

## Trends and Issues in State Professional Licensing

By Pam Brinegar

*In what was once one of the fastest growing areas of state government, legislators now employ stringent criteria to determine when new professions should be regulated. Consequently, many emerging professions opt for credentialing in the private sector, although for some of these, a circular relationship is developing between private and public credentialing. Other trends and issues for professional regulators include new technological tools, shifting economic terrain, increased consumer involvement and international trade agreements.*

Professional and occupational licensing is a field that often remains out of public view, yet has tremendous economic impact. As Paul Teske puts it, "Regulation is one of the most important activities that governments perform, because it constrains and shapes the important decisions that economic actors make. Whether regulation is prominent, as in the antitrust case against Microsoft, or behind the scenes, like the occupational regulation of lawyers and doctors, its political-economic effects are important and pervasive throughout the economy. Regulation also largely imposes costs on private actors, so its effects do not show up clearly in public budgets, as do the effects of taxation and government spending patterns."<sup>1</sup>

### Regulatory Agencies

There are several good primers on how professional and occupational licensing agencies are structured and what basic functions they perform.<sup>2</sup> Three levels of state regulation exist: licensure, certification and registration, ranging from the most to least restrictive respectively.<sup>3</sup> Essentially, working under an enabling statute and regulations, agencies qualify candidates for licensure through checking their educational<sup>4</sup> and other credentials against state requirements, administering an examination and issuing licenses to those who successfully meet all criteria. Their functions include license renewals, continuing education and professional discipline. Currently, in 37 states and the District of Columbia, professions are regulated by central agencies which share varying degrees of administrative tasks with the licensing boards. In the other states, licensing boards are independent agencies. Aside from ensuring resources to carry out their missions (a concern which has plagued almost all state agencies in recent years), issues of currency for state regulators include labor shortages, practitioner quality assurance, examination fraud, identity theft, use of new technological tools, professional mobility and federal initiatives. This article will touch on three of these as well as on the emerging trends surrounding

the proliferation of voluntary credentialing and international trade agreements.

### Quality Assurance

One of the most critical issues facing state lawmakers is determining how to ensure that licensed practitioners are competent throughout their practical careers. The initial licensure process in any profession is established to ensure that candidates have met the minimum requirements for entry into professional practice. Practitioners rarely spend their lives performing the tasks on which they were originally evaluated for licensure, and the question becomes how to ensure continuing fitness to practice. Many states require continuing education programs for at least some regulated professions, but that requirement is far from uniform for most professions.<sup>5</sup> Critics of continuing education have expressed concern that it may not be targeted to what the licensee does on a daily basis and that it has failed to stop practitioner incompetence. Often, it is only through the disciplinary process that a practitioner's deficiencies are addressed. As is the case in other countries, some U.S. professions are now considering the use of practitioner self-assessment tools to identify continuing educational needs.

### Technology

Use of new technology is the area of fastest growth and the one most pervasively influencing state regulation. This circumstance affects the educational preparation of the professional, their credentialing (or licensing), service delivery, and demonstration of continued competence. Technology affords greater access as candidates can take computerized licensing examinations in even remote locations while consumers can verify licensees and check for disciplinary actions online. Questions about balancing access to information by consumers versus practitioners' rights have led to interesting debates. New concerns about the security of tests and facilities abound, as

do issues regarding online provision of services or the supply of drugs from overseas.

### ***Federal Initiatives***

The federal government remains reluctant to become involved in state professional licensing, although there are a few recent exceptions. Following the exposure of dubious and sometimes outright fraudulent accounting practices in major U.S. firms, the accounting profession found itself under scrutiny from the government, consumers and concerned practitioners. A federal reform measure designed to restore investor confidence in the markets and in the credibility of financial statements, The Investor Protection, Auditor Reform, and Transparency Act of 2002 (known as the Sarbanes-Oxley Act) established a Public Company Accounting Oversight Board. The board must perform annual inspections of accounting firms that audit 100 or more public companies and at least tri-annual inspections of other public company auditors. Auditors of publicly held companies may not provide other services to those companies.<sup>6</sup> In May 2002, the U.S. General Accounting Office issued a comprehensive report on domestic auditing which is available online.<sup>7</sup>

P.L. 106-50, known as The Veterans Small Business and Entrepreneurship Act, was passed “to create uniform guidelines and standards for the professional certification of members of the Armed Services to aid in their efficient and orderly transition to civilian occupations and professions and to remove potential barriers in the areas of licensure and certification.” Discussion has begun on how former military personnel can receive appropriate state-issued credentials for their military training.

In an effort to interest the federal government in standardizing professional requirements, the issue of whether states really have the presumed right to regulate health care practitioners within their borders has been raised and is likely to become an issue in the future if mobility among countries becomes easier than among states.<sup>8</sup> Despite this, Alderson and Montesano’s assessment that “in both Canada and the United States, where the power to regulate is derived from a federal constitution, any attempts to legislate a national regulatory regime would entail serious and profound consequences involving the nature of federalism as well as the very nature of the politics themselves”<sup>9</sup> is accurate.

### **Proliferation of Voluntary Credentialing**

Just over 50 years ago, The Council of State Governments (CSG) published an instrumental report on

professional regulation that identified “the problem of licensing occupations” as the rate at which new professions were being regulated by the states.<sup>10</sup> The rate continued unabated until the number of regulated professions grew to more than 1,100 (see Tables A and B for selected professions). Of this number, fewer than 60, or less than 6 percent, of these are regulated by all of the states. It is almost unheard of for any two states to agree on the regulatory standards for even a single profession, although interstate professional mobility for some professions is accomplished through endorsement agreements in which jurisdictions agree to accept each other’s licensing requirements.

