

Professional Licensing

By Pam Brinegar

In an effort to contain costs while also providing better consumer service, government agencies throughout North America are developing business plans and restructuring professional and occupational regulatory agencies. Increased technology use is bringing new security problems along with enhanced access for all stakeholders. The professional licensing stakeholder community is expanding to include international regulators.

State professional licensing agencies are charged with protecting consumers from harm resulting from illegal or incompetent practitioner acts. They carry out their mission by ensuring that candidates for professional and occupational licensure, certification or registration meet all criteria mandated through statutes and regulations.¹ The agencies also renew licenses and administer continuing education and professional discipline programs. This context is expanding to include other countries where the system of professional licensing is most like that found in the United States (e.g., Western Europe, Canada, Australia, New Zealand and some Pacific Rim countries).

Agency Consolidation

In the late 1970s and early 1980s, there was a legislative trend to centralize state agencies based on statutory mission. As a result, most professions and occupations in 37 states and the District of Columbia are regulated by central agencies that share varying degrees of administrative tasks with the licensing boards. Some states (e.g. Indiana, Virginia, Washington) established two licensing agencies, one for regulation of health professions, and another for non-health.²

Agency consolidation is again occurring among the states, sometimes on a fairly large scale. In Illinois, the new Department of Financial and Professional Regulation (DFPR) combines the Departments of Professional Regulation, Insurance and Financial Institutions with the Offices of Banks and Real Estate. In Texas, 12 agencies are now combining into four departments under the Health and Human Services Commission. A proposed California reform would eliminate 118 boards and commissions, placing their functions in a Division of Commercial Licensing.³

One rationale for these agency restructurings is the presumed efficiency of grouping together all similar functions. Such agencies are considered not only less costly to operate, but much better providers of consumer service. For example, Oregon Business Plan's Objective 3 is to streamline regulatory processes and systems, with a focus on permits for de-

velopment, regulation and registration of new businesses, and regulations that overlap between state agencies or between the state and local government.⁴ The Oregon Office of Regulatory Streamlining claims "the nation's most comprehensive directory of state licenses, permits, registrations, certificates, authorizations, and charters."⁵

Professional Discipline

Every state has an administrative procedures act based in large part on the 1981 model act developed by the National Conference of Commissioners on Uniform State Laws (NCCUSL) that prescribes, among other things, disciplinary process.⁶ Professional discipline is enormously costly, sometimes consuming up to 50 percent of an agency's resources. Agencies use increasingly efficient methods to handle their investigative case loads, such as permitting staff to handle minor complaints rather than involving the board or by employing alternative dispute resolution techniques, such as mediation, to reach a fairly rapid resolution for lesser offenses. No matter which approach is used, it is admittedly difficult to ensure that professional discipline is administered in a uniform and fair manner.

To introduce impartiality into the process, the Virginia Department of Health Professions has launched the first sanction reference point system for regulatory disciplinary cases. Using a point system developed from its own history of disciplinary actions over a six-year period, the Board of Medicine is the first of the state's boards to use the new method. All Virginia health licensing boards will eventually use the system, as reference points are developed based on the history of each board.⁷

Technology

The use of modern technology is now pervasive in professional regulation, supporting professional development, credentialing (licensing), service delivery and demonstration of continued competence. Now that candidates can prepare for and take their

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licensing examinations as well as apply for and renew their licenses online, security concerns are changing as well. Providers of computer based testing (CBT) find they must routinely check online discussion groups and other resources in an effort to detect security breaches.⁸ Advantages of using CBT include candidate opportunities for continuous (or at least greatly expanded) access to licensing examinations, immediate scoring results, and the ability to generate varying versions of an examination.

Continuing Competence

Practitioner continuing competence remains a critical issue facing regulatory bodies. States frequently require mandatory continuing education programs designed to ensure that licensees maintain a level of minimally acceptable competence; however, initial licensure is typically granted for generic skills in a given profession or occupation. Depending on what tasks practitioners actually perform on a daily basis, state-mandated continuing education programs may or may not provide appropriate instruction for their individual competency needs. For that reason, there is a growing interest in requiring some additional demonstration of competence.

