In pursuit of knowledge, every day something is acquired; 
In pursuit of wisdom, every day something is dropped.

- Lao Tzu

Table of Contents

Letter from the Chair 1
Expansion 3
Future 5
Governance 5
Education 6
Discipline 9
Policy 9
Communication 9
Acknowledgements 10
Letter from the Chair

Nurse Licensure Compact (NLC) Celebrates 10th Anniversary of Regulatory Transformation: 2000-2010

This has been an extraordinary decade of change. With change comes opportunity to learn new regulatory practices, to give up something that no longer is meaningful or to change the status quo.

For 10 years, the Nurse Licensure Compact Administrators (NLCA) have taken the opportunity to build the compact regulatory bridge as we walk on it. Compact work becomes ever more important, but also more challenging as we define the evolving role of compact administrator and regulation in a constantly changing environment. The 2011-2014 NLC Strategic Plan, approved in June 2010, includes additional initiatives to assist Member Boards with resources and education to promote safe and effective nursing practice. Through the leadership of National Council of State Boards of Nursing (NCSBN®) NLC Associate Jim Puente, the NLCA has formalized compact regulatory education for the next generation of leaders.

On June 1, 2010, Missouri became the 24th state to implement the NLC in its state. Congratulations to Lori Scheidt and the Missouri Board of Nursing for their hard work trying to pass NLC legislation for the past nine years.

The Changing Role of Regulation

The NLCA strategic plan, agendas and minutes are evidence of the commitment to the compact and evolution of our role as regulators. We are eager to continue to develop breakthrough knowledge that supports and enables Member Boards to progress, while meeting their contractual responsibilities within the compact.

Over the past year, we have addressed issues that affect regulatory outcomes and gathered data that will show us best regulatory practices. We are looking far enough into the future to know where we are going and yet, our information and activity remain relevant in helping us make progressive decisions for today.

Resources for Members

Our success as compact administrators is measured through compliance with NLC laws, rules and policies. To do this well, the NLCA must have engaged participation by all leadership. This is also realized in Jim Puente, who has been invaluable in supporting member needs, providing presentations to external organizations, serving as the NLC point of contact for those that have questions related to the NLC, as well as staffing and facilitating participation in committee work.

NCSBN Board of Directors and NLCA Executive Committee are Partners in Accomplishing the Mission of Nursing Regulation

We are united by our purpose to promote safe nursing practice based on all licensure models. The NCSBN Board of Directors (BOD) and NLCA Executive Committee continued joint meetings over the past year to build a solid relationship and to strengthen our role as leaders for the future of regulation. The activities of the past year demonstrate that we challenged the status quo. Everything is open to discussion and subject to creative evolution.

The regulatory leaders of the future will take us to places we have never gone before; perhaps by recognizing that we must be the change we wish to see in the world. To be sure, the road will not be smooth nor will it be easy. Leading the way in regulatory transformation is a shared responsibility as we collectively learn to better protect the public through safe and effective nursing practice.

Joey Ridenour, RN, MN, FAAN
Chair, Nurse Licensure Compact
Executive Director, Arizona State Board of Nursing
New Compact State

The state of Missouri became the 24th state to implement the NLC on June 1, 2010. The Missouri Board of Nursing (MO BON) initially met with key stakeholders in 2000 as a precursor to introducing NLC legislation in 2001. Undeterred, the MO BON reintroduced the bill every year until it passed in 2009.

Legislation

In 2010, there was a flurry of activity for five states having constituents seeking to enter the NLC. NLC legislation was introduced in Alaska, Minnesota, Illinois, New Jersey and Georgia. Although the bill did not pass in any of the states, supporters have stated they intend to reintroduce NLC legislation in 2011. Boards of nursing (BONs), legislators, insurers and the Case Management Society of America all played a role in the introduction of NLC legislation in states.

Advanced Practice Registered Nurse (APRN) Compact

The APRN Compact addresses the need to promote consistent access to advanced practice nursing care within states and across state lines. The Uniform Advanced Practice Registered Nurse Licensure/Authority to Practice Requirements, developed by NCSBN with APRN stakeholders in 2000, establishes the foundation for the APRN Compact. Similar to the existing NLC for recognition of registered nurse (RN) and licensed practical/vocational nurse (LPN/VN) licenses, the APRN Compact offers states the mechanism for mutually recognizing APRN licenses/authority to practice. This is a significant step forward toward increasing access and accessibility to qualified APRNs.

