

Nurse Licensure Compact Myths & Facts

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Myth 1: A Nurse who moves to another state with the intent to have a new primary state of residence (PSOR) does not need to declare the new state residence until the license from the prior state is about to expire.

Fact: If a nurse changes permanent residence from one party state to another party state/Arizona (such as applying for a new Arizona's driver's license, paying federal income taxes and changing voter registration to Arizona) then the nurse must relinquish licensure in the previous state of residence and apply for licensure in the new home state/Arizona. The date of nurse licensure expiration is not the "trigger" date to declare a new primary state of residence.

Myth 2: A Nurse who has a license in any compact state but has NOT declared primary residency in a compact state, has a multistate privilege to work in any compact state.

- ❑ **Fact:** If you hold a license in a compact state/Arizona but do not declare that state as your primary state of residence, the license is a single state license. The nurse must meet the licensure criteria of compact state in order to obtain and retain multistate licensure recognition (MSR) privileges on the license.
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Myth 3: Employers may request that a nurse working in a compact state on a privilege obtain a license in the party state “to make sure of he/she is lawfully licensed.”

- **Fact:** The NLC laws explicitly allow a nurse who declares a primary state of residence in a compact state to hold ONE license in the nurse’s primary state of residence and practice on the privilege in all other compact party states. The 24 compact states are not allowed to issue more than one license to anyone who has declared a compact state as their primary state of residence based on the state compact laws.
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Myth 4: Nurses in compact states must apply for the “added feature” of a multistate privilege after the state implements the NLC.

- **Fact:** If a nurse holds a unrestricted license in a compact state and has declared the state as the primary start of residence, the license is a multi state privilege for all who are eligible and is not a separate” added feature” of the application process.
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Myth 5: The NLC is about 24 states that have “compact” together to allow nurses in those states to work without having to get a new license in the other state but always contact the party state board of nursing because they may require “other” paperwork.

- **Fact:** Employers need to verify that the nurse has an unrestricted license in the primary state of residence and has multi state privileges to work in a party state. The compact state boards of nursing do not have “other” paperwork required or need to be notified that the nurse is working on a compact privilege prior to being employed.
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Myth 6: I will have to give up my license in the non-compact state when moving and declaring a compact state as my primary state of residence.

- **Fact:** According to compact statute, you are only allowed to have one multistate compact license at a time. This law does not apply to licenses from states not in the compact. Therefore, you may keep any non-compact state licenses when issued a compact state license. There is no limit to the number of licenses you may hold from non-compact states.
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Myth 7: I'll need to re-take the NCLEX, if I apply for a license in a compact state.

- **Fact:** The National Council Licensing Exam (NCLEX tm) is the national exam recognized by all states and once successfully passed, states do not require retaking unless there may be a rare or unusual circumstance.
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Myth 8: The compact only benefits travel nurses.

- Fact:** The compact benefits any nurse who needs practice privileges in more than one state.

This include nurses who:

- live near a state border but work in another state
 - practice and direct care electronically via telephone or computer
 - work in the insurance industries
 - case managers who have contact with patients in many states
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Myth 9: As a compact state nurse, I will need to keep track of and maintain continuing education credits (CE) in every state where I practice.

- **Fact:** According to compact statute, a nurse need only maintain CE when it is a requirement of the home state.
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Myth 10: There is one multi state application & one application fee for licensure used by all compact states .

- **Fact:** Each state has its own application requirements and determines its own application fees. Applicants can obtain the application from the board of nursing web site.
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Myth 11: I am graduating from a nursing program & then moving and declaring another state as my primary state of residence. I need to get a license in the state of the nursing program & also a license in the state where I'll work.

- **Fact:** There are no requirements that a new graduate get licensed in the state of the nursing program. A new graduate legally declaring and residing in a compact state must apply for licensure in that state rather than in another compact state.
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Myth 12: As a military spouse, I can get a multistate license even though I reside in a non-compact state.

- **Fact:** The benefits of the Military Spouse Residency Relief Act of 2009 do not extend to licensure. The compact is based on primary state of residency. To be eligible for a multistate license, a nurse must declare the compact state as their primary state of residence. A resident of a non-compact state may apply to a compact state for a license, however; the applicant will only be eligible for a single state license, having met all requirements.
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Myth 13: I own property in a compact state, so I'm eligible for a compact license.

- ❑ **Fact:** Eligibility requirements for a multistate license include having primary residency in a compact state. Acceptable evidence of residency include:
 - ❑ driver's license with a home address;
 - ❑ voter registration card displaying a home address
 - ❑ Federal income tax return declaring the primary state of residence
 - ❑ Military Form no. 2058 - state of legal residence certificate; or
 - ❑ W2 from US Government or any bureau, division or agency thereof indicating the declared state of residence.
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Myth 14: Defending myself for a violation while practicing in a remote state will mean that I'll need to have attorneys in both my home state & the remote state.

- **Fact:** When a violation occurs by a nurse practicing in a remote state, the board of nursing in the remote state will contact the board in the home state. After discussing the case, the boards will decide which board will take the lead in the investigation. The home state may take action on the license and the remote may take action on the privilege. It would be unusual for a nurse to retain an attorney in each state.
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Myth 15: Even though I am licensed in a compact state, getting a compact license requires a separate application process.

- **Fact:** In a compact state, there is no separate application for a compact license. A nurse holding an active license in good standing issued by a compact state, having declared residency in that compact state, holds a multistate license. Should that nurse have applied for the license while a resident of a non-compact state, the license will be a single state license until the nurse declares the compact state as the primary state of residency.
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Myth 16: I can't apply for a license in a compact state until I move there.

- **Fact:** Nurses are encouraged to start the application process in advance of the move. Should that nurse have applied for the license while a resident of a non-compact state, the license will be a single state license until the nurse declares the compact state as the primary state of residency.
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