, from a program that is accredited by an accrediting agency recognized by the Council for Higher Education Accreditation, or its successor, or by the United States Department of Education and operated by a college or university accredited by a regional or national accrediting organization recognized by the board; or

- Has graduated from an audiology program that is housed in an institution of higher education outside of the United States (a) for which the program and institution have been approved by the authorized accrediting body in the applicable country and (b) the degree program has been verified by an independent credentials review agency to be comparable to a state licensing board-approved program.

- Has completed a supervised clinical practicum experience from an accredited educational institution or its cooperating programs as required by the board;
- Has successfully passed a national examination approved by the commission;
- Holds an active, unencumbered license;
- Has not been convicted or found guilty, and has not entered into an agreed disposition, of a felony related to the practice of audiology, under applicable state or federal criminal law; and
- Has a valid United States Social Security or National Practitioner Identification number.

FOR A SPEECH-LANGUAGE PATHOLOGIST:

- Meet one of the qualifying education requirements:
 - Has graduated with a master's degree from a speech-language pathology program that is accredited by an organization recognized by the United States Department of Education and operated by a college or university accredited by a regional or national accrediting organization recognized by the board; or
 - Has graduated from a speech-language pathology program that is housed in an institution of higher education outside of the United States (a) for which the program and institution have been approved by the authorized accrediting body in the applicable country and (b) the degree program has been verified by an independent credentials review agency to be comparable to a state licensing board-approved program.

- Has completed a supervised clinical practicum experience from an educational institution or its cooperating programs as required by the commission;
- Has completed a supervised postgraduate professional experience as required by the commission;
- Has successfully passed a national examination approved by the commission;
- Holds an active, unencumbered license;
- Has not been convicted or found guilty, and has not entered into an agreed disposition, of a felony related to the practice of speech-language pathology, under applicable state or federal criminal law; and
- Has a valid United States Social Security or National Practitioner Identification number.

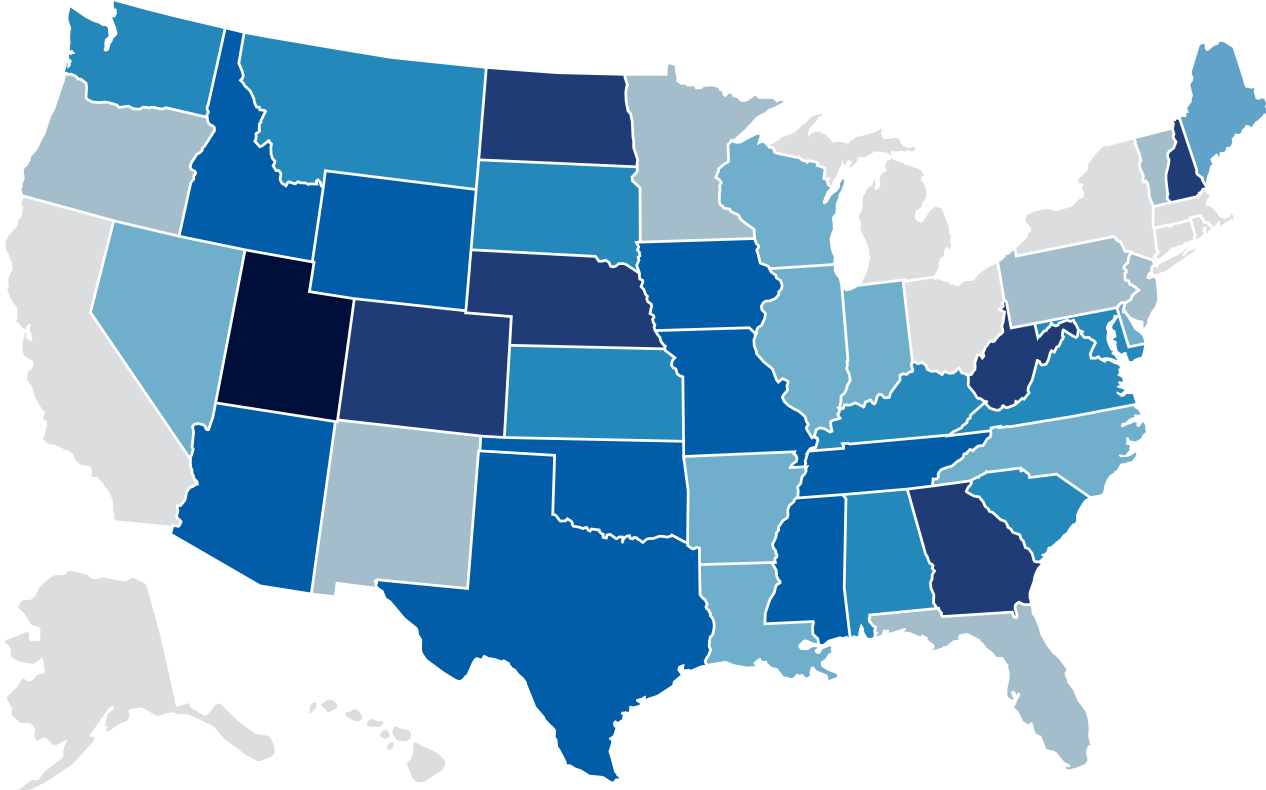
FOR ALL APPLICANTS:

- Holds an active license in the home state;
- Has no encumbrance on any state license;
- Has not had any adverse action against any license or compact privilege within the previous two years from date of application;
- Report to the commission adverse action taken by any non-member state within 30 days from the date the adverse action is taken.