On Aug. 16, 2002, the NCSBN Delegate Assembly approved the adoption of model language for an APRN licensure compact. Only those states that have adopted the RN and LPN/VN NLC may implement the compact for APRNs. On March 15, 2004, Utah was the first state to pass APRN Compact legislation, followed by Iowa later that year. Texas passed the law in June 2007. The rule writing between participating states has not yet begun.

At its September 2008 meeting, the NCSBN BOD endorsed the Consensus Model for APRN Regulation: Licensure, Accreditation, and Certification & Education. In September 2010, states with passed APRN Compact legislation began discussing implementation. Initial meetings focused on reviewing APRN Compact model language for consistency with the consensus model.
FUTURE

Initial work on a three-year NLCA strategic plan began in December 2009 with a survey of membership. In January 2010, the NLCA Executive Committee and two NLC administrators met to develop the framework for the 2011-2014 NLCA Strategic Plan. After several revisions of the working document, the NLCA approved the plan in May 2010.

The strategic plan is organized according to the following five key initiatives:

**Strategic Initiative #1:**
Protect the public’s health and safety by promoting compliance with the laws governing the practice of nursing in each party state through the mutual recognition of party state licenses.

**Strategic Initiative #2:**
Promote the Nurse Licensure Compact by educating others regarding its provisions and implementation.

**Strategic Initiative #3:**
Ensure a sound governance structure.

**Strategic Initiative #4:**
Facilitate the exchange of information relating to the Nurse Licensure Compact.

**Strategic Initiative #5:**
Utilize the coordinated licensure information system (Nursys®) to ensure timely and accurate exchange of information among party states.

Key elements of the strategic plan involve new and enhanced educational objectives geared toward nurse licensees, employers of nurses and NLC administrators. The development of tools to monitor compliance with NLC statute and policy is also a key component of the plan.

GOVERNANCE

The NLCA exists as an unincorporated entity with its own Articles of Organization, sponsored by and receiving support from the NCSBN, a 501(c)(3) organization, incorporated in the Commonwealth of Pennsylvania. NCSBN has served as secretariat for the NLCA, pursuant to an agreement signed in 2004 and renewed annually since then. Discussion about the interface between the two organizations has been ongoing for several years. In 2009, a proposal was put forward by the NCSBN BOD to the NLCA suggesting that the NLCA become a committee of NCSBN with a “dotted line relationship” to the NCSBN BOD and an amendment to NCSBN Bylaws to effectuate this new organizational structure.

In January 2010, the NLCA Executive Committee passed a motion to postpone consideration of a bylaws amendment in favor of continued joint dialogue with the NCSBN BOD. Subsequently, the NLCA turned attention to a possible amendment of the NLCA Articles of Organization, as well as the Secretariat Agreement. Joint dialogue continues at this time.
Many efforts to educate others about the NLC have been made in the past year.

- An NLC fact sheet for licensees and nursing students was created.
- An NLC fact sheet for legislators was approved.
- An NLC fact sheet for employers was created in August 2010.
- The production of a video to educate licensees about the NLC was approved in July 2010 and will be available in 2011.
- NLC was invited to give presentations at or attend the following meetings:
  - Ohio Board of Nursing;
  - Washington State Care Quality Assurance Commission;
  - Kentucky Board of Nursing;
  - Maryland Board of Nursing;
  - Case Management Society of America Annual Conference (participant in session on multistate licensure);
- American College of Medical Geneticists: Roundtable on Telehealth Policy;
- University of Maryland School of Law: Roundtable on Implications of Telemedicine;
- National Crime Prevention and Privacy Compact: Policy and Planning Committee;
- National Crime Prevention and Privacy Compact: Compact Council; and
- The Council on Licensure, Enforcement and Regulation (CLEAR).

NLC orientation sessions were offered at BONs where a new executive officer was appointed. This year a session was held at the Nebraska, New Mexico and Colorado Boards of Nursing.

