



Katie Hobbs
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing

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The purpose of this letter is to assist members of the public in understanding the primary objectives of the Nurse Licensure Compact and how it works in Arizona based on over two decades of experience with the NLC.

Benefits of the NLC:

1. **Enhanced Mobility:** In 2022 the NLC allowed approximately 3,500 nurses to practice in in Arizona without having to obtain separate licenses, promoting a more mobile and adaptable nursing workforce.
2. **Meeting Healthcare Needs:** The NLC can help address the nursing shortages and respond to healthcare emergencies and natural disasters across state lines.
3. **Uniform Licensing Standards:** The 41 NLC states agree to uphold consistent, regulatory standards for licensure, ensuring that patients receive safe care regardless of the state.
4. **Cost Savings:** Arizona has had financial savings for nurses and the state in terms of administrative costs and time spent on paying for and processing multiple licenses.
5. **Safety and Public Protection:** The NLC prioritizes public safety.
6. **Background Checks:** The 41 NLC states require state and federal criminal background checks for all applicants.
7. **Information Sharing:** The NLC's coordinated licensure information system, NURSYS, ensures that information about a nurse's license status and disciplinary actions is shared among member states.

Over 50 healthcare organizations, nursing associations, or states have endorsed or joined the NLC nationwide.

Economic and Workforce Impacts:

1. Adopting the NLC can make the state more attractive for nurses, potentially bolstering the healthcare workforce.
2. Large health systems that span several states have seamlessly temporarily assigned specialty nurses from state to state.

Rebuttal of Common Concerns: For over two decades there have been common misconceptions or concerns about the NLC that have been effectively addressed. For example, myths about the potential for lowering care standards or compromising state sovereignty have not been based on evidence but continue to be debated and rebutted.

Summary: I ask for your legislative support in endorsing the NLC. I will be available to provide additional information or resources if you wish to discuss to learn more.

Contact Information: Joey Ridenour RN, MN, FAAN, Executive Director, Arizona State Board of Nursing, jridenour@azbn.gov or direct line: 602 771 7801



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DIVISION OF PROFESSIONAL REGULATION
Delaware Board of Nursing

September 6, 2023

To Whom It May Concern:

The Delaware Board of Nursing has been a member of the Nurse Licensure Compact for the past 23 years. Our registered and licensed practical nurses have enjoyed the ability to work across state lines with nearby states such as Maryland, Virginia, and New Jersey with a compact “multistate” license. The first Compact implemented in 2000 had 25 member states, but membership stalled. We realized there was a need to convene all states to determine a new path forward. After numerous meetings, the original Compact was revised, and a new enhanced Compact was implemented in 2018 which included the requirement for federal criminal background checks. This was a major improvement and 16 more states/territories have now joined the Compact for a total of 41 to date. We have a goal of becoming a Compact nation!

Compact licensure enables nurses to work in states/territories where the need is the greatest. During the Covid pandemic, Delaware did not experience as severe a shortage as other states did, especially those without Compact licensure. Since Covid, many states have enacted Compact licensure for multiple professions, following the mutual recognition model of the Nurse Licensure Compact. Our state has not experienced financial difficulty with the implementation of new states joining the compact, most recently New Jersey and Ohio.

Compact licensure makes sense. It is less expensive for nurses and employers because nurses only need one license to practice in 41 states. There is no delay for licensure, enabling nurses to work immediately, and the nurse must practice according to the scope of practice in the state where the patient is located. Compact licensure greatly enhanced telehealth practice, which increased access to care during the pandemic and beyond.

In 2021 Delaware became the second state to pass Advanced Practice Registered Nurse (APRN) Compact legislation. A companion bill also passed which granted APRNs full practice authority. So far, three states have passed the APRN Compact,

and four more are needed to implement compact licensure for APRNs.

Nursing is the largest profession and the most trusted profession. We need to work together to become a compact nation for all types of nursing licenses in all states/territories. This will be one step in the right direction to standardize licensure, improve our healthcare system, and provide quality care to our citizens.

Respectfully Submitted,

A handwritten signature in black ink that reads "Pamela C. Zickafoose". The signature is written in a cursive, flowing style.