In Canada, the United Kingdom, Australia and New Zealand, it is now common for licensed health professionals to submit self-assessment tools such as practice portfolios that describe in detail their actual professional practice activities and propose individualized plans for remaining competent to practice. Although this system is based on the belief that it is up to professionals to maintain an appropriate level of competence, the ultimate responsibility for approving the proposed educational plans and for auditing randomly selected licensees in the workplace resides with the regulatory body. Online competence assessment resources are helping licensees learn to comply with the higher standards. For example, The Irish Nursing Board (an Board Altranais) provides an interactive e-learning center permitting its licensees the opportunity for peer-to-peer exchanges regarding competence as well as to review examples of actual competency assessment documents.⁹

The Mexican secretariat of education has established an Advisory Board for Professional Certification which is working toward the development of a national quality assurance system for the professions. Extraordinary features of this National System of Certification will include voluntary periodic recertification for both the certifying bodies and the professionals.¹⁰

Federal Initiatives

Federal activities bearing on professional licensing are often far-reaching and may take decades to fully implement. Three of these will likely receive increasing attention during the upcoming months.

Americans with Disabilities Act

The Americans With Disabilities Act (ADA) of 1990 “requires that credentialing agencies provide access to examination administration facilities, administer examinations for disabled candidates as often and in as timely a manner as examinations for nondisabled candidates, and provide examinations whose results measure candidates’ level of knowledge and skill rather than their disabilities.”¹¹ How the ADA should apply to individual candidates is still being worked out through state regulations and the courts.

Antitrust and the FTC

Twenty-five years ago, the Federal Trade Commission won its first antitrust case removing barriers to the competitive advertising of professional services. Such activity was considered unethical by physicians, attorneys and others since it was widely assumed that consumers who used the services of those advertising lower prices would unknowingly receive lower quality services. Five years ago the U.S. Supreme Court expressed discomfort with “permitting the market to operate in the ‘learned professions,’ including its own.” A recent survey concludes that permitting such competition “yields major benefits to consumers in the form of lower prices, without adverse effects on quality.”¹²

Trade Agreements

Services, including the professions and occupations, continue to represent the fastest growing global economy and, since 2000, have been included in multilateral trade negotiations for the General Agreement on Trade in Services which is under the supervision of the World Trade Organization.

The North American Free Trade Agreement 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 and which they individually may or may not incorporate into their statutes or regulations.¹³

The European Parliament is finalizing a Directive on Services in the Internal Market which provides a

legal framework for the removal of unnecessary barriers to trade across the European member states.¹⁴ Those American professionals who are licensed in any member state of the European Union stand to benefit under the proposed directive; however, there likely will be unequal treatment in their instance since the United States is unable to enforce any mutual recognition agreement because of states rights.¹⁵

Domestic Professional Mobility

As professional mobility is facilitated among other western countries, decades-old questions are resurfacing about why, if the function of state professional regulation is to protect the consumer, there are such varying standards among the states in America. It bears repeating that of the almost 1,000 professions regulated by the states, only a few dozen are regulated by all the states. Even for the most established of those few dozen, including such professions as nursing, medicine and engineering, individuals licensed to practice in any one state cannot practice in another without meeting different standards. Some reciprocity and endorsement agreements exist between states, but it is not a simple matter for a state to accept the standards established by another state.

In the late 1970s, Shimberg and Roederer pointed out that no consumer group has ever sought licensing for regulation, but that the push for regulation comes from the practitioners of a profession.¹⁶ Why then do the professions that sought and gained state licensure not push for harmonization of state requirements? Sometimes they do, but it takes time and resources. Almost a decade ago, the National Council of State Boards of Nursing (NCSBN) began discussing a process for an interstate nurse licensure compact which would permit licensed nurses to practice in U.S. jurisdictions without meeting a variety of differing licensure requirements. The first nursing board agreed to participate in 2000 and, following a dedicated and determined effort on NCSBN's part, the number of participating agencies is now 20. The reluctance of many state regulators to participate in such compacts is based in part on concerns about how to effectively identify and discipline those relatively few licensees who do present a real threat to the consumer and who may gain the ability to move around more quickly in the states than the system can follow them.

Notes

¹Licensure, 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 educational and additional examina-

tion 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 before performing the duties of the occupation.

There are several good primers on how professional and occupational licensing agencies are structured and what basic functions they perform. See for example Schmitt, K. and Shimberg, B., *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).

²Agency stakeholders include consumers, other professional and occupational regulatory agencies, the federal government, national associations of state and provincial boards, national professional associations, examination companies, other corporate interests, professional and occupational educators, voluntary (private) certifiers, legislators/legislative staffers, third-party reimbursors, legal system (civil and criminal), educational/facility accreditation, counties/municipalities, marketplace tensions among all stakeholders.