Numerous interviews for newspaper and radio were provided by NLC administrators,

- As of 2010, 24 states have joined the NLC.
- Advanced practice registered nurses (APRNs) are not included in this compact. APRNs must apply for licensure in each state in which they practice unless exempted when employed in a federal facility.
- The Nurse Licensure Compact (NLC) allows a nurse whose primary state of residence is a noncompact state (remote state), while subject to each state’s practice laws and discipline.
- To view a map of compact states, visit www.ncsbn.org/nlc.
- While under disciplinary action, multistate privileges may be removed and the nurse’s practice may be restricted to the home state unless exempted when employed in a federal facility.
- Many state boards of nursing (BONs) are paperless and no longer issue a wallet-size license and discipline against privilege to practice.
- Employers can verify a nurse’s license and receive a Licensure-participating BONs, visit https://www.ncsbn.org/nlc

### Nurse Licensure Compact (NLC) Fact Sheet What Nurse Employers Need to Know

**Background**

- The Nurse Licensure Compact (NLC) allows a nurse registered nurse (RN) and licensed practical/vocational nurse (LPN/LVN) to have one multistate license in the nurse’s primary state of residency (the home state) and practice in other compact states (remote states), while subject to each state’s practice laws and discipline.
- APRNs are not included in this compact. APRNs must apply for licensure in each state in which they practice unless exempted when employed in a federal facility.
- The NLC allows nurses to have one license (a license or a state of residence) and to practice in other states (both physically and electronically) subject to each state’s practice laws and regulation.
- The NLC includes registered nurses (RN) and licensed practical/vocational nurses (LPN/LVN).

**Definitions**

- **Compact:** An interstate agreement between two or more states established for the purpose of issuing multistate licenses (Black’s Law Dictionary).
- **Party or Compact State:** Any state that has adopted the NLC.
- **Home State:** The party state that serves as the nurse’s primary state of residence.
- **Primary State of Residence:** The state in which a nurse declares a primary residence for legal purposes. License used to verify a nurse’s primary residence may include driver’s license, federal income tax return, Military Form KEEB or state identification.
- **Remote State:** A state other than the home state where the patient is located when the nurse is practicing in the home state.
- **Nurse:** A United States, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

**Employer Verification of a Nurse’s License**

- Employees need to verify the nurse’s status and employment. Many states look at the nurse’s state of license to verify this information.
- NCSBN’s online verification tool provides nurse data obtained directly from systems of BONs through frequent database.
- It is the employer’s responsibility to verify licenses online with the state BON where the nurse is licensed.
- APRNs must apply for the compact (multistate) license and must also apply in each state in which they practice unless exempted when employed in a federal facility.

**Multistate and Single-state Licenses**

- A nurse must legally reside in an NLC state to be eligible to obtain a compact license. In order to obtain a compact license, one must declare a compact state as the primary state of residency and hold a nursing license in good standing. There is a separate application for obtaining a multistate license.
- A nurse whose primary state of residence is a noncompact state is not eligible for a compact license.
- A nurse who practices in a noncompact state must continue to practice in the home state.
- A nurse whose primary state of residence is a noncompact state has one additional active compact state license.
- A nurse licensed in a compact state must meet the licensure requirements in the home state. When applying in a multistate privilege, a nurse must notify the board of nursing of the state of primary residence.
- A nurse licensed in a compact state must be employed in a federal facility.

**Background**

- The Nurse Licensure Compact (NLC) allows a nurse registered nurse (RN) and licensed practical/vocational nurse (LPN/LVN) to have one multistate license in the nurse’s primary state of residency (the home state) and practice in other compact states (remote states), while subject to each state’s practice laws and discipline.
- APRNs are not included in this compact. APRNs must apply for licensure in each state in which they practice unless exempted when employed in a federal facility.
- The NLC allows nurses to have one license (a license or a state of residence) and to practice in other states (both physically and electronically) subject to each state’s practice laws and regulation.
- The NLC includes registered nurses (RN) and licensed practical/vocational nurses (LPN/LVN).