¹ Prior to 2008, has graduated with a master's or doctoral degree in audiology, or equivalent degree regardless of degree name, from a program that is accredited by an accrediting agency recognized by the Council for Higher Education Accreditation, or its successor, or by the United States Department of Education and operated by a college or university accredited by a regional or national accrediting organization recognized by the board.



OCCUPATIONAL LICENSURE COMPACT MEMBERSHIP



- None
- 1 compact
- 2 compacts
- 3 compacts
- 4 compacts
- 5 compacts
- 6 compacts

- PHYSICAL THERAPY (PT) COMPACT:**
AZ, AR, CO, DE, GA, IA, KY, LA, MD, MS, MO, MT, NE, NH, NJ, NC, ND, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, WI, WV
- INTERSTATE MEDICAL LICENSURE COMPACT (IMLC):**
AL, AZ, CO, GA, ID, IL, IA, KS, KY, ME, MD, MI, MN, MS, MT, NE, NV, NH, ND, OK, PA, SD, TN, UT, VT, WA, WV, WI, WY, DC, GU
- EMERGENCY MEDICAL SERVICES (EMS) COMPACT:**
AL, CO, DE, GA, IA, ID, IN, KS, MS, MO, NE, NH, ND, SC, TN, TX, UT, VA, WV, WY
- ENHANCED NURSE LICENSURE COMPACT (ENLC):**
AL, AZ, AR, CO, DE, FL, GA, ID, IN, IA, KS, KY, LA, ME, MD, MS, MO, MT, NE, NH, NJ (partial), NM, NC, ND, OK, SC, SD, TN, TX, UT, VA, WV, WI, WY
- PSYCHOLOGY INTERJURISDICTIONAL COMPACT (PSYPACT):**
AZ, CO, DE, GA, IL, MO, NE, NV, NH, OK, TX, UT
- ADVANCED PRACTICE NURSING (APRN) COMPACT:**
ID, ND, WY
- AUDIOLOGY & SPEECH-LANGUAGE PATHOLOGY INTERSTATE COMPACT:**
UT, WV, WY

Note: "Occupational Licensure Compact Membership" are current as of April 24, 2020

TABLE 1
SUMMARY OF OCCUPATIONAL LICENSURE COMPACTS

| COMPACT | ACTIVATION | NUMBER OF STATES AND TERRITORIES | METHOD | SELECT INDIVIDUAL REQUIREMENTS |
|---|---|----------------------------------|--------------------|--|
| Emergency Medical Services (EMS) Compact | Pending adoption of compact rules by the Commission | 20 | Mutual Recognition | <ul style="list-style-type: none"> - NREMT (exam) - FBI Biometric background check - 18 years of age - Supervised by a medical doctor |
| Physical Therapy Licensure Compact | 4/25/17 | 28 | Mutual Recognition | <ul style="list-style-type: none"> - NPTE (exam) - FBI Background check - Continuing competence - Jurisprudence exam (if applicable) - No encumbrances |
| Enhanced Nurse Licensure Compact (eNLC) | 1/19/18 | 34 | Mutual Recognition | <ul style="list-style-type: none"> - Board-approved prelicensure education program - English proficiency exam (if applicable) - NCLEX (exam) - No encumbrances - Biometric background checks - No felony convictions - No misdemeanor convictions pertaining to nursing - Not enrolled in an alternative program - Valid Social Security number |
| Advanced Practice Registered Nurse (APRN) Compact | Pending adoption in 10 states | 3 | Mutual Recognition | <ul style="list-style-type: none"> - FBI Biometric background check - Meet APRN Uniform Licensure Requirements |

Note: "# of States and Territories" are current as of April 24, 2020.

| COMPACT | ACTIVATION | NUMBER OF STATES AND TERRITORIES | METHOD | SELECT INDIVIDUAL REQUIREMENTS |
|--|-------------------------------|----------------------------------|---------------------|--|
| Interstate Medical Licensure Compact (IMLC) | 4/6/17 | 31 | Expedited Licensure | <ul style="list-style-type: none"> - Degree from an accredited medical school or other approved program - Completion of ACGME or AOA accredited graduate education - USMLE or COMLEX-USA (exam) - Specialty or time-unlimited ABMS or AOABOS certification - No previous disciplinary or controlled substance action toward license - No criminal history - No pending investigations |
| Psychology Interjurisdictional Compact (PSYPACT) | 4/23/19 | 12 | Mutual Recognition | <ul style="list-style-type: none"> - Graduate degree in psychology that meets the compact's requirements - No history of adverse action - No criminal history - Possess an active E.Passport (if seeking telepsychology privilege and/or IPC if seeking temporary in-person privilege) - Provide attestations to qualifications and other requirements |
| Audiology & Speech-Language Pathology Interstate Compact (ASLP-IC) | Pending adoption in 10 states | 3 | Mutual Recognition | <ul style="list-style-type: none"> - Compact-approved degree - Completion of a qualifying clinical practicum - Compact-approved national exam - No felony convictions related to the practice - Valid U.S. Social Security or National Practitioner Identification Number - Completion of a supervised postgraduate professional experience (for speech-language pathologists only) |

Note: "# of States and Territories" are current as of April 24, 2020.

SOURCES

1. Kleiner, M. M., & Krueger, A. B. (2013). Analyzing the extent and influence of occupational licensing on the labor market. *Journal of Labor Economics*, 31 (S1), S173-S202.
2. U.S. Bureau of Labor Statistics. (2018). Data on certificates and licensing. <http://www.bls.gov/cps/certifications-and-licenses.htm#highlights>.
3. DePasquale, C., & Stange, K. (2016). Labor supply effects of occupational regulation: Evidence from the nurse licensure compact (No. w22344). National Bureau of Economic Research.





**The Council
of State
Governments**