Legislatures intended that licensing and renewal fees would cover the cost of regulating professions, but this was often not the case. The high cost of developing a defensible examination could be difficult to recover, and the expense of disciplining incompetent and unethical practitioners was often greater than anticipated. Also, they increasingly began to realize that in many cases, state oversight had been granted for inappropriate reasons, such as protection of the professionals instead of the public. Schoon and Smith clarify the appropriate focus:

By stating that the public is the primary stakeholder of licensure activities, we must also state who or what is not a stakeholder. Included in this group are members of the licensed profession, the schools that prepare and train these professionals, the companies that provide resources to the profession, or any other group that has any interest in the practice of the profession other than public protection.<sup>11</sup>

Throughout the country, concerned about rising costs and armed with a recently published framework for evaluating when licensure was appropriate,<sup>12</sup> state houses began to refuse regulation to new petitioners. Early control measures included the use of sunset<sup>13</sup> and sunrise<sup>14</sup> legislation, neither of which was entirely satisfactory, although the process works quite well today.<sup>15</sup>

Largely as a result of the difficulty of achieving state licensure, emerging professions increasingly evaluate and certify practitioners through private sector voluntary credentialing organizations. These organizations usually require that members meet standards of professional practice, codes of ethics and continuing education. They also may have mechanisms for professional discipline and are likely to require recertification of credential holders. Many voluntary groups submit their certification programs to a third-party accreditation organization such as the

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National Organization for Competency Assurance or the American National Standards Institute to ensure that their programs are properly structured to ensure protection of consumers.

An interesting twist is that once a group of the voluntarily credentialed becomes large enough, it may choose to seek state licensure. Such groups will have developed sufficient resources to meet initial legislative audit requirements and will have paid for the development of a defensible credentialing examination that can be used as the standard for state regulation, helping to make it cost effective for the state to proceed with licensing of the profession. Often this initiative is tied to a desire to gain government reimbursement for services that licensing can provide.

### Trade Agreements

Some professions (notably accountants, architects, engineering, education and attorneys) have worked with the World Trade Organization (WTO) and the Office of the United States Trade Representative to enter into or plan for agreements intended to facilitate mutual recognition of licensees among member countries. The WTO oversees the General Agreement on Trade in Services (GATS) which permits mutual recognition either through a harmonization of local regulations or direct agreement between member countries. Since services, including the professions and occupations, represent the fastest growing sector of the global economy, they have been included in the multilateral trade negotiations since January 2000.

The North American Free Trade Agreement (NAFTA) also provides a structure through which individual professions and their regulatory bodies may reach agreement on the terms for mutual recognition of professional credentials. Under both treaties, agreements reached between countries are not binding on the states in the United States, which receive the agreement terms in the form of recommendations which they individually may or may not incorporate into their statutes or regulations.

### Consumer Involvement

Some proponents of voluntary credentialing and of federal standards for professions feel that state licensure is too restrictive to continue as a model for regulating professionals. Indeed, after decades of studying state regulation, licensing policy pioneer Ben Shimberg observed that:

In theory, licensing may have seemed like a good way of rectifying market failure occasioned by a lack of adequate information upon which consumers could base judgments about the competence

of service providers or, even more serious, by the lack of constraints on the practice of occupation with the potential for danger to the health, safety and welfare of the public.... However, the manner in which licensure has functioned over the past century raises questions about how well it has actually served the public.<sup>16</sup>

Shimberg's charge has been difficult to answer because what serves the public's interest has never been defined. In the past, the public has been very little aware of or involved in professional regulation. Consumers more often tried to seek redress through the courts than through state professional discipline processes. Today, there is a growing collaborative effort between individuals and those who provide professional services to them, including a growing understanding of the role of regulatory agencies. In part because of the enormous amount of information freely available through the Internet, today's consumers are better informed, presented with more choices than ever before, and are making more sophisticated demands. At the same time, there is a trend toward a growing environmental awareness on the part of regulatory agencies and, as more readily shareable information grows, they are becoming much less insular. As regulatory agencies demystify the system and encourage access, the public has become much less peripheral to the regulatory process, and their interests are finally becoming defined.

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### Notes

<sup>1</sup> P. Teske, "State Legislative Oversight of Regulation," Second Annual Conference on State Politics and Policy: Legislatures and Representation in the U.S. States, University of Wisconsin-Milwaukee, May 25, 2002.

<sup>2</sup> See for example K. Schmitt and B. Shimberg, *Demystifying Occupational and Professional Regulation: Answers to Questions You May Have Been Afraid to Ask*, (Lexington, KY: The Council on Licensure, Enforcement and Regulation, 1996).

<sup>3</sup> Licensure, the most restrictive form of state regulation, specifies that it is illegal to practice a state-licensed profession without meeting state-defined standards, usually consisting of at least specified educational and additional examination requirements. No one without a license may practice the profession as defined in a scope-of-practice act. Certification, also known as title protection, may use requirements similar to those for licensure, but it does not prevent individuals from performing the tasks of the profession as long as they do not use the regulated title. The term certification is widely used in the private sector as well, which is a source of considerable confusion not only for consumers, but for those involved with state and voluntary certification programs as well. Registration, the least restrictive form of state regulation, usually consists of little more than requiring individuals to file their names, addresses and qualifications with a designated state agency.

<sup>4</sup> Modern state professional regulation can be traced in part to an 1889 U.S. Supreme Court *Dent v. West Virginia* decision which held that a state licensing board could determine the educational requirements necessary to hold a license for practicing medicine. Before that decision, the practice of a profession was widely considered an individual property right and candidates could set their own course of preparation, often consisting of an apprenticeship during which they would “read the law” with a licensed attorney or practice medicine under the supervision of a licensed physician. By 1860 professional standards for lawyers (and other professions) had become virtually nonexistent and professional associations began to form for the primary purpose of disbarring the most incompetent practitioners in an effort to salvage the profession’s reputation. (A.J. Sestric, *Journal of the Missouri Bar*, July-August 1997). The relationship between these associations, which represented the interests of the professions, and the government agencies, which existed to protect the health and welfare of a state’s citizens, has been an uneasy one. The original licensing boards were comprised of members of the professional association since they were the area experts; however, over time, concerns developed regarding whether these board members could fairly represent the interests of both the licensees and the consumers. In response board composition has changed considerably, reducing or eliminating the number of board members who can represent professional associations and adding consumer members.

<sup>5</sup> Continuing education for selected professions: [http://www.clearhq.org/fall\\_news\\_03\\_CEREquirements.htm](http://www.clearhq.org/fall_news_03_CEREquirements.htm).