Pamela C. Zickafoose, EdD, MSN, RN, NE-BC, CNE, FRE
Executive Director, Delaware Board of Nursing

From: Baker, Joe <Joe.Baker@flhealth.gov>
Sent: Friday, March 17, 2023 7:53 AM
To: James Puente <jpuente@ncsbn.org>
Subject: RE: Request for Assistance (time sensitive)

The Florida Board of Nursing is honored to be part of the Nurse Licensure Compact (NLC). Our multistate licensees enjoy the opportunity to easily work across state lines, especially those who live close to our border states. Likewise, multistate licensees in our border states are also equally positioned to work in the state of Florida.

As we work towards the goal of a Compact nation, we encourage other states and territories to carefully consider the advantages of the NLC. A mobile nursing workforce is a benefit to us all.

Joe Baker, Jr.
Executive Director, Florida Board of Nursing

The mission of the Board of Nursing is to assure the citizens of Kansas safe and competent practice by nurses and mental health technicians

Enhancing Better Access to Healthcare for Citizens of Kansas

Kansas implemented the Nurse Licensure Compact (NLC) on July 1, 2019. Joining the NLC has proven to be a huge step forward for the nursing profession and regulation in Kansas.

We could not have predicted a pandemic during the first two years after implementation. Nursing employers in Kansas have found being a member state of the NLC assists them to employ nurses where they are needed much faster. It has never been easier to bring a nurse into our state if they have a multistate nursing license from another member state. The employer verifies the multistate license is active through Nursys®, a national nursing database that includes data from all the boards of nursing in the United States. It is the fastest, most accurate database of nurses in our country that is available to the employers. Being a member state of the NLC has increased access to healthcare for the citizens of Kansas by increasing the number of qualified LPNs and RNs available to practice in Kansas.

Our licensing process has benefited as a member state of the NLC. Nurses with a multistate license from another member state no longer must wait to get a Kansas license to practice in Kansas. If they are relocating to Kansas they can practice in Kansas on their present multistate license until they get it changed to Kansas. The licensing process is more efficient for nurses and employers. This eases some of the pressure being placed on our licensing staff to license a nurse ASAP so they can work. The Kansas State Board of Nursing is confident when a nurse has a multistate license, the eleven uniform licensure requirements have been met by the member state that issued the multistate license. This is very important for public protection.

Multistate licenses for RNs and LPNs are very popular. In the year post implementation 346 LPNs and 4,023 RNs had obtained multistate licenses and we continue to see the numbers increase. The Kansas State Board of Nursing has the option for the licensee to obtain a single state or multistate license. Being a member state has decreased licensing costs for nurses who wish to practice in more than one state. They no longer must obtain a separate license for each member state when they have a multistate license.

Each member state of the NLC has a representative that is a member of the NLC Commission. The NLC Commission is the governing body of the NLC, so every member state has a voice in the governance of the NLC. Regular meetings of the NLC Commission are held which increases the communication and collaboration among the NLC Commissioners.

Carol Moreland msn, rn

Carol Moreland, MSN, RN
Executive Administrator



Jon D. Doolittle
President and CEO
P.O. Box 60
Jefferson City, MO 65102

March 17, 2023

Jim Puente
Director, Nurse Licensure Compact
National Council of State Boards of Nursing
111 E. Wacker Drive, Suite 2900
Chicago, Illinois 60601

Dear Mr. Puente:

The Missouri Hospital Association, on behalf of its 141 member hospitals, would like to provide comments on the benefit the Nurse Licensure Compact has brought to Missouri. The Compact was implemented in Missouri in January 2018, after the enactment by the twenty-sixth state. MHA has collaborated with the Missouri State Board of Nursing to raise awareness on the flexibilities afforded by the Compact and the importance of utilizing e-Nursys. We look forward to continuing that collaboration as we look to reduce barriers to health care workforce recruitment and retention.

Hospitals are the largest employer of nurses in the state. The ability to secure nurses in a timely manner is critical to ensuring patients have access to quality care. The Compact's value was fully realized during the COVID-19 pandemic response. The Board of Nursing, unlike some other boards, did not have to waive many licensure requirements and processes due to the number of nurses possessing a multi-state license. Their timely response to most licensure requests allowed hospitals to remain focused on patient care and other licensure boards instead of nurse licensure issues. Additionally, prior implementation and utilization of the Nursys platform allowed participating hospitals to quickly confirm nurse licensure and stay abreast of issues. Having a single location to verify licensure and stay abreast of disciplinary issues streamlines response by human resource personnel and reduces workload. It also allows nurses an easy access platform for license renewal and information sharing.

