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11 Answers about the Nurse Licensure Interstate Compact

As of September 2004, over 18,000 RN's and nearly 3,500 LPNs were licensed in the state of Utah.

On a national average, 13 to 16 percent of all nurses hold licensure and routinely practice in more than one state.

For Utah's nursing professionals, these statistics are even more significant when coupled with another number: 01-01-2000.

January 1, 2000, was the beginning of an exciting time for Utah's nursing profession. The new millennium brought a new regulatory system for nurse licensure: the Nursing Licensure Interstate Compact.

Traditionally, nursing regulation is state-based, and a license is required to practice in any state. Under the mutual recognition model of nursing regulation, licensure will still be state-based, but states will "recognize" each others' licensees.

The following states have passed legislation which recognizes LPN/VN and RN licensure and have implemented the Compact:

Compact State	Implementation Date
Arizona	7/1/2002
Arkansas	7/1/2000
Delaware	7/1/2000
Idaho	7/1/2001
Iowa	7/1/2000
Kentucky	6/1/2007
Maine	7/1/2001
Maryland	7/1/1999
Mississippi	7/1/2001
Nebraska	1/1/2001
New Hampshire	1/1/2006
New Mexico	1/1/2004
North Carolina	2/1/2006
North Dakota	1/1/2004
South Carolina	2/1/2006
South Dakota	1/1/2001
Tennessee	7/1/2003
Texas	1/1/2000
Utah	1/1/2000
Virginia	1/1/2005
Wisconsin	1/1/2000

In addition Colorado and Rhode Island are pending NLC implementation.

Following are 11 questions and answers designed to provide you with more information about the Compact.

1. What is the mutual recognition model of nursing regulation?

The mutual recognition model of nursing regulation is a system which allows an individual to be licensed in one state but practice and be "recognized" in another state. An excellent example of a mutual recognition model is the driver's license. Have you ever wondered why you can drive throughout the country on your Utah driver's license? The regulation of automobile driving is based on a mutual recognition model.

2. How is the mutual recognition model implemented in the states?

The mutual recognition model is implemented via the legislative enactment of an interstate compact. An interstate compact is an agreement or contract between states established for the purpose of resolving a problem of multi-state concern. States become party to this agreement once the compact is passed by their respective legislatures.

3. What does the Nurse Licensure Compact do?

Participation under the Nurse Licensure Compact requires an individual to be licensed in the party state in which he/she resides. However, that nurse may practice in any party state without obtaining any additional licenses.

The nurse has one party state nurse license from the home state, which is recognized by the other party states. This eliminates the need to obtain and renew duplicative licenses. Only when the nurse moves to another party state will he/she be required to apply for and obtain that state's license.

However, if a nurse resides in a non-party state, he/she must obtain a license(s) in any state(s) in which he/she practices. Also, if a nurse lives in a party state but practices in a non-party state, he/she must obtain a license in that non-party state.

Additionally, a nurse is responsible for obeying all laws and rules in the state in which he/she practices. It is imperative for a nurse to read and understand the Nurse Practice Act and Rules. The scope of practice differs from state to state, and a nurse must follow the laws and rules in the state in which he/she practices.

This is very similar to the driver's license law. A driver may turn right on a red light while driving in Utah. However, that same driver in Idaho is not allowed to make a right turn on a red light.

4. What are the benefits of adopting the Nurse Licensure Compact?

As noted previously, the primary benefit of the Nurse Licensure Compact is the elimination of the need to obtain and renew duplicative licenses for individual states. This is accomplished through the simplification of governmental processes and the removal of regulatory barriers.

Additionally, the Compact's implementation increases patient access to safe nursing care by allowing qualified licensees to practice in multiple states where they previously may not have been able to practice due to these regulatory barriers.

5. How is the state of primary residence determined?

The Nurse Licensure Compact Rules define the primary state of residence as "the state of a person's declared fixed permanent and principal home for legal purposes; domicile." An applicant for licensure and renewal of licensure will declare a state of primary residence. Sources used to verify a primary residence include a driver's license, voter registration, and income tax return.

6. Does the Compact alter the disciplinary process?

No and Yes. Complaints, investigations, and case settlements will continue as they do now. Every nurse who is disciplined will be afforded his/her due process rights as required by law. The Compact does not supercede that right.

However, the Compact grants jurisdiction to party states to take action against a privilege. Currently a state cannot take administrative action against a person who is not licensed by that state. Under the terms of the Compact, a remote state can issue a cease and desist order against a nurse and prevent him/her from practicing in that state.

Additionally, under a traditional, state-based licensure system, a nurse must (or should) possess multiple licenses if practicing in multiple states. If one state takes action, then the other states take action. This is a very costly and duplicative process for both the licensee and the state. With enactment of the Compact, a licensee holds only one license and only one state takes the licensure action.

States will have more timely and efficient access to information through a coordinated licensure information system. Complaints will be addressed by the state in which the violation occurred. Clients won't need to know where the nurse is licensed, but will make a complaint to their state board of nursing.

7. Can a nurse living in a non-party state get a license in a party state?

Yes. A nurse living in a non-party state may apply for licensure in a party state. If approved for licensure in the party state, the license will not include the multi-state privilege. It will simply allow the nurse to practice in the party state. An individual must be residing in a party state to obtain a license with a multi-state privilege.

8. I live in Utah and consult with clients in Texas and New Mexico. What licenses do I need?

As of January 1, 2000, you will need a current Utah license. That license will allow you to practice (consult) in Texas (a party state). However, you will need to obtain a license in New Mexico in order to lawfully practice in that non-party state.

9. I am in the military or work for the federal government. How does the Compact affect me?

According to Utah law, persons in the military or working in a federal facility who are licensed in any state, are exempt from Utah licensure. The Compact does not supercede this exemption and hence does not affect your licensure status. However, to work on the side in a public facility in Utah, you would need a license in your state of residence (if a party state) or a license in Utah.

10. Are APRNs, CRNAs, or CNMs affected by the Compact?

No. The Compact does not include APRNs, CRNAs, or CNMs due to the lack of uniformity in licensure requirements and titles among states. APRNs, CRNAs, and CNMs will need to continue to obtain state licensure in any state in which they practice.

11. How can I obtain more information about the Compact?

If you have questions regarding the Compact or the concept of mutual recognition, contact manager Bureau 7 at the Utah Division of Occupational and Professional Licensing, (801) 530-6628.

For updated information regarding mutual recognition and states that have joined the Compact, contact the National Council of State Boards of Nursing at www.ncsbn.org

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