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## **NLC Nurse and Employer Webinar Video Transcript**

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### **Presenter**

Jim Puente, Director, Nurse Licensure Compact, NCSBN

- [Maggie] ...today is also Jim Puente, who is the director of the Nurse Licensure Compact. Many of you may actually recognize Jim and know him from previous webinars. We are part of a two-person department, and our office is headquartered in Chicago, Illinois. So today, we're going to be presenting some information about the Nurse Licensure Compact, specifically how it works and why it's useful for nurses and employers.

I think somebody took my control. Why it's useful for nurses and employers. We're going to share resources. And we're also going to debunk some common myths and misunderstandings. Jim will be providing a brief legislative update, and then at the end, we're going to answer any questions that you have.

Before we dive too deep into the presentation, I do want to go over some housekeeping items. So first of all, for quality of the call, we ask that you please keep your microphones muted and your cameras off. And we also ask that you please hold any questions till the end of the call, because chances are that some of your questions may get answered throughout today's presentation.

And in case any do not, then we're going to leave a few minutes at the end and, hopefully, address those questions. This webinar is being recorded, and we will be sharing a copy of the recording in about a week. And you can find that as well as the slides on the page where you registered for this webinar. I'm going to turn my camera off for the rest of the presentation just to eliminate any bandwidth issues and avoid getting stuck with a weird expression on my face for the rest of the webinar.

So, I'm going to do that. And let's continue. So, let's get right into it and take a look at exactly which states are part of the NLC. So, up on the screen, you can see the most current map. And right from the header, you can see that 39 jurisdictions have enacted the NLC.

So, it's been a really successful year for the NLC. And as you can see, we are getting closer and closer to a compact nation. The NLC is fully implemented in 35 jurisdictions. And the most recent state to implement...does anybody know what state that is before I go ahead and blurt it out?

If you want to put that in chat, what is the most recent state to implement the NLC? Vermont, no, not yet. Oh, yeah, Vermont. Vermont just recently implemented, and so did New Jersey.

Sorry, you guys beat me. Since the NLC is now implemented in those two states, nurses whose primary state of residence is in those states can actually now apply for a multistate license. And that multistate license would be valid in all compact states. Additionally, nurses who already hold a multistate license from any other compact state are now eligible to practice in the newly implemented states.

So, on this map, we see a few other colors. We see light blue, and we also see purple. And so, just let's quickly explain what that means. In the left-hand corner, you see Guam. Guam is purple because the NLC is currently partially implemented in Guam. The full implementation date hasn't yet been decided, but as soon as we learn what that will be, we will post that on our website, [nlc.gov](http://nlc.gov).

But what does partial implementation mean? It means that nurses who currently have a compact license from another state can go ahead and practice in Guam, whether physically or telephonically, if such a need arises. Pennsylvania is light blue because they actually enacted legislation on July 1st, 2021, but they still are awaiting that implementation.

They still haven't announced exactly when implementation will be. Generally speaking, implementation is anywhere from six months to a year after enactment. So, as soon as we find out exactly what that implementation date will be, again, we're going to post it on [nlc.gov](http://nlc.gov). But one thing that needs to happen in Pennsylvania is criminal background checks need to be implemented.

And so, until that full implementation, Pennsylvania residents will not be able to obtain a multistate license until implementation is complete. Additionally, nurses who hold a compact license from other states will still have to wait for that full implementation to go ahead and be able to practice in Pennsylvania, whether physically or telephonically.

And then, Ohio. Ohio also enacted on July 1st, 2021, but they haven't yet implemented. We do know the implementation date in Ohio, and that is actually going to be January 1st, 2023. And so, Ohio residents cannot obtain a multistate license until implementation is completed.

And, again, just like with Pennsylvania, nurses with a multistate license cannot practice in Ohio until full implementation on January 1st, 2023. And then finally, Virgin Islands. They actually enacted fairly recently, right before the holidays, on December 6th, 2021.