<sup>6</sup> For a summary of all provisions in the act, see <http://www.tscpa.org/welcome/tscpaSum.html>.

<sup>7</sup> *The Accounting Profession: Status of Panel on Audit Effectiveness Recommendations to Enhance the Self-Regulatory System*, <http://www.gao.gov/new.items/d02411.pdf>.

<sup>8</sup> Historically, under Article X of the U.S. Constitution, states have the authority to regulate activities that affect the health, safety and welfare of their citizens including the practice of the healing arts within their borders. However, the states’ power to regulate health care may not be absolute because the commerce clause of the Constitution limits states’ ability to erect barriers against interstate trade and the practice of health care has been held to be interstate trade for the purposes of antitrust laws. Interestingly, the potential conflict between the states’ power to regulate health professionals and the prohibition against restraints on interstate commerce has not been addressed by the courts. States may regulate matters of “legitimate local concern” even though interstate commerce may be affected. U.S. Department of Commerce, *Telemedicine Report to Congress, 1997*. Report online: <http://www.ntia.doc.gov/reports/telemed/legal.htm>.

<sup>9</sup> D. Alderson and D. Montesano, *Regulating, De-Regulating and Changing Scopes of Practice in the Health Professions: A Jurisdictional Review*, (A Report Prepared for the Ontario Health Professions Regulatory Advisory Council, April 2003).

<sup>10</sup> *Occupational Licensing Legislation in the States*, (Chicago: The Council of State Governments, 1952). CSG hypothesized that this uncontrolled situation was directly related to basic economic, societal and governmental trends

in the United States including growing urban population and large-scale manufacturing. These were accompanied by an increased use of government to regulate portions of the economy for the “benefit of the people as a whole.” The authors wrote that “over the span of the last two generations, there has been [such] an extraordinary increase in state legislation requiring governmental examination and licensure...that today there are at least seventy-five different professions, skills, trades or other occupations for which varying combinations of qualifications, examinations and licenses are required in order to practice.” Of those 75 professions, only 14, or approximately 19 percent, were regulated by all of the then 48 states.

<sup>11</sup> C.G. Schoon and I.L. Smith, “The Licensure and Certification Mission,” *The Licensure and Certification Mission*, (New York: Professional Examination Service, 2000).

<sup>12</sup> B. Shimberg and D. Roederer, *Questions a Legislator Should Ask*. 2d., K. Schmitt, ed., (Lexington, KY, The Council on Licensure, Enforcement and Regulation, 1994).

This influential pamphlet said that regulation should meet a public need, provide the minimum amount of oversight to meet that need, avoid overlap with other regulated services, provide for continued competence and professional discipline, and involve the public in the process. In other words, it educated legislators to understand that the only valid reason to regulate a profession is to protect consumers from any harm they may experience as a result of practice of the profession or occupation.

<sup>13</sup> Sunset is the automatic termination of regulatory boards and agencies unless legislative action is taken to reinstate them. Ultimately, 36 states adopted sunset legislation. The most common outcomes of sunset reviews were not terminations of agencies and boards as predicted, but numerous administrative and structural changes.

<sup>14</sup> Sunrise is a process under which an occupation or profession wishing to receive state certification or licensure must propose the components of the legislation, along with cost and benefit estimates of the proposed regulation. The profession must then convince the legislators that consumers will be unduly harmed if the proposed legislation is not adopted. At least 19 states adopted sunrise legislation.

<sup>15</sup> What is more common at this time is the statutory inclusion of sunset provisions in new laws as well as the periodic examination of agencies through performance audits, also known as legislative or evaluation audits. In some states, the process is carried out through the state auditor’s office, while in others, a branch of the legislative research agency conducts the reviews.

Sample reports are available through the National Association of State Auditors, Comptrollers and Treasurers Audit Report Search Site <http://www.osc.state.ny.us/nsaa/>.

<sup>16</sup> B. Shimberg, “The Role That Licensure Plays in Society,” *The Licensure and Certification Mission*, (New York: Professional Examination Service, 2000).

### About the Author

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**Table A**  
**STATE REGULATION OF SELECTED NON-HEALTH OCCUPATIONS**  
**AND PROFESSIONS: NOVEMBER 2003**