MHA is pleased to provide comment in support of the Compact. We look forward to continued collaborations and enhancements. Please feel free to reach out to me with questions.

Sincerely,

A handwritten signature in black ink that reads "Sarah Willson". The signature is written in a cursive, flowing style.

Sarah Willson
Vice President of Clinical and Regulatory Affairs

sw/pt

Impact of the Nurse Licensure Compact in Montana

Montana joined the Nurse Licensure Compact in 2015 and the Enhanced Nurse Licensure Compact in 2017. While the benefits of joining the NLC were immediate, the COVID-19 pandemic highlighted how beneficial the NLC was for Montana.

Emergency registration vs. Compact license

- Montana's state of emergency began in March 2020 and ended on June 30, 2021. During this time, the Board of Nursing could recognize licenses held in any state if active and in good standing. If the nurse held a multistate license in another state, they could go straight to work without "stopping" at the Board of Nursing to receive emergency registration. If the nurse did not hold a multistate license (compact license), they needed to fill out a brief online application with enough information to allow Board staff to look up their active license in another state and then issue the emergency registration. While we generally could process an emergency registration within a day or two, during peak request times, it could take up to a week to issue. For some of our rural facilities, the difference between a nurse able to walk in immediately and a nurse who had to wait a week to step in and start working significantly impacted their ability to provide care.
- Emergency registrations were offered to anyone seeking licensure in Montana – not just RNs and LPNs. While RN and LPN applications annually make up about 90% of the board's application intake, RNs and LPNs seeking emergency registration were proportionately much less – 50% of all nursing emergency registrations were issued to RNs and LPNs. The NLC significantly reduced administrative burden during this time while allowing us to quickly get vetted nurses to the bedside.

Compliance Coordination

Montana has not experienced an increase in complaints related to the NLC. We appreciate the ability to share investigatory information with other compact states when a compact nurse is implicated in a complaint; the coordination between states on issues involving multistate licensed nurses has proven helpful to the NLC.

Sustained Revenue

Montana has not experienced revenue concerns related to the NLC. In fact, to ensure the Board was not too cash-heavy, fee abatements were given in the fiscal year following the implementation of the enhanced NLC. While the initial renewal period after implementation of the original NLC saw a slight dip in renewals (because those nurses holding a multistate license in a different compact state no longer had to hold a license in Montana), applications and licenses issued have risen year over year since.



Commissioner Resources

I've been in the executive officer role here in Montana for almost five years, having come straight out of the acute care world and without government experience. The NLC has developed many resources for new executive officers who assume the role of Commissioner for their state, whether new to the position only or a new state in the compact (or both!). Some of those resources include mentorship, orientation sessions at biannual in-person meetings, reports that assist in understanding and maintaining compliance with compact requirements, periodic webinars to discuss specific compact topics, reference documents (legal memos, policies, and procedures, regulatory frequently asked questions, advisory opinions, etc.), and helpful staff ready and able to assist with questions whenever they arise. The executive officers and staff in compact states are encouraged to participate on committees; this enables each state to impact how the compact functions by having a voice in all aspects of the work of the NLC. "Little" states (by population) weigh equally to large states in a vote and offer opportunities for leadership within the committees of the NLC.

While the efficient licensing of nurses is only one small aspect of addressing nursing workforce concerns, the NLC has been an excellent tool for Montana to ensure the process of licensing and recognizing credentials is a smooth process in allowing our healthcare employers to get nurses to the bedside.

Thank you for the opportunity to share Montana's experience with the NLC.

Missy Poortenga, MHA, BSN, RN
Executive Officer

Jim Puente
Director, Nurse Licensure Compact
National Council of State Boards of Nursing
111 E. Wacker Drive, Suite 2900
Chicago, IL, 60601
jpunte@ncsbn.org

Dear Mr. Puente,

As Chief Executive Officer of the NC Board of Nursing (NCBON), I write to you to express the value to North Carolina of being a member-state of the Nurse Licensure Compact (NLC). North Carolina has been a member of the NLC since July 1, 2000, and has enjoyed the benefits of belonging to the NLC. Facilitating mobility of nurses across state borders through the multistate license, the NLC has increased access to nursing care for North Carolinians while protecting the public. North Carolinians are assured that nurses practicing in the state on their multistate meet the same standards for licensure as those educated in our state.

