



Advancing the Interjurisdictional Practice of Psychology

The Psychology Interjurisdictional Compact (PSYPACT) is an interstate compact that facilitates the practice of psychology using telecommunications technologies (telepsychology) and/or temporary in-person, face-to-face psychological practice.

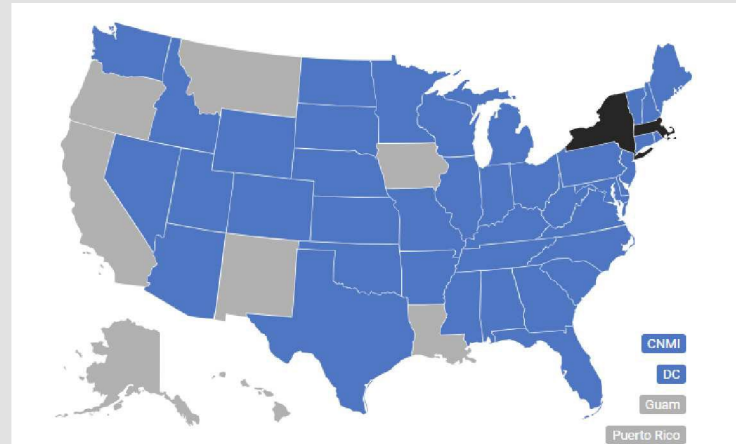
About PSYPACT

PSYPACT is a cooperative agreement enacted into law by participating states

Addresses increased demand to provide/receive psychological services via electronic means (telepsychology)

Authorizes both telepsychology and temporary in-person, face-to-face practice of psychology across state lines in PSYPACT states

PSYPACT states have the ability to regulate telepsychology and temporary in-person, face-to-face practice



PSYPACT Participating State

PSYPACT Legislation introduced

How PSYPACT Works

PSYPACT must be enacted by a state legislature



Psychologists who wish to practice under PSYPACT obtain:

Authorization to Practice Interjurisdictional Telepsychology (APIT) for telepsychology

Temporary Authorization to Practice (TAP) for temporary in-person, face-to-face practice



PSYPACT states communicate and exchange information including verification of licensure and disciplinary sanctions

Benefits of PSYPACT

- Increases client/patient access to care
- Facilitates continuity of care when client/patient relocates, travels, etc.
- Certifies that psychologists have met acceptable standards of practice
- Promotes cooperation between PSYPACT states in the areas of licensure and regulation
- Offers a higher degree of consumer protection across state lines

How PSYPACT Impacts Psychologists

- Allows licensed psychologists to practice telepsychology and/or conduct temporary in-person, face-to-face practice across state lines without having to become licensed in additional PSYPACT states
- Permits psychologists to provide services to populations currently underserved or geographically isolated
- Standardizes time allowances for temporary practice regulations in PSYPACT states

Page intentionally left blank

Introduction

The Interstate Medical Licensure Compact is an agreement among participating U.S. states and territories to work together to significantly streamline the licensing process for physicians who want to practice in multiple states. It offers a voluntary, expedited pathway to licensure for physicians who qualify.

The mission of the Compact is to increase access to health care – particularly for patients in underserved or rural areas. The Compact makes it possible to extend the reach of physicians, improve access to medical specialists, and leverage the use of new medical technologies, such as telemedicine. While making it easier for physicians to obtain licenses to practice in multiple states, the Compact also strengthens public protection by enhancing the ability of states to share investigative and disciplinary information.

The Compact [currently includes 40 states](#), the District of Columbia and the Territory of Guam. In these jurisdictions, physicians are licensed by 52 different medical and osteopathic boards. Other states are currently in the process of introducing legislation to adopt the Compact.

Who developed the Compact?

Recognizing that physicians will increasingly practice in multiple states as a result of telemedicine, U.S. state medical boards in 2013 began actively discussing the idea of creating the Compact in order to help streamline traditional medical-license application processes.

The idea was embraced by a diverse range of state boards, and over the next several years the groundwork was laid for the creation of the Compact. With assistance from the Federation of State Medical Boards, a group of state medical board executives, administrators, and attorneys drafted a model compact – which was introduced publicly in the fall of 2014. State legislatures soon began adopting it, and in April 2017, the Compact became operational.

How does the Compact work?

Physicians who are [eligible](#) can qualify to practice medicine in multiple states by completing just one application within the Compact, receiving separate licenses from each state in which they intend to practice. These licenses are still issued by the individual states – just as they would be using the standard licensing process – but because the application for licensure in these states is routed through the Compact, the overall process of gaining a license is significantly streamlined. Physicians receive their licenses much faster and with fewer burdens.