**Definitions**

- **Compact:** An interstate agreement between two or more states established for the purpose of issuing multistate licenses (Black’s Law Dictionary).
- **Party or Compact State:** Any state that has adopted the NLC.
- **Home State:** The party state that serves as the nurse’s primary state of residence.
- **Primary State of Residence:** The state in which a nurse declares a primary residence for legal purposes. License used to verify a nurse’s primary residence may include driver’s license, federal income tax return, Military Form KEEB or state identification.
- **Remote State:** A state other than the home state where the patient is located when the nurse is practicing in the home state.
- **Nurse:** A United States registered nurse (RN) and licensed practical/vocational nurse (LPN/LVN), as contributed by party states.

**Employer Verification of a Nurse’s License**

- Employees need to verify the nurse’s status and employment. Many states look at the nurse’s state of license to verify this information.
- NCSBN’s online verification tool provides nurse data obtained directly from systems of BONs through frequent database.
- It is the employer’s responsibility to verify licenses online with the state BON where the nurse is licensed.
- APRNs must apply for the compact (multistate) license and must also apply in each state in which they practice unless exempted when employed in a federal facility.

**Multistate and Single-state Licenses**

- A nurse must legally reside in an NLC state to be eligible to obtain a compact license. In order to obtain a compact license, one must declare a compact state as the primary state of residency and hold a nursing license in good standing. There is a separate application for obtaining a multistate license.
- A nurse whose primary state of residence is a noncompact state is not eligible for a compact license.
- A nurse who practices in a noncompact state must continue to practice in the home state.
- A nurse whose primary state of residence is a noncompact state has one additional active compact state license.
- A nurse licensed in a compact state must meet the licensure requirements in the home state. When applying in a multistate privilege, a nurse must notify the board of nursing of the state of primary residence.
- A nurse licensed in a compact state must be employed in a federal facility.
DISCIPLINE

Nursys®

Nursys.com is the free public access web portal to the NCSBN database that contains the licensure and disciplinary information for all licensed RNs and LPN/VNs, as contributed by party states.

Enhanced NLC Nursys discipline reports called Reports at Your Fingertips were introduced on March 9, 2010. There are three major reports available:

- Aggregate PTP (privilege to practice) initial and revision action codes by all compact jurisdictions;
- Aggregate remote states PTP discipline by all compact jurisdictions (PTP with and without home state discipline); and
- Aggregate and individual compact jurisdiction investigation reports with and without subsequent discipline.

Licensee Discipline and Compliance

In 2010 the NLCA decided to support a bimonthly teleconference for BON executive officers and disciplinary staff from all jurisdictions. The teleconferences will be dedicated to the learning needs of the participants in the areas of licensee discipline and compliance. Meetings will be moderated by NCSBN regulatory department staff.

Media Coverage

An article (USA TODAY, July 15, 2010) by ProPublica journalists Charles Ornstein and Tracy Weber was critical of the time that transpired between a remote state disciplining a nurse and the home state taking subsequent action. NCSBN immediately responded with a letter, which was published within several days.

POLICY

As an objective of its new strategic plan, the NLCA will review all policies and procedures every three years for accuracy and relevance.

COMMUNICATION

Website

New documents and links of interest to licensees and the public can be found on the NLC website, www.ncsbn.org/nlc, which is updated weekly.

Wiki

In 2010, Member Boards began to use the NLC wiki, a web-based communication tool, to comment on topics, draft documents, access meeting materials and build meeting agendas all in one place.

American Nurses Association (ANA)

A teleconference with the president and CEO of the ANA was held in April 2010 to discuss the remaining ANA talking points. Attending the meeting was the president of NCSBN, the chair of NLCA and the CEO of NCSBN. The meeting was followed up with a letter sent to the ANA president encouraging a continuation of dialogue.
ACKNOWLEDGEMENTS

NLC Administrators who Served as Peer Mentors:

- Kathy Thomas, executive director, Texas Board of Nursing, serves as a mentor to Kenneth Julien, program director, Colorado Department of Regulatory Agencies
- Jay Douglas, executive director, Virginia Board of Nursing, serves as a mentor to Sue Tedford, executive director, Arkansas State Board of Nursing
- Libby Lund, executive director, Tennessee State Board of Nursing, serves as a mentor to Diana Baker, executive director, Nebraska Board of Nursing
- Mark Merrill, program director, Colorado Department of Regulatory Agencies, served as a mentor to Deborah Walker, executive director, New Mexico Board of Nursing
- David Mangler, executive director, Delaware Board of Nursing, serves as a mentor to Jeff Scanlan, bureau director, Health Services Boards, Wisconsin Department of Regulation and Licensing