In particular, the relationship between educational institutions and regulators is not an easy one. Accrediting organizations help academic institutions develop curriculum content, while psychometricians conduct practice analyses to help licensing agencies determine the content of licensing examinations (J. Cote, "The Role of Accreditation in Licensure," Amelia Island, FL, Federation of Associations of Regulatory Boards Forum 2004).

³"Agency Consolidation is in the Air (Again)," *CLEAR News*, (Lexington, KY: Fall 2004) http://www.clearhq.org/fall_news_04_Consolidation.htm.

⁴http://www.oregonbusinessplan.org/regulatory_streamlining_objective3.html.

⁵<http://lic.oregon.gov/cfmx/lic/index.cfm>.

⁶An NCCUSL administrative procedures act revision draft was made available in November 2004, <http://www.law.upenn.edu/bll/ulc/msapa/Nov2004Draft.htm>.

⁷Virginia Department of Health Professions, Sanctioning Reference Points Instruction Manual, Board of Medicine, (Richmond, VA, 2004). <http://www.dhp.virginia.gov/medicine/guidelines/85-11%20SRP%20BOM%20MANUAL%20JULY%202004.pdf>.

⁸Sandy Greenberg, "Testing Across the Nation: Security Concerns—Perceived and Real," *CLEAR Exam Review*, Winter 2004.

⁹<http://www.nursingboard.ie/elearning/Competency/html/orientation.htm>.

¹⁰V.E. Beltran Corona, "International Negotiations of Professional Services in Mexico," (Kansas City, Missouri, September 29, 2004). http://www.clearhq.org/Beltran_2004.PDF.

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¹¹The Council on Licensure, Enforcement and Regulation, *The Americans With Disabilities Act: Information for Credentialing Examinations*, (Lexington, KY: CLEAR, 2004).

¹²J. Kwoka, "The Federal Trade Commission and the Professions: A Quarter Century of Accomplishment and Some New Challenges," September 2004 (Washington, DC, American Antitrust Institute working paper #04-04), <http://www.antitrustinstitute.org/recent2/354.pdf>. Publicly and privately credentialed professions subject to FTC antitrust action 1981 to date are accountants, anesthesiologists, arbitrators, automotive dealers, bid depositories, chiropractors, customs brokers, dentists, dermatologists, doctors, engineers (various), fashion designers, hotel associations, interpreters, language specialists, lawyers, movers (various), music dealers, obstetricians, optometrists, orthopedists, osteopathic physicians, pharmacists, physical therapists, podiatrists, psychologists, real estate agency, veterinarians.

¹³Some professions (notably accountants, architects, engineers, educator 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.

¹⁴<http://www.europa.eu.int/cgi-bin/eur-lex/udl.pl?REQUEST=Service-Search&LANGUAGE=en&GUILANGUAGE=en&SERVICE=all&COLLECTION=com&DOCID=504PC0002>.

¹⁵B. Ascher, "Toward a Borderless Market for Professional Services," (Washington, D.C.: American Antitrust Institute, April 2004). <http://www.antitrustinstitute.org/recent2/316.cfm>.

¹⁶B. 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 says 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.

About the Author

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Table A
STATE REGULATION OF SELECTED NON-HEALTH OCCUPATIONS AND PROFESSIONS: DECEMBER 2004

State or other jurisdiction	Accountant certified public	Agriculture inspector	Architect	Auctioneer	Barber	Cosmetologist	Embalmers (a)	Engineer, professional (b)	Environmental science & protection tech.	Forester	Funeral director	Geologist	Hazardous materials removal worker	Insurance agent	Insurance broker	Landscape architect	Polygraph examiner	Real estate agent	Real estate broker	Surveyor, land	Water & liquid waste treatment plant/system operator	
Alabama																						
Alaska																						
Arizona																						
Arkansas																						
California																						
Colorado																						
Connecticut																						
Delaware																						
Florida																						
Georgia																						
Hawaii																						
Idaho																						
Illinois																						
Indiana																						
Iowa																						
Kansas																						
Kentucky																						
Louisiana																						
Maine																						
Maryland																						
Massachusetts																						
Michigan																						
Minnesota																						
Mississippi																						
Missouri																						
Montana																						
Nebraska																						
Nevada																						
New Hampshire																						
New Jersey																						
New Mexico																						
New York																						
North Carolina																						
North Dakota																						
Ohio																						

See footnotes at end of table.