State or other jurisdiction	Accountant, Certified Public	Architect	Auctioneer	Barber	Cosmetologist	Embalmer (a)	Engineer, Professional (b)	Funeral Director	Insurance Agent	Insurance Broker	Landscape Architect	Polygraph Examiner	Real Estate Agent	Real Estate Broker	Surveyor, Land
Alabama .....	L	L	L	...	L	L	L	L	L	L	L	L	L	L	L
Alaska .....	L	L	...	L	L	L	L	L	L	L	...	L	L	L	L
Arizona .....	L	L	L	L	L	L	L	L	L	L	L	...	L	L	L
Arkansas .....	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
California .....	L	L	...	L	L	L	L	L	L	...	L	...	L	L	L
Colorado .....	L	L	...	L	L	...	L	...	L	L	...	...	L	L	L
Connecticut .....	L	L	...	L	L	L	L	L	L	L	C	...	L	L	L
Delaware .....	L	L	L	L	L	...	L	L	L	L	L	...	L	L	L
Florida .....	L	L	L	L	L	L	L	L	L	...	L	...	L	L	L
Georgia .....	L	L	L	L	L	L	L	L	L	...	L	L	L	L	L
Hawaii .....	L	L	...	L	L	L	L	L	L	...	L	...	L	L	L
Idaho .....	L	L	...	L	L	...	L	L	L	L	L	...	L	L	L
Illinois .....	L	L	L	L	L	L	L	L	L	...	L	...	L	L	L
Indiana .....	L	L	L	L	L	L	L	L	L	L	...	L	L	L	L
Iowa .....	L	L	...	L	L	...	L	L	L	...	L	L	L	L	L
Kansas .....	L	L	...	L	L	L	L	L	L	L	L	...	L	L	L
Kentucky .....	L	L	L	L	L	L	L	L	L	...	L	L	L	L	L
Louisiana .....	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Maine .....	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Maryland .....	L	L	...	L	L	...	L	L	L	L	L	...	L	L	L
Massachusetts .....	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Michigan .....	L	L	...	L	L	...	L	L	L	...	L	L	L	L	L
Minnesota .....	L	L	L	L	L	...	L	L	L	...	L	...	L	L	L
Mississippi .....	L	L	...	L	L	L	L	L	L	...	L	L	L	L	L
Missouri .....	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Montana .....	L	L	...	L	L	...	L	L	L	...	L	L	L	L	L
Nebraska .....	L	L	...	L	L	L	L	L	L	L	L	L	L	L	L
Nevada .....	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
New Hampshire .....	L	L	L	L	L	L	L	L	L	L	...	...	L	L	L
New Jersey .....	L	L	...	L	L	...	L	L	L	...	L	...	L	L	L
New Mexico .....	L	L	...	L	L	...	L	L	L	L	L	L	L	L	L
New York .....	L	L	...	L	L	L	L	L	L	L	L	...	L	L	L
North Carolina .....	L	L	L	L	L	L	L	L	L	L	C	L	L	L	L
North Dakota .....	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Ohio .....	L	L	L	L	L	L	L	L	L	L	L	...	L	L	L
Oklahoma .....	L	L	...	L	L	L	L	L	L	L	L	L	L	L	L
Oregon .....	L	L	...	L	L	L	L	L	L	...	L	L	L	L	L
Pennsylvania .....	L	L	L	L	L	...	L	L	L	L	L	...	L	L	L
Rhode Island .....	L	L	L	L	L	L	L	L	L	L	L	...	L	L	L
South Carolina .....	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
South Dakota .....	L	L	...	L	L	L	L	L	L	L	L	L	L	L	L
Tennessee .....	L	L	L	L	L	L	L	L	L	...	L	L	L	L	L
Texas .....	L	L	L	L	L	L	L	L	L	...	L	L	L	L	L
Utah .....	L	L	...	L	L	...	L	L	L	L	L	L	L	L	L
Vermont .....	L	L	L	L	L	L	L	L	L	L	...	L	L	L	L
Virginia .....	L	L	L	L	L	L	L	L	L	...	C	L	L	L	L
Washington .....	L	L	L	L	L	L	L	L	L	L	L	...	L	L	L
West Virginia .....	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Wisconsin .....	L	L	L	L	L	...	L	L	L	...	L	...	L	L	L
Wyoming .....	L	L	...	L	L	L	L	L	L	L	L	...	L	L	L
Dist. of Columbia .....	L	L	L	L	L	...	L	L	L	L	...	...	L	L	L

Sources: Council on Licensure, Enforcement and Regulation, November 2003 and various national associations of state boards.

Key:  
 C — Certification  
 L — Licensure  
 R — Registration

(a) In some states, embalmers are not licensed separately from funeral directors; embalming is part of the funeral director's job.

(b) In addition to licensing professional engineers, some states regulate engineers by specific areas of expertise, such as civil engineers.

**Table B**  
**STATE REGULATION OF HEALTH OCCUPATIONS AND PROFESSIONS: NOVEMBER 2003**

State or other jurisdiction	Acupuncturist	Chiropractor	Professional	Counselor (a)	Counselor, Alcoholism	Counselor, Drug	Counselor, Pastoral	Counselor, Substance Abuse (b)	Dentist	Dental Assistant (c)	Dental Hygienist	Denturist	Dietitian	Emergency Medical Technician (d)	Hearing Aid Dealer & Fitter
Alabama	L	L	L	C	C	C			L		L		L	L	L
Alaska	L	L	L	C	C	C			L		L		L	L	L
Arizona	L	L	L	C	C	C			L		L		L	L	L
Arkansas	L	L	L	C	C	C			L		L		L	L	L
California	L	L	L	C	C	C			L		L		L	L	L
Colorado	L	L	L	C	C	C			L		L		L	L	L
Connecticut	L	L	L	C	C	C			L		L		L	L	L
Delaware	L	L	L	C	C	C			L		L		L	L	L
Florida	L	L	L	C	C	C			L		L		L	L	L
Georgia	L	L	L	C	C	C			L		L		L	L	L
Hawaii	L	L	L	C	C	C			L		L		L	L	L
Idaho	L	L	L	C	C	C			L		L		L	L	L
Illinois	L	L	L	C	C	C			L		L		L	L	L
Indiana	L	L	L	C	C	C			L		L		L	L	L
Iowa	L	L	L	C	C	C			L		L		L	L	L
Kansas	L	L	L	C	C	C			L		L		L	L	L
Kentucky	L	L	L	C	C	C			L		L		L	L	L
Louisiana	L	L	L	C	C	C			L		L		L	L	L
Maine	L	L	L	C	C	C			L		L		L	L	L
Maryland	L	L	L	C	C	C			L		L		L	L	L
Massachusetts	L	L	L	C	C	C			L		L		L	L	L
Michigan	L	L	L	C	C	C			L		L		L	L	L
Minnesota	L	L	L	C	C	C			L		L		L	L	L
Mississippi	L	L	L	C	C	C			L		L		L	L	L
Missouri	L	L	L	C	C	C			L		L		L	L	L
Montana	L	L	L	C	C	C			L		L		L	L	L
Nebraska	L	L	L	C	C	C			L		L		L	L	L
Nevada	L	L	L	C	C	C			L		L		L	L	L
New Hampshire	L	L	L	C	C	C			L		L		L	L	L
New Jersey	L	L	L	C	C	C			L		L		L	L	L
New Mexico	L	L	L	C	C	C			L		L		L	L	L
New York	L	L	L	C	C	C			L		L		L	L	L
North Carolina	L	L	L	C	C	C			L		L		L	L	L
North Dakota	L	L	L	C	C	C			L		L		L	L	L
Ohio	L	L	L	C	C	C			L		L		L	L	L

See footnotes at end of table.  
Key:  
C — Certification  
L — Licensure  
R — Registration  
... — Not regulated

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STATE REGULATION OF HEALTH OCCUPATIONS AND PROFESSIONS: NOVEMBER 2003 — Continued

