

# OCCUPATIONAL LICENSURE COMPACT COMPARISON CHART

Updated February 2026

	Interstate Medical Licensure Compact (IMLC)	Physician Assistant (PA) Licensure Compact	Psychologist Interjurisdictional Compact (PSYPACT)	Emergency Medical Services (EMS) Compact
<b>Compact Model</b>	Expedited licensure (state of primary licensure (SPL) verifies qualifications, other states expedite applications based on SPL's verification)	Compact privilege (licensed in qualifying state; obtain compact privilege to practice in other member states)	Mutual recognition (multistate license for telepsychology; temporary authority for in-person psychological services)	Mutual recognition (privilege to practice under home state license verified by national database)
<b>How It Works</b>	<ul style="list-style-type: none"> <li>Physicians designate a compact state where they hold a full unencumbered license as state of principal licensure (SPL)</li> <li>Physicians apply to SPL for expedited licensure</li> <li>SPL confirms applicants meet requirements then issues a letter of verification to the IMLC</li> <li>Physicians register with IMLC and denote the state(s) they want to receive a license</li> <li>Other states can expedite licensure based on verifications conducted by the SPL</li> </ul>	<ul style="list-style-type: none"> <li>PAs must hold a qualified license in a compact state</li> <li>PAs apply to the compact for compact privilege in each member state where they want authority to practice</li> <li>PAs must meet each state's respective requirements for authority to prescribe controlled substances</li> </ul>	<p>To provide telepsychology:</p> <ul style="list-style-type: none"> <li>Obtain E.Passport Certificate from ASPPB</li> <li>Apply for Authorization to Practice Interjurisdictional Telepsychology (ATIP) through PSYPACT</li> </ul> <p>To provide up to 30-day in-person psychology in a non-home state:</p> <ul style="list-style-type: none"> <li>Obtain Interjurisdictional Practice Certificate (IPC) from ASPPB</li> <li>Apply for Temporary Authorization to Practice (TAP) through PSYPACT</li> </ul>	<ul style="list-style-type: none"> <li>Obtain a license in home state</li> <li>Verify Privilege to Practice through the EMS Compact national database</li> <li>Properly affiliate with local agency and maintain relationship with medical doctor before providing patient care</li> </ul>
<b>Applicable to License Type(s)</b>	Physicians (MDs) and Osteopathic Physicians (DOs)	Physician Assistants (PAs)	Psychologists	EMTs, AEMTs, Paramedics, and other State-Recognized licenses with a scope of practice/authority between EMT and paramedic
<b>Authorization under License</b>	N/A – must apply to each state for licensure, but licensure will be expedited by member states once SPL has conducted primary-source verifications and issued letter of verification	Operate in any state where the PA holds a license or compact privilege; must know and comply with the scope of practice and laws of each respective state	Provide telepsychology or temporary (30-day) in-person psychology in any member state under the E.Passport or IPC; must know and comply with the scope of practice and laws of each respective state	Operate in any member state once a home state license is held and privilege to practice is verified; must be properly affiliated with a local EMS agency and supervising physician before providing patient care
<b>How to Check that a Practitioner Can Legally Work Here</b>	Each state's respective licensure verification system	TBD – Compact will likely have a directory and/or each state will be able to have PAs who hold compact privilege in their state appear in their state's respective licensure verification system	PSYPACT Verification Directory (online)	Each state's respective licensure verification system; or the National EMS Coordinated Database Quick Verify tool if you have the clinician's 12-digit national EMS ID
<b>"Home State" (or equivalent)</b>	<p>One of the following:</p> <ul style="list-style-type: none"> <li>The state where the physician resides</li> <li>At least 25% of the physician's practice of medicine occurs</li> <li>The physician's employer is located</li> <li>The physician's designated state of residence for federal income tax purposes</li> </ul>	N/A – simply need an unrestricted license in a participating (compact) state	Wherever the psychologist holds a license; can have multiple home states	Any member state where the EMS clinician holds a license
<b>Standard for Compact Privilege (or equivalent)</b>	<ul style="list-style-type: none"> <li>Equal to Alaska's requirements related to education and examinations</li> <li>Higher than Alaska's related to criminal history and disciplinary actions</li> </ul>	<ul style="list-style-type: none"> <li>Equal to Alaska's requirements related to education and examinations</li> <li>Higher than Alaska's related to criminal history and disciplinary actions</li> <li>If a member state requires a PA have a collaborating physician (or equivalent), that requirement applies for the PA when practicing in that respective state</li> </ul>	<ul style="list-style-type: none"> <li>Equal to Alaska's requirements related to education and examinations</li> <li>Higher than Alaska's related to criminal history and disciplinary actions</li> <li>Requirements for psychology license set in each state and can differ</li> <li>Inability to qualify for an E.Passport or IPC does not impact ability to qualify for a license in individual states</li> </ul>	<ul style="list-style-type: none"> <li>For EMTs: Equal to or higher than Alaska's requirements related to examinations, criminal history, and disciplinary actions</li> <li>For AEMTs and Paramedics: Equal to Alaska's requirements related to examinations; higher than Alaska's requirements related to criminal history or disciplinary actions</li> </ul>

