## F CareerOneStop License Finder Results

We found 115 licenses for Emergency Medical Technicians in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License <br> Type | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Registered Intermediate Emergency Medical Technician (EMT) | Alabama Department of Public Health | P.O. Box 303017 Montgomery, AL 36130 | (334) 2065383 | Contact via website | www.adph.org/ems | Active | N/A - Not displayed |  |  |  |  |  |  | Register with licensing agency | 10/31/2020 |  |
| Registered Paramedic | Alabama Department of Public Health | P.O. Box 303017 Montgomery, AL 36130 | (334) 2065383 | Contact via website | www.adph.org/ems | Active | N/A - Not displayed |  |  |  |  |  |  | Register with licensing agency | 10/31/2020 |  |
| Emergency Medical Technician | Alaska Department of Health \& Social Services~Division of Public <br> Health~Emergency Program Section/EMS | P.O. Box 110616 Juneau, AK 99811-0616 | $\left(\begin{array}{l}\text { (907) } \\ \text { ext } 0\end{array} 4655467\right.$ | carin.marter@alaska.gov | http://dhss.alaska.g <br> ov/dph/Emergency/ <br> Pages/ems/downlo <br> ads/forms.aspx | Active | N/A - Not displayed | Certification required | Continuing education required to license | $\begin{aligned} & \text { Felony } \\ & \text { convictions } \\ & \text { prohibited } \end{aligned}$ | Specific course required | $\begin{aligned} & \begin{array}{l} \text { State } \\ \text { exam } \\ \text { required } \end{array} \end{aligned}$ | Work experience required | Stand-alone license | 09/11/2018 |  |
| Paramedic | Alaska Department of Commerce, Community \& Economic Development~Division of Corporations, Business, and Professional Licensing~State Medical Board | $\begin{aligned} & \text { P.O. Box } 110806 \\ & \text { Juneau, AK } 99811-0806 \end{aligned}$ | $\left(\begin{array}{l}\text { (907) } \\ \text { ext } 0\end{array} 4652781\right.$ | medicalboard@alask..gov | https://www.comme <br> rce.alaska.gov/web <br> lcbpl/ProfessionalLi <br> censing/StateMedic <br> alBoard.aspx | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | $\begin{aligned} & \text { Felony } \\ & \text { convictions } \\ & \text { prohibited } \end{aligned}$ | Specific course required | $\begin{array}{\|l\|} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | Work experience required | Stand-alone license | 09/11/2018 |  |
| Emergency Medical Technician (Certification) | Health Services, Department of | 150 N. 18th Avenue Phoenix, AZ 85007 | (602) 3642536 |  | http://www.azdhs.g | Active | Licenses from other states may be recognized for military and spouses | Certification required | Continuing education required to maintain license | Specific type of conviction prohibited | Specific course required | $\left\|\begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}\right\|$ | Work experience required | Stand-alone license | 09/11/2013 |  |
| Advanced EMT | Arkansas Department of Health~Emergency Medical Services | 5800 West 10th Street, <br> Suite 800 <br> Little Rock, AR 72204 | (501) 6612262 | adhems@arkansas.gov | http://www.heathy. <br> arkansas.gov/progr <br> ams. <br> amervices/topics/eme <br> grency-medical- <br> services | Active | A temporary license is available to military and spouses until formal license approval | Certification required | Continuing education required to maintain license | Specific type of conviction prohibited | Specific course required | $\begin{array}{\|l\|} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | Work experience required | Secondary license (another license is a prerequisite) | 09/23/2019 |  |
| Emergency Medical Technician | Arkansas Department of Health~Emergency Medical Services | 5800 West 10th Street, <br> Suite 800 <br> Little Rock, AR 72204 | (501) 6612262 | adhems@arkansas.gov | http://www.healthy. <br> arkansas.gov/progr <br> anms <br> ames. <br> serves/topics/eme <br> gency-medical- <br> services | Active | A temporary license is available to military and spouses until formal license approval |  | Continuing educuation required to maintain micense | Background check required | Specific course required | Both state and third- party exam exequired | Work experience required | Stand-alone license | 09/23/2019 |  |
| Paramedic | Arkansas Department of Heath~Emergency Medical Services | 5800 West 10th Street, <br> Suite 800 <br> Little Rock, AR 72204 | (501) 6612262 | adhems@arkansas.gov | http://www.healthy. <br> arkansas.gov/progr <br> ams- <br> serves/topics/eme <br> grency-medical- <br> services | Active | A temporary license is available to military and spouses until formal license approval | Certification required | Continuing <br> education <br> required to <br> maintain <br> license | Specific type of conviction prohibited | Specific course required | $\left\|\begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}\right\|$ | Work experience required | Stand-alone license | 09/23/2019 |  |
| Emergency Medical Technician (EMT), (EPI), (AEMT), (EMT-P) | Emergency Medical Services <br> Authority~Emergency Medical Services Personnel Division~Paramedic Program | 10901 Gold Center Drive Ste 400 <br> Rancho Cordova, CA 95670 | (916) 3239875 | paramedic@emsa.ca.gov | https://emsa.ca.gov <br> ! | Active | N/A - Not displayed | Certification | Continuing education required to license | $\left\lvert\, \begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}\right.$ | Specific course required | $\begin{array}{\|l\|} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | Work experience required | Stand-alone license | 07/09/2021 |  |