Similarly to Pennsylvania, the implementation date is still being decided. And one of the things that needs to happen is that criminal background checks need to be implemented. So, again, Virgin Island residents, just like with Pennsylvania and the other states that I mentioned, they actually cannot obtain a multistate license until that implementation phase is completed.

And you can't...if you currently have a multistate license, again, you need to wait until that implementation phase is complete. Now, let's take a look at the map from a different and exciting perspective. So, as you saw previously, we're getting closer and closer to a compact nation.

We're getting close to 40 states. And on this map, you actually see some states highlighted in green. And the green actually means that these states are pending NLC legislation, they're trying to join the NLC. And there are some exciting developments in some of these states.

And for that, I'm going to turn it over to Jim to share those developments with you guys. Jim?

- [Jim] Thank you, Maggie. I will provide a little bit of a update. Am I echoing?

- No, just you were at the beginning, but not anymore.
- Okay. It still sounds like I am to me.
- [Mark] Hey, Jim. This is Mark. I'm still hearing the echo.
- Okay, I'm not...I think maybe because I'm in on my phone. Will you give me a second?
- Yes. It is fine on my end. I don't know if anybody can use the chat. Because when you spoke just now, it was okay.
- How about now, Mark?
- It's cleared up for me.
- Cleared up? Okay. All right, fantastic. Let me then keep it brief with a little bit of a legislative update. So obviously, you know, we're close to 40 states, we have a little more than 10 to go to get the whole country.

But at this point, you know, you would anticipate that the pandemic has played a role in states that previously did not consider the compact or previously just didn't pass the compact. And that's what we see happening, because we haven't seen legislation in New York before. And we know last year, in the past year, we saw legislation in California, which was unusual as well.

But, you know, two really interesting things is that the legislation in New York and in Minnesota are supported by their governors. Now, those of you who know the compact know that there's only one opponent to the compact in the nation, and that is nurse unions. And typically, we don't see the support...in some states, we don't see the support of some Democrats for that reason.

But interestingly, the governors of New York and Minnesota are Democrats and support joining the compact, so. That doesn't mean it's going to be a breeze or a shoo-in, but it means that the tide is kind of changing. I think people are realizing that there definitely is a need for the compact in every state. And I don't think we're done yet.

You see how many states in green? One, two, three, four, five, six. We're only five weeks into the legislative session, so you may see some of those West Coast states introduce a bill as well. Now, I think with Nevada, they only...I think their legislature meets every two years, so this may not be their year for legislation.

However, I do think we're going to make some progress this year. I believe we're going to pass the 40-state mark. And really, all eyes are on these green states. And you would think that what we're going through with the pandemic would make sense to most people that when there's a need to have nurses in a state, you don't need the delay of an application process.

You need for nurses to be able to go to another state to practice immediately as they're needed, without delays. And that's what the NLC does, it allows for that cross-border practice seamlessly. So, keep your eyes open on these green states.

I can't say anything about one that's different than the other because right now we're early in the legislative session. A few of them have had hearings that they've passed, but they've moved on to

another committee. So, we're still early in the season, so to speak, to be able to know the outcome. But they are progressing along.

And Massachusetts, as you know, had a bill last year. But what's very important about Massachusetts is that the legislature asked for an independent study of the compact. And so, they appointed an independent commission to do research paper on it. And the results of that came back several months ago, and the results were favorable.

The results said that Massachusetts would benefit from joining the NLC. So, we're hoping that they take those results to heart and pass the compact. In New York, the bill, the compact bill, is a part of the governor's budget bill. Obviously, the budget bill needs to pass, right, so that they have money to spend.

And so, interesting that they combined it there, or the governor did, and the governor has spoken favorably, not only about joining the Nurse Compact but also the Medical Compact.

- [Female] Yeah, [inaudible].