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STATE REGULATION OF SELECTED NON-HEALTH OCCUPATIONS AND PROFESSIONS: DECEMBER 2004 — Continued

State or other jurisdiction	Accountant certified public	Agriculture inspector	Architect	Auctioneer	Barber	Cosmetologists	Embalmer (a)	Engineer, professional (b)	Environmental science & protection tech.	Forester	Funeral director	Geologist	Hazardous materials removal worker	Insurance agent	Insurance broker	Landscape architect	Polysgraph examiner	Real estate agent	Real estate broker	Surveyor, land	Water & liquid waste treatment plant/system operator
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	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
South Carolina	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
Tennessee	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
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
Virginia	L		L		L	L	L	L			L			L	L			L	L	L	L
Washington	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
Wisconsin	L		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	L

Source: Council on Licensure, Enforcement and Regulation, December 2004 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: DECEMBER 2004

State or other jurisdiction	Acupuncturists	Chiropractor	Counselor professional (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					L		L		L	L	L
Alaska	L	L	L					L		L		L	L	L
Arizona	L	L	C	C	C		C	L	C	L	L	L	L	L
Arkansas	L	L	L					L	R	L		L	L	L
California	L	L	L					L	L	L		R	L	L
Colorado	L	L	L	C	C		L	L		L			L	L
Connecticut	L	L	L	L	L		L	L		L			L	L
Delaware	L	L	L					L		L		C	L	L
Florida	L	L	L	C				L	C	L		C	L	L
Georgia	L	L	L					L		L		L	L	L
Hawaii	L	L	L				C	L		L		C	L	L
Idaho	L	L	L					L		L		L	L	L
Illinois	L	L	L					L		L		L	L	L
Indiana	L	L	L					L		L		L	L	L
Iowa	L	L	L					L		L		L	L	L
Kansas		L	L				C	L		L		L	L	L
Kentucky	L	L	L	C	C	C (e)		L		L		L	L	L
Louisiana	L	L	L		C		L	L		L		L	L	L
Maine	L	L	L	L	L	L	L	L		L		L	L	L
Maryland	L	L	C	C,L	C,L			L	L	L		L	L	L
Massachusetts	L	L	L					L		L		L	L	L
Michigan	L	L	L					L	L	L		L	L	L
Minnesota	L	L	L					L	L	L		L	L	L
Mississippi		L	L		C			L	L	L		L	L	L
Missouri	L	L	L					L		L		L	L	L
Montana	L	L	L				L	L		L		L	L	L
Nebraska	L	L	L					L		L		L	L	L
Nevada	L	L	L				C,L	L		L		L	L	L
New Hampshire	L	L	C	C	C	C		L		L		L	L	L
New Jersey	L	L	L	C	C		C	L	R	L			L	L
New Mexico	L	L	L				L	L	C	L			L	L
New York	L	L	L	L	L			L	L	L		C	L	L
North Carolina	L	L	L				C	L		L		L	L	L
North Dakota	L	L	L				L	L		L		L	L	L
Ohio	L	L	L					L		L		L	L	L

See footnotes at end of table.

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STATE REGULATION OF HEALTH OCCUPATIONS AND PROFESSIONS: DECEMBER 2004 — Continued

State or other jurisdiction	Acupuncturist	Chiropractor	Counselor, professional (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 (f)	..	..	..	..	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	..	L	L	L
Texas	L	L	L	..	L	..	..	L	L	L	..	L	L	L
Utah	L	L	L	..	L	..	..	L	..	L	..	L	L	L
Vermont	L	L	L	L	L	..	..	L	L	L	..	C	L	L
Virginia	L	L	L	C	C	..	L	L	..	L	..	C	L	L
Washington	L	L	C	..	..	..	..	L	..	L	..	L	L	L
West Virginia	L	L	L	..	..	..	..	L	..	L	..	L	L	L
Wisconsin	L	L	C	..	..	..	..	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: DECEMBER 2004

State or other jurisdiction	Homeopath	Massage therapist	Nurse, licensed practical (g)	Nurse midwife (g)	Nurse practitioner (g)	Nurse, registered (g)	Nursing home administrator	Occupational therapy	Occupational therapist assistant	Optician	Optomertist (h)	Osteopath	Pharmacist	Physical therapist
Alabama														
Alaska														
Arizona														
Arkansas														
California														
Colorado														
Connecticut														
Delaware														
Florida														
Georgia														
Hawaii														
Idaho														
Illinois														
Indiana														
Iowa														
Kansas														
Kentucky														
Louisiana														
Maine														
Maryland														
Massachusetts														
Michigan														
Minnesota														
Mississippi														
Missouri														
Montana														
Nebraska														
Nevada														
New Hampshire														
New Jersey														
New Mexico														
New York														
North Carolina														
North Dakota														
Ohio														

See footnotes at end of table.