While all states across the country have concerns regarding the nursing workforce, as modeled in [NCNursecast](#), North Carolina has a predicted shortage of approximately 12,500 RNs and 5,000 LPNs by 2033. Addressing workforce needs will take a multi-faceted approach and membership in the NLC is one of the essential tools in the toolbox for addressing workforce needs.

Respectfully,



Crystal Tillman, DNP, RN, CPNP, PMHNP-BC, FRE
Chief Executive Officer
North Carolina Board of Nursing





NORTH DAKOTA BOARD OF NURSING

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North Dakota Embraces the Nurse Licensure Compact

Background:

The mission of the North Dakota (ND) Board of Nursing is to assure citizens quality nursing care through regulation of standards of nursing education, licensure, and practice. The Nurse Licensure Compact (NLC) aligns with the Board of Nursing mission through facilitation of quality, accessible, and cost-effective nursing workforce. North Dakota joined the original NLC in 2000 and enacted the enhanced compact in 2017 which currently includes 41 member states.

NLC Education:

- Licensed practical and registered nurses have one multistate license, with the ability to practice (physically and via technology) in both home state and other NLC states.
 - Accessibility to nursing services and mobility for nurses.
 - Access to nurse educators/faculty for online nursing education programs.
 - Mobility of qualified nursing services during disaster/times of great need.
 - Supports nursing's role in the rapidly expanding telehealth industry.
 - Benefits military spouses who are licensed nurses and relocate often.
- States retain autonomy and authority (the nurse is subject to each state's practice laws and discipline).
- Eliminates redundancy, duplicative regulatory processes, and unnecessary fees.
- All nurses practicing under a multistate license must meet a minimum set of licensure requirements, including a criminal background check (safety and quality).

In summary, as the world becomes more mobile, so must our workforce. The recent pandemic provided evidence that a mobile and vetted workforce is essential to the health of the nation. The NLC supports greater mobility of the nursing workforce and improves access to nursing services while protecting patient safety and reducing costs.

Sincerely,

Stacey Pfenning DNP APRN FNP FAANP

Executive Director

North Dakota Board of Nursing

919 S 7th Street Suite 504

Bismarck, ND 58504-5881

Phone: 701-527-6761

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Greetings Legislators,

Ohio officially became the 39th state to implement the Nurse Licensure Compact on January 3, 2023. In the two and half months that the Ohio Board of Nursing has offered our licensees the option to convert to a multistate license (MSL), the response from both nurses and their employers, has been overwhelmingly positive. Below you will find an assortment of responses we've received.

- "Thank you, Ohio Board of Nursing! My Ohio license was quickly converted to a multi-state license!"
- "I'm in the northern panhandle of Ohio, WV, and PA so this will be great!"
- "I'm a former Ohio resident and current license holder living in Florida with a compact license, I'm glad Ohio is getting on board!"
- "So excited for many of my remote nurses! Thank you, Ohio for making this possible."
- "I've been waiting for this! Having a compact license will open so many doors for nurses in Ohio!"
- "I think this is great! State to state cooperation opens up so many opportunities!"
- "Get ready to hold one license and work in many states without the license applications, its great! Great job Ohio Board of Nursing!"

The transition to multistate licensure was truly a team effort and we credit our success to the hard work and preparation of all OBN staff. Beginning in July 2022, OBN embarked on a statewide outreach and education campaign to educate our nursing students, RNs and LPNs, and health care employers to ensure all stakeholders were aware of the benefits and requirements of NLC implementation and multistate licensure. OBN staff presented to more than 100 prelicensure education programs, more than 40 hospitals and health care providers, and more than 30 professional associations and committees. As of March 16, 2023, OBN has received 11,524 conversion applications and has issued 8,299 MSLs.

Health care employers across the state anticipate Ohio's NLC implementation will have positive effects on their nursing workforce. When a nurse with an MSL applies for a position in their facility, that nurse is immediately available to practice, saving hiring time and cost. Employers report that the NLC's uniform licensing requirements provide them with confidence that nurses working on an MSL for their organizations have cleared state and federal background checks and meet a standard set of licensing requirements. As more nurses convert and utilize their MSLs, Ohio's skilled nursing workforce will continue to expand, which employers expect will positively contribute to their nursing staff's success, morale, and productivity.

