

Volunteer Licensing, Credentialing, and Privileging and Waiver and Reciprocity

Fact Sheet

Overview

Licensing, credentialing, and privileging are used to ensure that an individual practitioner (e.g., physician, nurse, social worker) has the required training, knowledge, and experience to perform as a qualified professional. These requirements vary from state to state and are established by state law and regulation, as well as individual healthcare facilities' policies. The diversity of state approaches makes it essential to find and review individual state laws and regulations. Licensing, credentialing, and privileging requirements may also limit the ability of a volunteer health professional (VHP) to respond and deploy to emergencies in states where he or she is not licensed or credentialed. However, these limitations may be overcome through waiver and reciprocity laws and agreements.

Licensing

Licensing is a state regulatory agency or body's formal recognition that a professional possesses the qualifications to practice in that state. Each state determines its own set of competencies for the various health professions, the mechanisms for granting health professional licenses, and the health professions' scope of practice. Licensure requirements typically include a combination of education, training, and examination to demonstrate competency. Licensure requirements may also involve continuing education or periodic reexamination. Generally, licenses only apply within the state where they are granted. Practicing in a jurisdiction without a license can subject a professional—as well as the organization or entity facilitating the professional's unlicensed practice—to civil or criminal liability.

Credentialing

Credentialing is the process by which an employer, most frequently a hospital or other healthcare organization, verifies that a practitioner has the required education, training, and experience to practice in the state. State or local laws and rules may specify the types of credentials an employer must verify. Credentialing is typically done when a practitioner is first employed and may be updated periodically. Healthcare facility bylaws generally set out credentialing procedures.

Privileging

Like credentialing, privileging typically arises in the context of a healthcare facility. Privileging is the process by which a health professional is allowed to practice in or associate with a healthcare facility. Privileging defines the scope of permitted activities that the health professional may engage in while at the facility. Healthcare facility bylaws generally set out the privileging procedures.

Verifying Volunteer Licenses, Credentials, and Privileges

Volunteer registration systems are often used to verify a volunteer's licenses, credentials, and privileges. For example, when a health professional registers with a state's Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) program, his or her identity, licenses, credentials, and privileges are verified. Local Medical Reserve Corps programs will also verify volunteer licenses, credentials, and privileges, either on their own or in collaboration with the state ESAR-VHP program.

Waiver and Reciprocity of Licenses, Credentials, and Privileges

A variety of laws, compacts, agreements, and policies allow for the waiver and reciprocity of VHPs' licenses and privileges during declared emergencies. In most cases, waiver or reciprocity of licensure requirements only operate during a declared emergency. State statute, regulation, or executive order may authorize the waiver or reciprocity, as well as modifying VHPs' scope of practice. Some states also allow the governor or other

official to waive state law provisions that would hinder emergency response efforts. This could be applied to licensure requirements. Mutual aid agreements and memoranda of understanding can also address the waiver and reciprocity of licensure requirements.

The [Emergency Management Assistance Compact \(EMAC\)](#)¹ allows a person licensed in one state to provide assistance and be considered licensed in the state requesting emergency assistance. The requesting state may place limits on the licensing considerations and the scope of practice of the out of state VHPs.

The [Nurse Licensure Compact \(NLC\)](#)² is an agreement 24 states have entered into that aims to increase cooperation and information exchanges between states regarding nursing licensure. Under NLC, all member states that authorize multistate licenses will recognize one state's license to practice nursing.

The [Interstate Civil Defense and Disaster Compact \(ICDDC\)](#)³ is a state mutual aid agreement providing licensure reciprocity for health professionals and others. Member states recognize licenses, certificates, or other permits issued by any other state during emergencies and disasters. Some states are parties to both EMAC and ICDDC.

There is currently only one agreement between the United States and another country that permits the exchange of emergency response personnel across international borders during an emergency. The [Pacific Northwest Emergency Management Arrangement \(PNEMA\)](#)^{4,5} is an agreement between four states (Washington, Oregon, Idaho, and Alaska) and two Canadian provinces (British Columbia and Yukon). Such agreements require congressional approval.

¹ National Emergency Management Association. EMAC. Available at <http://www.emacweb.org/>. Accessed on 9-20-2012.

² National Council of State Boards of Nursing. NLC. Available at <https://www.ncsbn.org/nlc.htm>. Accessed on 9-20-2012.

³ National Center for Interstate Compacts. ICDDC. Available at <http://apps.csg.org/ncic/Compact.aspx?id=34>. Accessed on September 20, 2012.

⁴ PNEMA. Available at <http://www.gpo.gov/fdsys/pkg/PLAW-105publ381/pdf/PLAW-105publ381.pdf>. Accessed on 10-14-2012.

⁵ PNEMA Appendix A and B to PNEMA. Available at <http://www.pnwbha.org/reports/PNEMA-annex-a-and-b.PDF>. Accessed on 10-14-2012.