NLCA
NURSE LICENSURE COMPACT ADMINISTRATORS

Frequently Asked Questions Regarding the National Council of State Boards of Nursing (NCSBN) Nurse Licensure Compact (NLC)
Updated April 2004

What is the mutual recognition model?
The mutual recognition model of nurse licensure allows a nurse to have one license (in the nurse's state of residency) and to practice in other states, as long as that individual acknowledges that he or she is subject to each state's practice laws and discipline. Under mutual recognition, practice across state lines is allowed, whether physical or electronic, unless the nurse is under discipline or a monitoring agreement that restricts practice across state lines. In order to achieve mutual recognition, each state must enter into an interstate compact, called the Nurse Licensure Compact (NLC).

What is an interstate compact?
"An interstate compact is an agreement between two or more states established for the purpose of remedying a particular problem of multistate concern." (*Black's Law Dictionary*)

An interstate compact, and in this case the NLC:
- Supersedes state laws.
- May be amended by all party states agreeing and then changing individual state laws.

What is meant by multistate licensure privilege?
Multistate licensure privilege means the authority to practice nursing in any compact state that is not the state of residency. Additional license is not granted for this authority.

What determines primary residency for licensure purposes in the NLC?
The Nurse Licensure Compact Administrators (NLCA) defined primary residence in the compact rules and regulations. Sources used to verify a nurse's primary residence for the NLC may include, but are not limited to, driver's license, federal income tax return or voter registration.

Why was residency, not practice location, used for determining jurisdiction?
During the development of the NLC, NCSBN carefully examined two options: (1) linking of licensure to the "state of residence"; and (2) linking licensure to the "state of practice" and concluded that it was preferable for the state of residence to be the state of licensure. This decision was made specifically to enhance public protection while retaining state-based authority and reducing administrative burden.

Although the traditional licensure system was built upon state of practice, issuing a single license to practice in multiple states under the mutual recognition model forced a reconsideration of that tradition. Licensure through state of practice was rejected for a number of reasons:
- Determining the state of practice is difficult in this era of working for multiple employers, at multiple sites across state lines and through telenursing.
- Tracking a nurse in the event of a complaint/investigation is more readily accomplished with a residence link (address) than an employment/practice link.
- Linking licensure with practice can be problematic for nurses not currently employed or moving in or out of the workforce.
- Defining practice as occurring both where the nurse is and where the patient is, for purposes of identifying the "home" state, is difficult because there could be more than one state of practice.