## $\approx$ CareerOneStop License Finder Results

## We found 115 licenses for Emergency Medical Technicians in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal <br> Record | Education | Exam | Experience | License <br> Type | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Emergency Medical Technician | Colorado Dept. of Public Health \& Environment | $\begin{array}{\|l} 4300 \text { Cherry Creek } \\ \text { South Drive } \\ \text { Denver, CO 80246-1530 } \end{array}$ | (303) 6923620 |  | $\begin{aligned} & \text { http://muw.cdphe.st } \\ & \begin{array}{l} \text { ate.co.us/cdpheho } \\ \text { m.asp } \end{array} \end{aligned}$ | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | $\begin{array}{l}\text { Background } \\ \text { check required }\end{array}$ | Specific course | $\begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone license | 07/01/2021 |  |
| Advanced Emergency Medical Technician | Department of Public Health~Health Care Systems <br> Branch~Practitioner Licensing \& Investigations Section | 410 Capitol Avenue, P.O.Box 340308 Hartford, CT 06134-0308 | (860) 5097603 | olp..dph@po.state.ct.us | www.dph.state.ct.u <br> s/licensure/licensur <br> e.htm | Active | N/A - Not displayed | Certification required | Continuing education required to license | $\left\lvert\, \begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibibions } \end{aligned}\right.$ | Specific course required | $\begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone license | 03/09/2021 |  |
| Emergency Medical Responder | Department of Public Health~Health Care Systems <br> Branch~Practitioner Licensing \& Investigations Section | 410 Capitol Avenue, <br> P.O.Box 340308 <br> Hartford, CT 06134-0308 | (860) 5097603 | olpc.dph@po.state.ct.us | $\frac{\mathrm{www} \text {.dph.state.ct.u }}{\text { s/licensure/licensur }}$ e.htm | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Specific course required | $\begin{aligned} & \text { State } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone license | 03/09/2021 |  |
| Emergency Medical Service Instructor | Department of Public Health~Health Care Systems <br> Branch~Practitioner Licensing \& Investigations Section | 410 Capitol Avenue, P.O.Box 340308 Hartford, CT 06134-0308 | (860) 5097603 | olpc.dph@po.state.ct.us | www.dph.state.ct.u s/licensure/licensur e.htm | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Specific course required | $\left.\begin{array}{\|l\|} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \right\rvert\,$ | Work experience required | Stand-alone license | 03/09/2021 |  |
| Paramedic | Department of Public Health~Health Care Systems <br> Branch~Practitioner Licensing \& Investigations Section | 410 Capitol Avenue, <br> P.O.Box 340308 <br> Hartford, CT 06134-0308 | (860) 5097603 | olpc.dph@po.state.ct.us | www.dph.state.ct.u s/licensure/licensur e.htm | Active | N/A - Not displayed | Certification required required | Continuing education required to license | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Specific course required | $\begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | Work experience | Stand-alone license | 03/09/2021 |  |
| Emergency Medical Technican Basic | Board of Medical <br> Licensure and <br> Discipline~Division of <br> Professional Regulation | Cannon Building, 861 Silver Lake Blvd., STE. 203 <br> Dover, DE 19904-2467 | (302) 7444500 |  |  | Active | A temporary license is available to military and spouses until formal license approval | Certification required | Continuing <br> edducation <br> required to <br> maintain <br> license | $\begin{aligned} & \text { Felony } \\ & \text { convictions } \\ & \text { prohibited } \end{aligned}$ | Specific course required | $\begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone license | 10/24/2018 |  |
| Emergency Allergy Treatment | FL Department of Health~Division of Medical Quality Assurance | 4042 Bald Cypress Way Tallahassee, FI 323993250 | (850) 4880595 |  | wnw.doh.state.fl.us | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Specific course required | $\begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone license | 02/25/2020 |  |
| Emergency Medical Technician (EMT) | FL Department of Health~Division of Medical Quality Assurance | 4042 Bald Cypress Way Tallahassee, FI 323993250 | (850) 4880595 |  | www.doh.state.fl.us ! | Active | N/A - Not displayed | Certification required required | Continuing <br> edication <br> required to <br> maintain <br> license | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Specific course required | $\begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone license | 02/25/2020 |  |
| Paramedic | FL Department of Heath-Division of Medical Quality Assurance | 4042 Bald Cypress Way Tallahassee, FI 323993250 | (850) 4880595 |  | www.doh.state.fl.us <br> ! | Active | N/A - Not displayed | Certification required |  | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Specific course required | $\begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone license | 02/25/2020 |  |