We at the Ohio Board of Nursing would be pleased to be a resource and a support as your state navigates the legislative and implementation processes. We benefited greatly from the NCSBN's support throughout our implementation process, including onsite training for all staff and continued consultation as we are now actively converting and issuing MSLs. We are excited about the progress we have seen in the past few months, and we are optimistic for the impact NLC implementation and multistate licensure will have on Ohio nurses and our state's workforce development and expansion as we move forward. If you have any questions, please feel free to contact me directly.

Warm personal regards,

Marlene Anielski, MBA, OCPM

Marlene Anielski
Executive Director, Ohio Board of Nursing



SOUTH DAKOTA BOARD OF NURSING

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Impact of the Nurse Licensure Compact in South Dakota

South Dakota joined the nurse licensure compact (NLC) in 2001 and the Enhanced Nurse Licensure Compact in 2016.

Many factors influenced passage of the compact. First and foremost, legislators and the governors recognized the need to break down unnecessary barriers to interstate practice – to remove licensure barriers for nurses to allow them to assist patients across state lines or to help military spouses relocating to South Dakota, allowing them to practice without applying for another license. In 2001, South Dakota’s lawmakers recognized that our country was at a pivotal time in the evolution of telehealth – an important technology needed in rural South Dakota. Now, most states encourage providers and patients to use telehealth, creating an even greater need for this compact.

Nurses wanting a multistate license must meet qualifications: they must reside in South Dakota, meet national uniform licensure requirements, not be convicted of a felony, not be under licensure investigation, and not be enrolled in an alternative to discipline program. Nurses who do not meet criteria are issued a single state license to practice, good only in South Dakota. Nurses holding a multistate compact license, however, are allowed to practice freely in other participating states, eliminating licensure redundancy, duplicative regulatory processes, and unnecessary fees. Nurses practicing on a multistate license are accountable to follow the nurse practice act laws in the state where the patient is located at the time of practice. This allows compact states to maintain autonomous practice laws, including licensure requirements and discipline procedures.

During the COVID pandemic, because South Dakota was a member of the NLC, we did not need an emergency executive order to allow multistate licensed nurses to come to our state. This significantly helped staffing in our rural and urban hospitals and nursing homes.

To promote public protection, the NLC requires participating boards to share a nurse’s adverse events and investigations in a national nurse license database, known as Nursys®. This includes events involving patient harm. Sharing information helps compact states remove multistate privileges; this protects all remote compact states when a nurse’s home state licensee is disciplined for a violation of the nurse practice act.

An example of how the compact helped South Dakota keep patients safe is during COVID. South Dakota coordinated an investigation on a nurse who stole drugs while practicing in South Dakota on a remote multistate privilege. The South Dakota board took discipline action on the nurse’s privilege to practice, stopping the nurse from practicing in our state. We shared our information with the home state, and that state took discipline action on the nurse’s home state license – these actions prevented the nurse from moving to other states to steal drugs.

Over the years, as more states joined the compact, the South Dakota board of nursing has maintained a positive fiscal balance. We have only raised fees once since 2002. In 2019, the Board minimally increased renewal fees to offset inflationary expenses.

I must also mention that some nurse unions oppose the NLC. In my nearly twenty years with the board, there has been no empirical evidence to support that the NLC has been the basis for interfering in or acting as an impediment to lawful activities of any union acting on behalf of its member nurses.

Thank you for the opportunity to share South Dakota’s experiences with the NLC. I encourage you to support legislation to join this compact to facilitate cross-border practice of nursing, whether physically or via telehealth, and to put critical systems in place that help keep patients safe.

Linda Young, MSN, RN, FRE; Executive Director

September 6, 2023

To whom it may concern:

I am pleased to share Tennessee's experience with the Nurse Licensure Compact (NLC). Tennessee has been a member of the original NLC since 2003 and enacted the enhanced NLC in 2018. The NLC provides many benefits to the Tennessee on several levels.

Facilities and agencies have the option of recruiting nurses with a multistate license (MSL) from other states to increase the nursing workforce quickly. This expands the pool of available nurses exponentially, enhancing access to care for Tennessee residents.

Another benefit is increased mobility of nurses. Eight NLC states border Tennessee; this proximity allows nurses from these states to practice across state lines with ease. It also allows Tennessee nurses with a MSL to practice in those states or any other compact state. A mobile workforce is beneficial for all, especially during natural disasters and pandemics.