<i>State or other jurisdiction</i>	Acupuncturist	Chiropractor	Professional	Counselor(a) Counselor, Alcoholism	Counselor, Drug	Counselor, Pastoral	Counselor, Substance Abuse (b)	Dentist	Dental Assistant (c)	Dental Hygienist	Denturist	Dietitian	Emergency Medical Technician (d)	Hearing Aid Dealer & Fitter
Oklahoma .....	..	L	L	..	..	..	..	L	C	L	..	L	L	L
Oregon .....	L	L	L	..	..	..	..	L	..	L	L	L	L	L
Pennsylvania .....	R	L	L	..	..	..	..	L	..	L	..	C	L	L
Rhode Island .....	L	L	L	..	..	..	C	L	..	L	..	L	L	L
South Carolina .....	R	L	L	..	..	..	..	L	..	L	..	..	L	L
South Dakota .....	..	L	L	..	..	..	..	L	L	L	..	L	L	L
Tennessee .....	L	L	L	L	L	..	..	L	L	L	..	C	L	L
Texas .....	L	L	L	..	..	..	..	L	..	L	..	C	L	L
Utah .....	L	L	L	..	..	..	..	L	..	L	..	L	L	L
Vermont .....	L	L	L	L	L	..	..	L	L	L	..	L	L	L
Virginia .....	L	L	L	C	C	..	L	L	..	L	..	C	L	L
Washington .....	L	L	L	..	..	..	..	L	..	L	L	L	L	L
West Virginia .....	L	L	L	..	..	..	..	L	..	L	..	L	L	L
Wisconsin .....	L	L	L	..	..	..	..	L	..	L	..	C	L	L
Wyoming .....	..	L	L	..	..	..	L	L	L	L	..	..	L	L
Dist. of Columbia .....	L	L	L	..	..	..	R	L	..	L	..	L	L	..

Key:  
 C — Certification  
 L — Licensure  
 R — Registration  
 .. — Not regulated

STATE REGULATION OF HEALTH OCCUPATIONS AND PROFESSIONS: NOVEMBER 2003 — Continued

State or other jurisdiction	Homeopath	Massage Therapist	Nurse, Licensed Practical (g)	Nurse Midwife (g)	Nurse, Practitioner (g)	Nurse, Registered (g)	Nurse Home Administrator	Occupational Therapist	Occupational Therapy Assistant	Optician (h)	Optometrist	Osteopath	Pharmacist	Physical Therapist
Alabama			L	L	L	L	L	L	L	L	L	L	L	L
Alaska			L	L	L	L	L	L	L	L	L	L	L	L
Arizona	L		L	L	L	L	L	L	L	L	L	L	L	L
Arkansas		L	L	L	L	L	L	L	L	L	L	L	L	L
California			L	L	L	L	L	C	C	C	L	L	L	L
Colorado			L	L	L	L	L				L	L	L	L
Connecticut	L		L	L	L	L	L	L	L	L	L	L	L	L
Delaware		L	L	L	L	L	L	L	L	L	L	L	L	L
Florida		L	L	L	L	L	L	L	L	L	L	L	L	L
Georgia			L	L	L	L	L	L	L	L	L	L	L	L
Hawaii		L	L	L	L	L	L	L	L	L	L	L	L	L
Idaho			L	L	L	L	L	L	L	L	L	L	L	L
Illinois		L	L	L	L	L	L	L	L	L	L	L	L	L
Indiana			L	L	L	L	L	C	C		L	L	L	L
Iowa		L	L	L	L	L	L	L	L	L	L	L	L	L
Kansas			L	L	L	L	L	L	L	L	L	L	L	L
Kentucky			L	L	L	L	L	L	L	L	L	L	L	L
Louisiana		L	L	L	L	L	L	L	L	L	L	L	L	L
Maine		L	L	L	L	L	L	L	L	L	L	L	L	L
Maryland			L	L	L	L	L	L	L	L	L	L	L	L
Massachusetts			L	L	L	L	L	L	L	L	L	L	L	L
Michigan			L	L	L	L	L	L	R	L	L	L	L	L
Minnesota			L	L	L	L	L	L	L	L	L	L	L	L
Mississippi			L	L	L	L	L	L	L	L	L	L	L	L
Missouri		L	L	L	L	L	L	L	L	L	L	L	L	L
Montana			L	L	L	L	L	L	L	L	L	L	L	L
Nebraska			L	L	L	L	L	L	L	L	L	L	L	L
Nevada	L		L	L	L	L	L	L	L	L	L	L	L	L
New Hampshire			L	L	L	L	L	L	L	R	L	L	L	L
New Jersey		C	L	L	L	L	L	L	L	L	L	L	L	L
New Mexico			L	L	L	L	L	L	L	L	L	L	L	L
New York		L	L	L	L	L	L	L	L	L	L	L	L	L
North Carolina		L	L	L	L	L	L	L	L	L	L	L	L	L
North Dakota		L	L	L	L	L	L	L	L	L	L	L	L	L
Ohio		L	L	L	L	L	L	L	L	L	L	L	L	L

See footnotes at end of table.

Key:  
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 . . . — Not regulated

LICENSURE



LICENSURE

STATE REGULATION OF HEALTH OCCUPATIONS AND PROFESSIONS: NOVEMBER 2003 — Continued

State or other jurisdiction	Homeopath	Massage Therapist	Nurse, Licensed Practical (g)	Nurse Midwife (g)	Nurse, Practitioner (g)	Nurse, Registered (g)	Nurse Home Administrator	Occupational Therapist	Occupational Therapy Assistant	Optician (h)	Optomertist	Osteopath	Pharmacist	Physical Therapist
Oklahoma .....	..	..	L	C	C	L	L	L	L	..	L	L	L	L
Oregon .....	..	..	L	L	L	L	L	L	L	..	L	L	L	L
Pennsylvania .....	..	..	L	L	L	L	L	L	L	..	L	L	L	L
Rhode Island .....	..	..	L	L	L	L	L	L	L	..	L	L	L	L
South Carolina .....	..	L	L	L	L	L	L	L	L	..	L	L	L	L
South Dakota .....	..	..	L	L	L	L	L	L	L	..	L	L	L	L
Tennessee .....	..	..	L	L	L	L	L	L	L	..	L	L	L	L
Texas .....	..	R	L	L	L	L	L	L	L	..	L	L	L	L
Utah .....	..	L	L	L	L	L	(i)	L	L	..	L	L	L	L
Vermont .....	..	..	L	L	L	L	L	L	L	..	L	L	L	L
Virginia .....	..	C	L	L	L	L	L	L	..	..	L	L	L	L
Washington .....	..	L	L	L	L	L	L	L	..	..	L	L	L	L
West Virginia .....	..	L	L	L	L	L	L	L	L	..	L	L	L	L
Wisconsin .....	..	R	L	L	L	L	L	L	L	..	L	L	L	L
Wyoming .....	..	..	L	L	L	L	L	L	L	..	L	L	L	L
Dist. of Columbia .....	..	L	L	L	C	L	L	L	L	..	L	L	L	L

See footnotes at end of table.