- We have someone that's not muted. If you can please mute yourself, we're hearing some background noise. So, it remains to be seen in many of these states. In the next month or two, certainly, by May, we will know the outcomes as the sessions wrap up by June.

So, there will be activity. And, again, in that timeframe, we may see more states introduce a bill, namely some of those on the West Coast. In Connecticut, you'll see they're the one state that is on the East that did not have a bill. They considered it.

In advance of introducing a bill, they had a study done. And they felt that they didn't recommend to move forward with the compact at this time. And that's unfortunate because I think the compact is very needed in every state. So, that is where we are right now.

We're watching these bills as they move through committees, and hopefully...you know, with all of the remaining states that you see and union states, they are really tough states to pass a bill like this in. Nevertheless, success is still possible, especially when you have legislators and the governor supporting the bill.

So, I'm going to stop right there and turn it back over to Maggie.

- Thank you, Jim. And as Jim mentioned, you know, in these green states, support from nurses and stakeholders is key, and we'll talk a little bit later about how you can voice your support and getting legislation passed and help move that along later throughout this presentation. So, now that we shared exactly which jurisdictions have either enacted or fully implemented the NLC, let's take a look more closely at how exactly the NLC works.

But before we go into that, I do want to draw your attention to some of the common terminology that we're going to be using throughout today's presentation. And many of these terms that you see on the screen, many of you are already familiar with. So, the primary purpose of this is to serve as a refresher, but nonetheless, I do want to cover it.

So, the first bullet point, multistate license or compact license, both those are used interchangeably to basically refer to the same thing, and that is the one license that is issued to a nurse from their home state

and is valid for practice in all NLC states. So, one thing to remember is that a nurse is only eligible for a multistate license if their primary state of residence or their home state is a compact state.

That is one of the uniform licensure requirements, and they do need to meet that in order to be eligible to hold a multistate license. On the flip side, the second bullet point, single state license. As you can see, it's valid only in the state of issuance. So, an example that I'm going to use here is if a nurse is a resident of a non-compact state and that nurse needs to practice in that non-compact state, well, then she would be issued...she or he would be issued a single state license in that state.

Additionally, if a nurse needs to practice in other states, because that nurse does not meet residency requirements to maintain a multistate license, well, that nurse would have to maintain or obtain a single state license in every single state where they wish to practice. And they would do so by completing the license by endorsement application, which can be found on the board of nursing website.

Home state, I think I already said this, refers to primary state of residence. It's where a nurse's legal documents are, where their driver's license is from, you know, where they are registered to vote. A nurse can only have one primary state of residence. One important thing to know regarding home state or primary state of residence is that it isn't about home or property ownership, it's about where all your legal documents are from.

Because a nurse very well may have a home in, you know, Colorado and another home in Florida, but where are all those...where are all her legal documents? Are they from Colorado, or are they in Florida? Is she registered to vote in Colorado? Does she have a Colorado driver's license?

That would make Colorado the nurse's primary state of residence. And then finally, PTP. That's an acronym that we use to refer to privilege to practice, basically, the authority for a multistate license holder to practice in other NLC states. So, for example, if my home state is in Colorado but I'm practicing in Florida, Florida being the remote state, I am exercising my PTP, and that is the authority my multistate license gives me to practice in any other state than my home state.

Before each state joins the compact, legislation needs to pass. And what happens is the governor of each state needs to sign that compact legislation into law. So, on the previous slides with the map, we went over exactly which states have done that so far, and it's looking good, we're at 39.

The states that did pass legislation are all now bound to the provisions within the compact. So essentially, the best way to explain the Nurse Licensure Compact is that it is a contract or it's an agreement between all these 39 jurisdictions. And this agreement allows nurses to practice with one multistate license issued from their home state in all compact states, and that's in person or via telehealth.

I do want to draw your focus to telehealth, too. Telehealth practice is also practice. Sometimes there is a little bit of confusion by that. But anytime a nurse is communicating with a patient, even electronically, via email, via your phone, via an application, Teams meeting, anything like that, that is telehealth.