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<b>Background Check Requirements</b>	<ul style="list-style-type: none"> <li>Fingerprint-based FBI background check required in primary state of residency for all physicians wishing to qualify for a letter of verification</li> <li>No "grandfathering"</li> <li>Fingerprint-based background checks are currently not a requirement for physician license applicants in Alaska</li> </ul>	<ul style="list-style-type: none"> <li>Fingerprint-based FBI background check required in home state for all PA license applicants</li> <li>TBD if grandfathering will be allowed closer to when compact becomes operational</li> <li>Fingerprint-based background checks are currently not a requirement for PA license applicants in Alaska</li> </ul>	<ul style="list-style-type: none"> <li>Fingerprint-based FBI background check required for all psychologist license applicants once a state joins the compact</li> <li>"Grandfathering" allowed for psychologists that were already licensed when the state entered the compact</li> <li>Fingerprint-based background checks are currently not a requirement for psychologist license applicants in Alaska</li> </ul>	<ul style="list-style-type: none"> <li>Fingerprint-based FBI background check required for all EMS clinicians once a state joins the compact</li> <li>"Grandfathering" allowed for EMS clinicians that were already licensed when the state entered the compact</li> <li>Fingerprint-based background checks are currently not a requirement for EMS license applicants in Alaska</li> </ul>
<b>Disciplinary Authority</b>	All states can discipline the license they issued	All states can discipline the compact privilege in their state (up to revocation); home state disciplines the license	All states can discipline authorization to practice in their state (up to revocation); home states discipline the respective state license(s)	All states can discipline the privilege to practice in their state (up to revocation); home state disciplines the license
<b>Year Compact was Created</b>	2014	2022	2015	2012
<b>Year Compact Became Operational</b>	2017	Not yet operational	2020	2020
<b># of Member States/Jurisdictions</b>	44	20	43	25
<b>Compact Authority</b>	Interstate Medical Licensure Compact Commission (IMLCC) = two voting members from each compact state's Medical Board(s)	PA Licensure Compact Commission = one voting member from each compact state from each state's PA/Medical Board (as applicable)	Psychology Interjurisdictional Compact Commission = one voting member from each compact state's Psychology board	Interstate Commission for EMS Personnel Practice = one voting member from each compact state's EMS authority
<b>Cost to States</b>	\$0	TBD	\$10 per ATIP or TAP applicant who lists Alaska as a home state (maximum = \$6,000 per calendar year)	\$0
<b>Cost to Professionals</b>	\$700 initially + cost of a license(s) in any Compact state where a physician wants to practice	TBD	<ul style="list-style-type: none"> <li>E.Passport: \$400 initially (\$100 annual renewal)</li> <li>IPC: \$200 initially (\$50 annual renewal)</li> <li>ATIP &amp; TAP: \$40 initially (\$40 annual renewal)</li> </ul>	Fees set by states; no fee set by the Interstate Commission for EMS Personnel Practice
<b>Which SOA Department Holds Authority?</b>	DCCED – State Medical Board	DCCED – State Medical Board	DCCED – Board of Psychologist and Psychological Associate Examiners	DOH – EMS Licensing

**Under all four compacts:**

- The practitioner is responsible for knowing and complying with the scope of practice and practice laws set by each state they are practicing in.
- Compact commissions have no authority or ability to amend practice laws or scope of practice in any member states.
- Model compact language being adopted into statute is identical in all member states; material deviations from the model language results in a state not becoming a member.
- For model compact language to be changed, all member states' legislatures need to adopt the change into their own statutes – so no changes can occur from what's being considered in these bills without the legislature's knowledge.
- All member states are responsible for notifying one another of any pending investigations or disciplinary actions that occur against a multistate licensee/compact privilege holders in the method prescribed in the model language. This results in better communication and collaboration between states, resulting in improved safeguards for public health and safety.