Key:

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STATE REGULATION OF HEALTH OCCUPATIONS AND PROFESSIONS: NOVEMBER 2003 — Continued

State or other jurisdiction	Physical Therapist Assistant	Physician	Physician Assistant	Podiatrist	Psychologist	Radiologic Technologist	Radiation Therapist	Respiratory Therapist	Sanitarian	Social Worker (f)	Speech Language Pathologist and Aud	Therapist Marriage and Family	Veterinarian	Veterinary Technician
Alabama	L	L	L	L	L	..	..	..	..	L	L	L	L	L
Alaska	L	L	L	L	L	..	..	..	..	L	L	L	L	L
Arizona	L	L	L	L	L	C	L	L	R	C	L	L	L	L
Arkansas	L	L	C	L	L	C	L	L	R	L	L	L	L	R
California	L	L	L	L	L	L	L	L	..	L	L	L	L	R
Colorado	..	L	C	L	L	..	..	L	..	L	..	L	C	..
Connecticut	R	L	L	L	L	L	L	L	L	L	L	L	L	..
Delaware	L	L	L	L	L	L	L	..	..	L	L	L	L	..
Florida	L	L	L	L	L	L	L	..	..	L	L	L	L	R
Georgia	L	L	L	L	L	..	..	L	..	L	L	L	L	L
Hawaii	..	L	L	L	L	L	..	..	L	L	L	L	L	R
Idaho	L	L	L	L	L	..	..	R	L	L	L	L	L	R
Illinois	L	L	L	L	L	L	L	..	..	L	L	L	L	L
Indiana	L	L	C	L	L	C	L	..	R	L	L	L	L	L
Iowa	L	L	L	L	L	L	L	..	..	L	L	L	L	L
Kansas	L	L	L	L	L	L	..	L	..	L	L	L	L	L
Kentucky	L	L	L	L	L	..	..	L	..	L	L	L	L	L
Louisiana	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Maine	L	L	L	L	L	L	L	L	..	L	L	L	L	L
Maryland	L	L	L	L	L	R	L	L	..	L	L	L	L	L
Massachusetts	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Michigan	..	L	L	L	L	L	L	..	L	C	L	L	L	R
Minnesota	..	L	L	L	L	R	L	..	R	L	L	L	L	L
Mississippi	L	L	L	L	L	L	L	L	L	L	L	L	L	R
Missouri	L	L	L	L	L	L	..	L	C	L	L	L	L	L
Montana	L	L	L	L	L	L	..	L	L	L	L	L	L	..
Nebraska	L	L	L	L	L	L	..	L	L	L	L	L	L	L
Nevada	L	L	L	L	L	..	..	..	R	L	L	L	L	L
New Hampshire	L	L	L	L	L	..	..	..	..	C,L	L	L	L	..
New Jersey	L	L	L	L	L	L	L	L	..	L	L	L	L	..
New Mexico	L	L	L	L	L	C	L	L	..	L	L	L	L	L
New York	L	L	L	L	L	L	L	L	..	L	L	L	L	L
North Carolina	L	L	L	L	L	L	..	..	..	C,L	L	L	L	L
North Dakota	L	L	L	L	L	..	..	..	..	L	L	L	L	L
Ohio	L	L	L	L	L	L	..	L	L	L	L	L	L	L

See footnotes at end of table.  
 Key:  
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LICENSURE

LICENSURE

STATE REGULATION OF HEALTH OCCUPATIONS AND PROFESSIONS: NOVEMBER 2003 — Continued

State or other jurisdiction	Physical Therapist Assistant	Physician	Physician Assistant	Podiatrist	Psychologist	Radiologic Technologist	Radiation Therapist	Respiratory Therapist	Sanitarian	Social Worker (f)	Speech Language Pathologist and Audiologist	Therapist Marriage and Family	Veterinarian	Veterinary Technician
Oklahoma .....	L	L	L	L	L	L	..	L	L	L	L	L	L	L
Oregon .....	L	L	L	L	L	L	..	L	L	L	L	L	L	L
Pennsylvania .....	R	L	C	L	L	..	..	C	..	C,L	L	L(f)	L	C
Rhode Island .....	L	L	L	L	L	L	..	L	..	L(f)	L	L	L	L
South Carolina .....	L	L	L	L	L	C	C	L	R	L	L	L	L	L
South Dakota .....	L	L	L	L	L	..	..	L	..	L	L	L	L	L
Tennessee .....	L	L	L	L	L	..	..	L	C	L	L	L	L	L
Texas .....	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Utah .....	..	L	L	L	L	L	L	L	L	L	L	L	L	..
Vermont .....	L	L	L	L	L	L	L	..	..	L	..	L	L	R
Virginia .....	L	L	L	L	L	L	..	L	..	L	L	L	L	L
Washington .....	..	L	L	L	L	C	L	L	..	L	L	L	L	L
West Virginia .....	L	L	L	L	L	L	L	L	L	L	L	..	L	L
Wisconsin .....	L	L	L	L	L	..	..	L	L	L	L	L	L	L
Wyoming .....	L	L	L	L	L	L	L	L	L	C,L	L	L	L	L
Dist. of Columbia .....	L	L	L	L	L	..	..	L	..	L	..	..	L	..