And, you know, sometimes there is confusion because there isn't that realization that these types of communications are, in fact, telehealth. And to be able to practice in another state, with a patient in another state, a nurse needs to be licensed in the state where the patients are located at the time the nursing service is provided, even if that's telehealth.

And to practice in another state, a nurse is subject basically to each of those state's laws, and therefore, a nurse needs to hold a license in those states. So, I think this is pretty clear, but let's just kind of reiterate it in a different way. So, in order for a nurse to be eligible for a multistate license, they have to meet that residency requirement, they have to be a legal resident of a compact state.

That is one of the uniform licensure requirements. There are 11, and we're going to go over those on a later slide. And, again, once they receive that compact license, a nurse that is issued it can practice in all of the states that are part of this compact, that are part of this agreement.

Other things to know are that a nurse can only hold one multistate license, and that multistate license is issued by his or her home state. So, just like you can't have multiple driver's licenses, you can only hold one multistate license, and that multistate license would be valid in all the states that have implemented the NLC.

There is also sometimes a myth floating around that a multistate license is a national license, and that's not true. Keep in mind that this license is state based, it's issued by a state, by the state board of nursing, and therefore, it is not a federal or a national license.

So, even if all states, all 50 states, join the compact, it might seem like it's national, but, again, it's still going to be state based, and it's still going to be regulated by the state. So, I mentioned this earlier, that the concept of the multistate license, of the compact, is similar to something that we are all very familiar with, and that's the Driver's License Compact.

It is based on that same licensure model of mutual recognition. So, when I have a driver's license, my driver's license is from Illinois, I have the privilege to drive in all of the 50 other states that are part of the Driver's License Compact, because they are all part of that agreement.

And so, you can definitely see the parallels between the Nurse Licensure Compact and the Driver's License Compact. Both are issued from your primary state of residence, your home state, and both allow you to, in the driver's license case, drive, or with the multistate license for the NLC, practice in all of the states that are part of the compact.

Now, similarly to when I move and when I change my primary state of residence, I need to get a new driver's license. So, if I'm moving from Illinois to Florida and that will be my new home, I'm going to register to vote in Florida, I'm going to get a new driver's license in Florida, you have to do the same thing when you're changing your primary state of residence to another compact state.

You're going to have to apply for license by endorsement in your new primary state of residence to obtain a new multistate license from your new home state. And that new multistate license from your new home state will replace your former. So, you can't go on carrying two because that's redundant and it also happens to be illegal.

So, we know that a license is required to practice, but oftentimes there are questions about where exactly practice takes place.

And it's important to remember that a nurse needs to have the authority to practice in the state where the patient, or the consumer, receiver of nursing services is located at the time nursing service is provided. So, that is exactly where the nurse needs to be licensed, that's where they need to have the privilege to practice.

And that privilege to practice is usually afforded to a nurse through holding a multistate license. Now, notice that we didn't say that a nurse needs to be licensed in the state where the patient's address is. Because the patient may be on vacation, so they may not be in the state where they live at the time that the nurse is actually practicing with the patient.

So, that is important to just remember that differentiation, that it is where...practice takes place where the patient is located at the time a nurse provides nursing services. Oftentimes, there are questions about what exactly practice is. A nurse needs to be familiar with the definition of nursing practice, because...and this definition exists in any Nurse Practice Act throughout the country.

And this isn't the definition verbatim, but practice essentially is when a nurse utilizes their education, their knowledge, their decision-making skills, their experience, their education, in order to work with a patient. And sometimes, a patient isn't even always involved when you practice, you're still utilizing that nursing education, that's practice.

And one example I can think of is when a nurse is faculty and that nurse is teaching students in multiple states, that nurse needs to be licensed in every state where her students are located. So, in this case, patients aren't really involved, students are, but the nurse that's teaching students still needs to be licensed where her students are.