NLC Administrators who Participated on NLCA Committees:

Compliance Subcommittee:
Katherine Thomas, executive director, Texas Board of Nursing
Jay Douglas, executive director, Virginia Board of Nursing

Elections Subcommittee:
Myra Broadway, executive director, Maine State Board of Nursing
Libby Lund, executive director, Tennessee State Board of Nursing

Executive Committee:
Joey Ridenour, executive director, Arizona State Board of Nursing
Lorinda Inman, executive director, Iowa Board of Nursing
Laura Poe, executive administrator, Utah State Board of Nursing
Jay Douglas, executive director, Virginia Board of Nursing
Gloria Damgaard, executive director, South Dakota Board of Nursing
Kathy Thomas, executive director, Texas Board of Nursing

The Subcommittee to Review Policy 5.1 on Conducting Investigations:
Sandy Evans, executive director, Idaho Board of Nursing
Libby Lund, executive director, Tennessee State Board of Nursing
Connie Kalanek, executive director, North Dakota Board of Nursing

Strategic Planning Committee:
Executive Committee
Myra Broadway, executive director, Maine State Board of Nursing
Connie Kalanek, executive director, North Dakota, Board of Nursing

Web Review and Resources Subcommittee:
Lorinda Inman, executive director, Iowa Board of Nursing
Libby Lund, executive director, Tennessee Board of Nursing
Lou Ann Walker, public information coordinator, Arkansas State Board of Nursing
Retirements and Transitions

In June 2010, Faith Fields, executive director, Arkansas State Board of Nursing, retired. Fields was a tireless and dedicated administrator who made many contributions to the NLCA over the past decade.

Mark Merrill, program director, Colorado Department of Regulatory Agencies, was appointed to serve as director of the Health Services Section in the Division of Registrations in June 2010. Merrill was also a dedicated administrator who facilitated the work of the NLCA.

Thank you to all NLC administrators for all you do on behalf of the NLC:

- Arizona State Board of Nursing
  - Joey Ridenour

- Arkansas Board of Nursing
  - Sue Tedford

- Colorado Department of Regulatory Agencies
  - Kennetha Julien
  - Karen DeChant

- Delaware Board of Nursing
  - David Mangler

- Idaho Board of Nursing
  - Sandra Evans

- Iowa Board of Nursing
  - Lorinda Inman

- Kentucky State Board of Nursing
  - Charlotte F. Beason

- Maine State Board of Nursing
  - Myra Broadway

- Maryland Board of Nursing
  - Patricia Ann Noble

- Mississippi Board of Nursing
  - Melinda Rush

- Missouri Board of Nursing
  - Lori Scheidt

- Nebraska Department of Health & Human Services, Regulation and Licensure
  - Diana Baker

- New Hampshire Board of Nursing
  - Margaret Walker

- New Mexico Board of Nursing
  - Deborah Walker

- North Carolina Board of Nursing
  - Julia George

- North Dakota Board of Nursing
  - Constance Kalanek

- Rhode Island Board of Nurse Registration and Nursing Education
  - Pamela McCue

- South Carolina Board of Nursing
  - Joan K. Bainer

- South Dakota Board of Nursing
  - Gloria Damgaard

- Tennessee State Board of Nursing
  - Libby Lund

- Texas Board of Nursing
  - Katherine Thomas

- Utah State Board of Nursing
  - Laura Poe

- Virginia Board of Nursing
  - Jay P. Douglas

- Wisconsin Department of Regulation and Licensure
  - Jeff Scanlan
For more information about the NLC, contact:

nursecompact@ncsbn.org
www.ncsbn.org/nlc

Joey Ridenour, RN, MN, FAAN
Chair, NLCA
jridenour@azbn.gov

Jim Puente
NLC Associate, NCSBN
jpuente@ncsbn.org  ■  312.525.3601