Sources: Council on Licensure, Enforcement and Regulation, November 2003 and various national associations of state boards.  
 Key:  
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 .. — Not regulated  
 (a) In some states, professional counselors can practice without a license as long as they do not use the title "licensed professional counselor."  
 (b) In some states, substance abuse counselors use the title "addiction counselor/therapist."  
 (c) In some states, certification is required for dental assistants to perform expanded functions and take x-rays.  
 (d) There are eight categories of emergency medical technicians, from basic to paramedic to task-specific practice at the higher levels.  
 (e) In some states, social work practice is regulated at one or more of the following levels: basic, intermediate, advanced, and clinical. Certification may be required for practice at the lower levels and licensure required for practice at the higher levels.  
 (f) In Indiana and Utah, nursing home administrators are not licensed as such, but they are licensed more broadly as health facility administrators.  
 (g) In some states, opticians are not licensed separately from optometrists; making and selling eyeglasses is part of the optometrist's job.  
 (h) In many states, opticians are not licensed separately from optometrists; making and selling eyeglasses is part of the optometrist's job.  
 (i) In Pennsylvania, professional counselors, social workers, and marriage and family therapists do not need a license to practice unless they hold themselves out to be licensed.  
 (j) Some states recognize various categories of advanced practice nurses (e.g., geriatric, school health, and women's health).

State or other jurisdiction	Centralized agency	Title	Contact	City and State	Phone	E-mail
Alabama .....	No centralized agency	Director	Rick Urion	Juneau, AK 99811-0806	(907) 465-2534	rick_urion@decd.state.ak.us
Alaska .....	AK Division of Occupational Licensing					
Arizona .....	No centralized agency					
Arkansas .....	No centralized agency					
California .....	CA Department of Consumer Affairs	Director	Kathleen Hamilton	Sacramento, CA 95814	(916) 445-4465	kathleen_hamilton@dca.ca.gov
Colorado .....	CO Dept of Regulatory Agencies, Division of Registrations	Division Director	Rosemary McCool	Denver, CO 80202	(303) 894-7711	rose.mccool@dora.state.co.us
Connecticut .....	CT Dept. of Public Health, Bureau of Regulatory Services	Bureau Chief	Richard Edmonds	Hartford, CT 06134-0308	(860) 509-8022	richard.edmonds@po.state.ct.us
Delaware .....	DE Dept of Administrative Svcs., Division of Professional Regulation	Acting Director	Key Warren	Dover, DE 19904-2467	(302) 744-4500	kwarren@state.de.us
Florida .....	FL Dept. of Business & Professional Regulation	Secretary	Diane Carr	Tallahassee, FL 32399-1027	(850) 413-0755	call.center@dpr.state.fl.us
Georgia .....	FL Department of Health	Secretary	John O. Agwunobi	Tallahassee, FL 32399-1701	(850) 245-4321	health@doh.state.fl.us
Hawaii .....	FL Department of Health, Division of Medical Quality Assurance	Division Director	Amy Jones	Tallahassee, FL 32399-3251	(850) 245-4224	Amy_Jones@doh.state.fl.us
Idaho .....	Office of Secretary of State, GA Professional Licensing Boards	Division Director	Mollie Fleeman	Macon, GA 31217-3858	(478) 207-1320	mifleeman@sos.state.ga.us
Illinois .....	HI Dept. of Commerce & Consumer Affairs, Professional Licensing Div.	Division Administrator	Noe Noc Tom	Honolulu, HI 96801	(808) 586-2690	pv@dca.state.hi.us
Indiana .....	ID Bureau of Occupational Licenses	Bureau Chief	Rayola Jacobsen	Boise, ID 83702-5642	(208) 334-3233	rajacobsen@ibol.state.id.us
Iowa .....	IL Dept. of Professional Regulation	Director	Fernando E. Grillo	Springfield, IL 62786	(217) 785-0800	xmccraven@idpr.com
Kansas .....	IN Health Professions Bureau	Executive Director	Lisa R. Hayes	Indianapolis, IN 46204	(317) 232-2960	hayes@hpb.state.in.us
Kentucky .....	IN Professional Licensing Agency	Executive Director	Gerald Quigley	Indianapolis, IN 46204	(317) 232-3997	gquigley@pls.state.in.us
Louisiana .....	IA Department of Public Health, Bureau of Professional Licensure	Bureau Chief	Lois Churchill	Des Moines, IA 50319-0075	(515) 281-6385	lchurch@idph.state.ia.us
Maine .....	IA Department of Commerce, Professional Licensing Division	Acting Director	Bill Schroeder	Ankeny, IA 50021-3941	(515) 281-7396	bill.schroeder@iowa.gov
Maryland .....	ME Office of Licensing & Registration, Dept. of Prof. & Fin. Regulation	Director	Nancy Black	Frankfort, KY 40602-1360	(502) 564-3296	nancy.black@mail.state.ky.us
Massachusetts .....	MD Dept. of Labor, Licensing & Regulation	Secretary	Anne L. Head	Augusta, ME 04333-0035	(207) 624-8633	anne.l.head@maine.gov
Michigan .....	MD Dept. of Health & Mental Hygiene	Deputy Commissioner	James D. Fielder, Jr.	Baltimore, MD 21202	(410) 230-6020	jfielder@dhr.state.md.us
Minnesota .....	MA Division of Professional Licensure	Secretary	Harry Loleas	Baltimore, MD 21202-3658	(410) 230-6226	hloleas@dhr.state.md.us
Mississippi .....	MI Bureau of Health Services, Dept. of Consumer & Ind. Svcs.	Director	Nelson J. Sabatini	Baltimore, MD 21201-2399	(410) 767-6860	nsabatini@dhhm.state.md.us
Missouri .....	MI Bureau of Commercial Services, Dept. of Consumer & Ind. Svc.	Director	Anne L. Collins	Boston, MA 02114	(617) 727-1183	acollins@state.ma.us
	MO Div. of Professional Registration	Division Director	Melanie Brim	Lansing, MI 48909-8170	(517) 373-8068	bhseinfo@nichigan.gov
			Andrew L. Metcalf	Lansing, MI 48909	(517) 241-9223	besinfo@michigan.gov
			Marilyn Taylor Williams	Jefferson City, MO 65102-1335	(573) 751-1081	mwilliam@mail.state.mo.us

See footnotes at end of table.