So, on this slide, you can see the different types of nurses that a multistate license benefits. And, again, it explains why a multistate license is useful, and that's because practice requires licensure. And so, having a multistate license has definitely been useful to nurses that practice via telehealth, to faculty, nursing faculty, as we said, that are engaged in distance education, to nurses who provide disaster recovery assistance, to nurses that are travel nurses, those that live near borders or practice in an adjacent state.

And also for military spouses. Oftentimes, military spouses relocate multiple times throughout their spouse's military career, and so a multistate license definitely is useful in helping ease that process and eliminate the duplicate of process of having to apply for multiple licenses.

So, it should come as no surprise that a state joining the compact generally is more attractive to new nurses. And that's because when we talk to the nursing student population at conferences, such as NSNA, they always tell us that after graduation, what they really want is flexibility, they want mobility, they want the ability to travel, with nursing or otherwise.

Or they want to be able to practice via telehealth from anywhere. And sometimes they feel limited when they're going to reside in a non-compact state. And so, it is advantageous to be a compact state because generally, new nurse graduates have told us that a compact state is regarded as a state that has more opportunities when practice is considered.

You know, for the employers on the line, you have also indicated that the compact is beneficial, especially when hiring nurses. Because when you're bringing on a nurse, whether that be for a temporary or a permanent position, if that nurse is in another compact state, then the beautiful thing is the nurse can be available and able to start practicing immediately upon hire because they already have that multistate license.

So, we did say earlier that Vermont was one of the newer states that joined the NLC. And I apologize, it should be in the parentheses, Vermont should be listed on there. But what happens when your state just recently joined the compact? How do you obtain a multistate license?

Well, generally, you should have received a communication from your board of nursing about that state implementing the NLC and how you can complete the upgrade application. But that's exactly what you need to do. You will need to access the upgrade application on the board of nursing website in the respective state. I'm going to use Vermont, the one that...the state that recently implemented on February 1st, as an example.

You can go to the Vermont Board of Nursing website, find the upgrade application. There is usually a fee attached with the application, as with most. And then you complete that. And if you meet all eligibility requirements, you will be upgraded to a multistate license. One thing to keep in mind and remember is that the application for a multistate license isn't tied to your renewal.

Sometimes we get questions from nurses thinking that it's tied to renewal, and they indicate that they want to wait till renewal, and that that way their license will automatically renew as a multistate. And that is not the case. So, an upgrade multistate application is not the same thing as renewal. They're not tied together.

When you apply for a multistate license, you're just converting your single state license to give you those multistate practice privileges. And that does not change or impact your renewal cycle. So, just wanted to highlight that little tidbit of information. And now, let's go over those 11 uniform licensure requirements that we mentioned earlier. So, we said this time and time again, that a nurse needs to meet the home state's qualification, they need to be a resident of a compact state.

They need to graduate from a qualifying education program. Or if from a foreign program, that program needs to be verified by an independent credentials review agency. The nurse needs to pass an English proficiency exam if the nurse is a foreign graduate. They have to pass the NCLEX or the state board test pool exam, which is the predecessor to the NCLEX.

The beauty about that is you only have to pass NCLEX once. So, even if you need additional licenses or you're changing your state of residence, you would complete the license by endorsement application to receive those. You cannot have active discipline on the license.

You have to submit to state and federal fingerprint-based criminal background checks. You can't be enrolled in an alternative program. And you do have to self-disclose participation in an alternative program on your application. You cannot have any misdemeanors related to the practice of nursing. You have to have a valid U.S.

Social Security number. And you cannot have any prior state or federal felony convictions. And most nurses do meet those requirements. But if in any case you do not meet one of those requirements, you still may be eligible to receive a single state license. For employers, you often ask us questions about how you can ensure that nurses that are hired from NLC states are appropriately licensed.