The NLC also eases the burden of licensing. Uniform Licensure Requirements help ensure all nurses with MSL have met the same requirements, no matter which state they hold the license. This was particularly helpful during the pandemic, when it was so important to have a large number of qualified nurses available to move quickly.

Finally, I have found the other party states of the NLC to be very cooperative and helpful, as our common goal is public protection. The NLC Commission meets several times each year, and the other commissioners are only an email or phone call away. In addition to this, our support team with NCSBN provides invaluable resources and tools to support our work and success.

Please do not hesitate to contact me if you have questions. I may be reached by phone at 615-532-9839, or email at sherry.a.richardson@tn.gov.

Sincerely,



Sherry Richardson, MSN, RN
Executive Director
Tennessee Board of Nursing



State of Vermont
Office of the Secretary of State
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Sarah Copeland Hanzas, Secretary of State
S. Lauren Hibbert, Deputy Secretary
Kevin A. Rushing, Director

Impact of the Nurse Licensure Compact in Vermont

Vermont became the 36th member of the enhanced Nursing Licensure Compact (NLC or Compact) on February 1, 2022. Prior to pursuing membership, the Office of Professional Regulation (OPR) conducted a survey of over 17,000 Vermont nursing licensees to determine their interest and support for Vermont joining the Compact. More than 39% of those contacted responded to the survey, with 80% of nurses aged 20-29 expressing interest in Vermont joining the Compact, and 75% of nurses aged 30-59 expressing the same interest. OPR and the Vermont Board of Nursing believe that creating a practice environment that nurses value is integral to attracting and retaining a viable nursing workforce. The Compact is one vehicle for enhancing the Vermont nurse practice environment. With their adoption of the Compact, the Vermont State Legislature supported this effort.

Public Protection

The primary function of nursing regulation is ensuring public protection through establishing standards for nursing licensure eligibility and nursing practice. During the pandemic, Vermont, like many states across the United States, established emergency and temporary licensure statuses to allow for rapid deployment of nurses licensed in other jurisdictions to meet local staffing demands. While this approach was necessary during the public health emergency, it was not ideal as it lacked standardization across states, did not have a rigorous vetting process for reviewing an applicant's license history and conduct, and had no mechanism or process for the timely communication of disciplinary actions taken against licensees.

The NLC addresses many of these concerns while still facilitating interstate practice for licensed nurses. The Compact's universal licensure qualifications for obtaining a multistate license ensure the standardization of licensure requirements across all participating States, and the proper vetting of the applicant as required by the NLC statute ensures the applicant does not have a criminal history related to the practice of the profession. The Compact also facilitates communication between participating states of disciplinary actions taken against licensees. Any and all actions taken against a multistate licensee by any member jurisdiction are reported to all compact States within a specified period of time. This ensures that other jurisdictions may take action against a licensee's privilege to practice in their State, providing for timely and effective public protection that does not rely solely on the licensee's disclosure of such action.

Implementation

Vermont was provided with essential assistance from the NLC during our implementation phase. With the resources and expertise made available to Vermont, our team was able to establish policies and procedures within the Office of Professional Regulation, reconfigure our on-line


application system, complete education for key stakeholders, and establish resources related to the NLC on our website for licensees, employers, and applicants. NLC support was integral to our achieving successful implementation within six months of the legislation being passed.

Healthcare Workforce/Fiscal Impact

Following the NLC implementation, Vermont had its first biennial renewal for RN licensees in March of 2023. Approximately 5,000 of the 20,000 Vermont licensed RNs due for renewal had active multistate licenses in another compact state and no longer required Vermont licensure. Although this represented a loss of approximately \$1.4M in licensure revenue for the State, it reflected a savings for those nurses who no longer have to pay additional fees to practice in Vermont, making the mobility of nurses into our state a seamless process for them and their employers.

The Vermont Board of Nursing and Office of Professional Regulation believe that being a member of the NLC supports our mission to protect the public while reducing barriers to licensure. The resources provided to Vermont by the NLC have been integral to our state's success in implementing the Compact and addressing nursing workforce shortages. While the cost to the State has been significant, the benefit to licensees and the public have been great.

Thank you for your interest in Vermont's experience with the NLC.

DocuSigned by:

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Shiela Boni, MSN, RN
Vermont NLC Commissioner
Nursing Executive Officer