LICENSURE

STATE PROFESSIONAL AND OCCUPATIONAL LICENSING ACTS—Continued

State or other jurisdiction	Centralized agency	Title	Contact	City and State	Phone	E-mail
Montana .....	MT Business Standards Division	Division Administrator	James F. Brown	Helena, MT 59620-0517	(406) 841-2042	jbrown@state.mt.us
Nebraska .....	NE Health & Human Services, Regulation & Licensure	Credentialing Div. Admin.	Helen Meeks	Lincoln, NE 68509-4986	(402) 471-0179	Helen.Meeks@hhss.state.ne.us
Nevada .....	NE Dept. of Health & Human Services, Regulation and Licensure	Director	Richard P. Nelson	Lincoln, NE 68509-5007	(402) 471-8566	dick.nelson@hhss.state.ne.us
New Hampshire .....	No centralized agency	Director	Reni Erdos	Newark, NJ 07101	(973) 504-6200	askconsumeraffairs@fps.state.nj.us
New Jersey .....	Office of the Attorney General, NJ Division of Consumer Affairs	Director	Aruru Jaramillo Johanna Duncan-Poitier	Santa Fe, NM 87504-5101 Albany, NY 12234-1000	(505) 827-1131 (518) 474-3862	arturo.jaramillo@state.nm.us jpoitier@mail.nysed.gov
New Mexico .....	NM Regulation & Licensing Department	Superintendent				
New York .....	NY State Education Department, Office of the Professions	Deputy Commissioner				
North Carolina .....	No centralized agency					
North Dakota .....	No centralized agency					
Ohio .....	No centralized agency					
Oklahoma .....	No centralized agency					
Oregon .....	Health Licensing Office	Administrator	Susan K. Wilson	Salem, OR 97301-1287	(503) 378-8667	susan.k.wilson@state.or.us
Pennsylvania .....	PA Department of State, Bureau of Professional & Occupational Affairs	Commissioner	...	Harrisburg, PA 17105-2649	(717) 783-7192	ra-bpoo@state.pa.us
Rhode Island .....	RI Department of Health, Division of Health Services Regulation	Associate Director	Donald Williams	Providence, RI 02908	(401) 222-6015	donw@doh.state.ri.us
South Carolina .....	SC Department of Labor, Licensing & Regulation	Director	Adrienne Youmans	Columbia, SC 29211-1329	(803) 896-4390	youmansa@llr.sc.gov
South Dakota .....	SD Department of Health	Secretary	Doneen Hoffingsworth	Pierre, SD 57501-2536	(605) 773-3361	doh.info@state.sd.us
Tennessee .....	Department of Health, TN Division of Health Related Boards	Director	Robbie Bell	Nashville, TN 37247-1010	(615) 741-2040	rbell@state.tn.us
Texas .....	Dept. of Commerce & Insurance, TN Division of Regulatory Boards	Assistant Commissioner	Robert Gowan	Nashville, TN 37243-0572	(615) 741-3449	Robert.Gowan@state.tn.us
Texas .....	TX Department of Licensing & Regulation	Dir. of Lic. & E-Commerce	Don Dudley	Austin, TX 78711	(512) 463-6599	don.dudley@license.state.tx.us
Texas .....	TX Department of Licensing & Regulation	Executive Director	William Kuntz	Austin, TX 78711	(512) 463-3173	bill@license.state.tx.us
Texas .....	TX Department of Health, Professional Licensing & Certification	Division Director	Jim Zukowski	Austin, TX 78756-3183	(512) 834-6628	jim.zukowski@dh.state.tx.us
Utah .....	UT Department of Commerce, Div. of Occupational and Professional Licensing	Director	J. Craig Jackson	Salt Lake City, UT 84114-6741	(801) 530-6039	cjackson@utah.gov
Vermont .....	Secretary of State's Office, VT Office of Professional Regulation	Director	Jessica G. Porter	Montpelier, VT 05609-1101	(802) 828-2458	jporter@sec.state.vt.us

See footnotes at end of table.

STATE PROFESSIONAL AND OCCUPATIONAL LICENSING COMMISSIONS — Confirmed

State or other jurisdiction	Centralized agency	Title	Contact	City and State	Phone	E-mail
Virginia .....	VA Dept. of Health Professions VA Dept. of Professional & Occupational Regulation	Director Director	Robert A. Nebiker Louise Fontaine Ware	Richmond, VA 23230-1712 Richmond, VA 23230	(804) 662-9919 (804) 367-8519	mebiker@dhp.state.va.us ware@dpor.state.va.us
Washington .....	WA Department of Health WA Department of Licensing WA Department of Health, Health Systems Quality Assurance	Secretary Director Assistant Secretary	Mary Selecky Fred Stephens Ron Weaver	Olympia, WA 98504-7890 Olympia, WA 98507 Olympia, WA 98504-7850	(360) 236-4030 (360) 902-3933 (360) 236-4600	mary.selecky@doh.wa.gov fstephens@doh.wa.gov ron.weaver@doh.wa.gov
West Virginia .....	No centralized agency	Secretary	Donsia Strong Hill	Madison, WI 53708-8935	(608) 266-8609	dorl@dri.state.wi.us
Wisconsin .....	WI Department of Regulation & Licensing	Deputy Secretary	Mary Woolsey Schlaefer	Madison, WI 53708-8935	(608) 266-8609	mary.schlaefer@dri.state.wi.us
Wyoming .....	WY Dept. of Administration, Professional Licensing Boards	Occup. Licensing Director	Veronica Skoranski	Cheyenne, WY 82002	(307) 777-7788	vskorara@state.wy.us
Dist. Of Columbia .....	DC Department of Health DC Department of Consumer and Regulatory Affairs	Director Director	James A. Buford David A. Clark	Washington, DC 20002 Washington, DC 20002	(202) 442-5888 (202) 442-4400	doh@dc.gov clard@dera.dc.gov

Source: Council on Licensure Enforcement and Regulation, December 2003.

Note: Since there are literally hundreds of autonomous boards in the states, it is the centralized agencies that are represented in this listing.