And to think about that, I think the best way is to really think about the intent of the nurse. You have to ask the nurse what their intent is. Is the nurse a travel nurse or in some type of a temporary placement? And in that case, will that nurse be maintaining their primary state of residence in another compact state, where he or she plans to return after this temporary period of time, this temporary work assignment?

If that's the case, then the nurse can practice under their multistate license from their home state. There is no time limit, and there's nothing they need to do to be able to practice in your state.



They do not need to notify the board of nursing or anything like that. We often find military spouses in this type of situation, because keep in mind that military spouses sometimes are stationed in other states for two to four, even longer, years, and they can then practice in your state with their multistate license, and they don't need to do anything as long as they maintain their home of record in another compact state.

So, again, it goes to the intent of the nurse. Are they coming to your state on a permanent basis or on a temporary basis? Looking at the flip side, if a nurse intends to make your state their new primary state of residence, they want to change their legal residency to your state, then that's different, then the nurse should apply immediately for license by endorsement, they should apply immediately upon moving, and they shouldn't delay.

So certainly, that nurse should apply by the time she starts employment. There are some questions that employers often ask, and probably the most common one that we get is how much time does a nurse have before she's able to work before having to get that new license? And there is no kind of black-and-white timeframe that we have set.

But we have seen employers manage this by having a policy. And this policy could be just like any other policy that's part of a requirement of employment. And in that policy, you can indicate that within a certain number of days, for example, 10, 15, 20, whatever you feel appropriate for your policy, the nurse must provide proof to the employer that they have begun and submitted their application for license by endorsement in their new state.

And this way, the employer can be sure that the nurse did what they're supposed to. So, again, always, always ask what the intent of the nurse is to determine whether or not the nurse can keep and maintain their multistate license from their home state, which is another compact state, or whether they need to apply for license by endorsement in your state if they're intending on moving and making your state their new home state.

There is one exception to this. So, the most common example that we use is if a nurse is moving across state lines to another state but intends on commuting. So, for example, the nurse lives in Kansas City, Missouri, but they're going to be making that daily commute to Kansas City, Kansas.

So, in order to be able to practice in Kansas City, Kansas, because their home state will be Kansas City, Missouri, they won't...that nurse will need to maintain their multistate license from their home state. And then with that multistate license, they can make that daily commute. So, the nurse needs the license, the multistate license, from the state where they're residing, legally residing.

And then one last point I want to make on this slide is a quick and easy tool for employers to use to kind of verify a nurse's authority to practice, is the QuickConfirm feature. And you can locate that on [www.nursys.com](http://www.nursys.com). And there, you can kind of pull up a nurse by a name, license number, NCSBN ID, and then determine...and then see if a nurse has a multistate license.

And you can also pull up an authority to practice map and see exactly which states a nurse is authorized to practice in. Oh, and this is exactly what I'm talking about. So, these are the steps outlined for you. You'll go to [nursys.com](http://nursys.com), click QuickConfirm, click View Report, and then you will see kind of what you see up at the top.

You'll see the nurse's name, their license number, whether it's an encumbered or unencumbered license, and then compact status, single state or multistate. And then if you click on the little map icon, you'll see an individualized report, a map of all the states that the nurse has authority to practice. Another thing that we want to draw your attention to is the NCSBN ID.

So, this is kind of...you can find this in QuickConfirm when you pull up a nurse, and you can see it kind of grayed out at the very bottom. Hopefully, you can see where I'm pointing my clicker. When you search for the nurse by name, you can pull that nurse's information up and then in brackets, you'll see the nurse's NCSBN ID.

And the NCSBN ID is kind of like a social security number for nurses. Every nurse is assigned a unique nurse ID number, and that's regardless of how many licenses the nurse has or the number of qualifications the nurse has. And so, that's a quick way to be able to pull up that nurse's NCSBN ID.