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STATE REGULATION OF HEALTH OCCUPATIONS AND PROFESSIONS: DECEMBER 2004 – CONTINUED

State or other jurisdiction	Homeopath	Massage therapist	Nurse, licensed practical (g)	Nurse midwife (g)	Nurse practitioner (g)	Nurse, registered (g)	Nursing home administrator	Occupational therapy	Occupational therapist assistant	Optician	Optomtrist (h)	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	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	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	L
Washington	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
Wisconsin	R	L	L	C	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

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

STATE REGULATION OF HEALTH OCCUPATIONS AND PROFESSIONS: DECEMBER 2004 — Continued

State or other jurisdiction	Physical therapy assistant	Physician	Physician assistant	Podiatrist	Psychologist	Radiologic technologist	Kidney therapist	Respiratory therapist	Santarian	Social worker (f)	Speech-language pathologist & aud.	Therapist marriage & family	Veterinary	Veterinary technician
Alabama	L	L	L	L	L	..	..	..	..	L	L	L	L	L
Alaska	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	L	L	L	R	L	L	L	L	L
California	L	L	L	L	L	C	L	L	..	L	L	L	R	L
Colorado .....	..	L	C	L	L	..	..	L	..	L	..	L	C	R
Connecticut	R	L	L	L	L	L	..	L	L	L	L	L	..	..
Delaware	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
Hawaii .....	..	L	L	L	L	L	L	..	L	L	L	L	L	R
Idaho .....	..	L	L	L	L	..	L	..	L	L	L	L	L	R
Illinois	L	L	L	L	L	L	L	..	L	L	L	L	L	R
Indiana	L	L	L	L	L	L	L	C	..	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
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	R
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	L
Massachusetts	L	L	L	L	L	L	L	L	L	L	L	L	L	R
Michigan .....	..	L	L	L	L	..	..	..	L	C	L	L	L	L
Minnesota .....	..	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	R
Missouri	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	C	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	L	..
New Mexico	L	L	L	L	L	C	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	..	..	..	..	C,L	L	L	L	L
North Dakota	L	L	L	L	L	..	..	..	..	C,L	L	L	L	L
Ohio	L	L	L	L	L	L	L	L	L	L	L	L	L	L

See footnotes at end of table.

LICENSURE

STATE REGULATION OF HEALTH OCCUPATIONS AND PROFESSIONS: DECEMBER 2004 — Continued

State or other jurisdiction	Physical therapy assistant	Physician	Physician assistant	Podiatrist	Psychologist	Radiologic technologist	Radiation therapist	Respiratory therapist	Santarian	Social worker (f)	Speech-language pathologist & aud.	Therapist marriage & family	Veterinary	Veterinary technician
Oklahoma	L	L	L	L	L	..	..	L	L	L	L	L	L	L
Oregon	L	L	L	L	L	L	L	L	L	C,L	L	L	L	L
Pennsylvania	R	L	C	L	L	..	C	C	..	L(f)	L	L(f)	L	C
Rhode Island	L	L	L	L	L	L	L	L	L	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	..
Vermont	L	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
West Virginia	L	L	L	L	L	L	L	L	..	L	L	..	L	L
Wisconsin	L	L	L	L	L	L	L	L	L	C,L	L	L	L	L
Wyoming	L	L	L	L	L	..	..	L	L	L	L	L	L	..
Dist. of Columbia	L	L	L	L	L	..	..	L	..	L	..	..	L	..

Source: Council on Licensure, Enforcement and Regulation, December 2004 and various national associations of state boards.

Key:

C—Certification

L—Licensure

R—Registration

.. — 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 certifications. No state regulates all categories, but every state regulates at least one category.

(e) In Kentucky, pastoral counselors must be certified only if their practice is fee-based.

(f) 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.

(g) Some states recognize various categories of advanced practice nurses (e.g. geriatric, school health, and women's health).

(h) In many states, opticians are not licensed separately from optometrists; making and selling eyeglasses is part of the optometrist's job.

(i) In Indiana and Utah, nursing home administrators are not licensed as such, but they are licensed more broadly as health facility administrators.

(j) 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.