The licensing is all state-based. The Commission does not issue a “Compact license” or a nationally recognized medical license for physicians.

Only states and territories who have formally joined the Compact can participate in this streamlined licensure process. In order to participate in the Compact, states and territories must pass legislation authorizing it.

How does the Compact streamline licensure?

States that participate in the Compact are able to streamline licensure by using an expedited process to share information with each other that physicians have previously submitted in their State of Principal License (SPL) -- the state in which a physician holds a full and unrestricted medical license.

Before physicians can participate in the Compact, they must designate an SPL, complete an application, and then receive a formal Letter of Qualification from that state, verifying that they meet the Compact’s strict eligibility requirements. Physicians cannot obtain licenses through the Compact without completing these steps.

After verifying a physician’s eligibility for the Compact, the SPL shares this information with additional states where the physician wants to practice medicine. By using expedited information-sharing, participating states are able to significantly speed up the licensure process.

What are the eligibility requirements for physicians who want to participate in the Compact?

The first requirement for physicians to participate in the Compact is to hold a full, unrestricted medical license in a Compact member-state that can serve as a declared State of Principal License (SPL). In order to designate a state as an SPL, physicians must ensure that at least ONE of the following apply:

- The physician's primary residence is in the SPL
 - At least 25% of the physician's practice of medicine occurs in the SPL
 - The physician is employed to practice medicine by a person, business or organization located in the SPL
 - The physician uses the SPL as his or her state of residence for U.S. Federal Income Tax purposes.
- The SPL has the authority to determine if a physician meets any or all of the qualifications listed above. See the [Compact map](#) on our homepage to see the participating states. Physicians must maintain their SPL status at all times. Physicians may change the location of their SPL -- through a process known as "redesignation" – after they receive a Letter of Qualification to participate in the Compact.

In addition to designating an SPL, physicians must:

- Have graduated from an accredited medical school, or a school listed in the International Medical Education Directory or its equivalent such as the World Directory of Medical Schools
- Have successfully completed ACGME- or AOA-accredited graduate medical education
- Passed each component of the USMLE, COMLEX-USA, or equivalent in no more than three attempts for each component (Please note that passing the Canadian Licentiate of the Medical Council of Canada, or the LMCC, DOES NOT meet this requirement)
- Hold a current specialty certification or time-unlimited certification by an ABMS or AOABOS board

In addition, physicians must:

- Not have any history of disciplinary actions toward their medical license
- Not have any criminal history
- Not have any history of controlled substance actions toward their medical license
- Not currently be under investigation

Approximately 80% of U.S. physicians meet the criteria for licensure through the Compact.

Each physician is responsible for making a self-determination of eligibility prior to applying to participate in the Compact, and they must confirm that they understand the Compact rules.

For further clarification, please refer to our [Compact Policies, Rules and Laws section](#).

Physicians are charged a non-refundable \$700 fee when applying to participate in the Compact. Payment is made online by credit card. Physicians must also submit fingerprints to the designated criminal justice agency in their State of Principal License, so that a criminal background check can be conducted.

The Compact treats all physicians equally without preference for specialty. Any physician from a Compact state who meets the qualifications of the Compact is eligible for licensure in any other Compact state and is responsible for obeying all statutory laws and administrative rules of the state.

Who administers the Compact?

The Compact is an agreement among sovereign states and territories, with the Interstate Medical Licensure Commission serving as an independent coordinating organization that administers the Compact on the states' behalf. The Commission is made up of representatives from each participating Compact state.

It is important to note that while the Commission oversees the work of coordinating multi-state licensing activity within the Compact, it does not actually issue individual medical licenses. Licenses are issued by the states that participate in the Compact – not by the Commission itself.

Each participating Compact state sends two representatives to the Commission. These commissioners must

be either a physician member of a medical or osteopathic physician licensing board, a public member of such a board, or an executive director or administrator of such a board.

If a state has only one medical board, then both commissioners must come from that board. But if it has two boards -- a medical board and an osteopathic board -- then each board gets one seat.

The Commission is the sole entity administering the Compact's bylaws, rules, policies, and advisory opinions. No other governmental agency or private entity has control over how the Compact is administered. The Commission is governed by the terms of the Compact, which provides the authority for the Commission to create bylaws, rules, and policies for self-governance. Commissioners must function within the terms and limitations of the Compact and the bylaws, rules, and policies which the Commission approves.

The Commission meets regularly and information about its meetings, activities and policies are posted in this website's [About the IMLC Commission section](#).