And then another resource for employers is Nursys e-Notify. If you go to [nursys.com](http://nursys.com), you can find it on the very left-hand side. And this is a free resource for nurses or employers. It provides reminders about things like expiration dates that are coming up on any license.

It notifies of discipline taken on any license that the nurse holds in the U.S. It allows employers to upload a spreadsheet of all their nursing workforce, and that's an easy way to have all your nurses enrolled.

And if you register your nursing workforce into e-Notify, you can receive notifications of any disciplinary actions taken on any license. So, this slide just kind of summarizes all that information. And one thing to note is there is a difference between going to [nursys.com](http://nursys.com) and going to the state board of nursing website, because the state board of nursing website only gives you information about that one state, it doesn't have any other information about where else the nurse may have held or holds a license or any discipline that was taken on the nurse practice in another state.

So, we mentioned that, you know, there are a number of states that are trying to get legislation to pass. And we had mentioned that there are things that you can do to help legislation pass in those remaining green states.

And the reality is, legislation doesn't pass without significant support from stakeholders within the state. It's often difficult to get individuals or stakeholders to do things like testify at legislative committee hearings. But it is very important to have that organized support for the compact. And so, we go throughout the country to basically present about the NLC to stakeholder groups so that they can learn more about it and get their questions answered, and be better informed to support and advocate for it.

So, on the slide on the screen, you can see a few of the organizations that have formally endorsed the compact. And if your organization is interested, we welcome adding you to this list as well. But you as an individual nurse can also become involved in supporting legislation. And here are just some quick bullet points about exactly how you can do that.

So, you can educate any stakeholders about what the compact is and why it's beneficial. You can go to [nursecompact.com](http://nursecompact.com), which is our advocacy site, and you can send a letter to your legislator and governor, letting them know that you support the NLC. If you type in your zip code, it'll go directly to your elected officials.

And it is a template, but you can modify the template however you like. Additionally, you can contact or meet with elected officials. You can start a petition at [change.org](http://change.org) and send that petition to your legislator. You can volunteer to testify when a bill is being heard before a legislative committee. And then finally, as I mentioned earlier, you can be the catalyst to get your national organization or your employer to be added to that list of endorsers, to formerly endorse the NLC.

And that concludes the presentation for today. After we conclude and answer any questions, we will be sending a survey. It's just three questions, so we hope that you answer it. It really helps us plan future presentations, and we definitely welcome your feedback.

So, please keep an eye out in the chat for that survey link. It is also in this slide, I'm not sure if you can access it though. Well, we will be posting it in the chat.

- It's posted in the chat, yeah.

- Thank you. And then finally, we do invite you to subscribe to NLC Tip of the Week. That is a email communication that you could receive in your inbox every Wednesday. And it kind of quizzes you on what NLC knowledge you have, it provides new information about new states that either enacted or implemented, and a whole plethora of other information.

So, we definitely welcome you to subscribe to receive these little bits of tips in your inbox every week. And that concludes the presentation, and now we'd like to open the floor for any questions that you may have. On the thank you slide, you can see our email, [nursecompact@ncsbn.org](mailto:nursecompact@ncsbn.org). Feel free to send any questions to that email.

Our website, we post information regarding what's going on in each state on [nlc.gov](http://nlc.gov). There's a lot of flyers that you can locate in our left-hand navigation panel. If you go to the Toolkit, there's videos and flyers for nurses, nurse employers, military spouses, all sorts of different things there.

So, we encourage you to go check it out. And then finally, visit our advocacy site, [nursecompact.com](http://nursecompact.com), and there, you can send those letters to your elected officials. Any questions? Okay, I'm not getting any questions in my chat. Jim, I don't know if you see any questions in yours?

- Otherwise, if there are no...

- No, I don't. If there are no questions, we'll give you the gift of time and we'll end a little bit before 3:00. If you do come up with any questions, please feel free to email us at [nursecompact@ncsbn.org](mailto:nursecompact@ncsbn.org). All right, everybody, thanks so much.