| Emergency Medical Technicians and Paramedics | There is some indication that this license exists in Georgia, but it has not yet been confirmed by state experts |  |  |  |  | Active | N/A - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education } \\ & \text { required to } \\ & \text { maintain } \\ & \text { license } \end{aligned}$ | $\begin{aligned} & \text { Felony } \\ & \text { convictions } \\ & \text { prohibited } \end{aligned}$ | Specific course required | $\begin{array}{\|l\|} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | No experience required | Stand-alone license | 01/01/2010 |  |

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| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License <br> Type | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Emergency Medical Technician |  | P O Box 2816 Hagatna, GU 96932 2816 | (671) 7357410 |  | dphss.guam.gov/gu am-board-of-barbering-andcosmetologyl | Active | N/A - Not displayed |  |  |  |  |  |  | Stand-alone license | 02/26/2020 |  |
| Emergency Medical Technician | Hawaii State Dept. of Commerce \& Consumer Affairs~Professional and Vocational Licensing Division~Board of Medical Examiners | P. O. Box 3469 , [335 Merchant St., Rm. 301, Honolulu, H1 96813] Honolulu, HI 96801 | (808) 5863000 | medica@dcca.hawai.gov | http://cca.hawaii.go <br> V/pv/boards/medic <br> al/ | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | $\left\lvert\, \begin{aligned} & \text { Noo criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}\right.$ | Specific course required | Third-party exam required | Work experience required | Stand-alone license | 10/09/2019 |  |
| Emergency Medical Technician Advanced/Paramedic | Hawaii State Dept. of Commerce \& Consumer Affairs Professional and Vocational Licensing Division~Board of Medical Examiners | P. O. Box 3469, [335 Merchant St., Rm. 301, Honolulu, HI 96813] Honolulu, H1 96801 | (808) 5863000 | medical@dcca.hawai.gov | http://cca.hawaii.go V/pv/lboards/medic al/ | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Specific course required | Third-party exam required | Work experience required | Stand-alone license | 10/09/2019 |  |
| Advanced EMT (AEMT) | Idaho Department of Health and Welfare~Emergency Medical Services | PO Box 83720, NULL Boise, ID 83720-0036 | NULL | EMSProvLic@dhw.idaho.gov | https://healthandwel <br> fare.idaho..gov/Medi <br> cal/EmergencyMedi <br> calServices/tabid/1 <br> $17 /$ Default.aspx | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | Any conviction is prohibited | Specific course required | $\begin{array}{\|l\|} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array},$ | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 03/08/2018 |  |
| Emergency Medical Responder (EMR) | Idaho Department of Health and Welfare~Emergency Medical Services | PO Box 83720, NULL Boise, ID 83720-0036 | NULL | EMSProvLic@dhw.idaho.gov | https://healthandwel <br> fare.idaho.gov/Medi <br> cal/EmergencyMedi <br> calServices/tabid/1 <br> $17 /$ Default.aspx | Active | N/A - Not displayed |  | Continuing education required to maintain license | $\begin{array}{\|l\|} \hline \text { Background } \\ \text { check required } \end{array}$ | Specific course required | $\begin{aligned} & \begin{array}{l} \text { State } \\ \text { exam } \\ \text { required } \end{array} \end{aligned}$ | Work experience required | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 03/08/2018 |  |
| Emergency Medical Technician (EMT) | Idaho Department of Health and Welfare~Emergency Medical Services | PO Box 83720, NULL Boise, ID 83720-0036 | NULL | EMSProvLic@dhw.idaho.gov | https://healthandwe fare.idaho.gov/Med cal/EmergencyMedcalServices/tabid/ <br> 1/Default.aspx | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Background } \\ \text { check required } \end{array} \\ \hline \end{array}$ | Specific course required | Both state and thirdparty exams required | Work experience required | Stand-alone license | 03/08/2018 |  |
| Paramedic | Idaho Department of Health and Welfare~Emergency Medical Services | PO Box 83720, NULL Boise, ID 83720-0036 | NULL | EMSProvLic@dhw.idaho.gov | h htps://healthandwel <br> fare.idaho..gov/Medi <br> cal/EmergencyMedi <br> calServicest/tabid/1 <br> $17 /$ Default.aspx | Active | N/A - Not displayed |  | Continuing education required to maintain license | $\left.\begin{array}{\|l\|} \text { Background } \\ \text { check required } \end{array} \right\rvert\,$ | Specific course | Both state and thirdparty exams required | Work experience required | Stand-alone license | 03/08/2018 |  |
| EMERGENCY MEDICAL TECHNICIAN (EMT) BASIC/COAL MINE | Illinois Department of Public Health | 535 W. Jefferson St. Springfield, IL 62761 | (217) 7852080 |  | $\left\lvert\, \begin{array}{l\|} \text { http://www.idph.stat } \\ \hline \text { e.il.us } \end{array}\right.$ | Active | N/A - Not displayed | Certification required | $\square$ | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Specific course required | $\left\|\begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}\right\|$ | Work experience required | Stand-alone license | 10/22/2014 |  |
| EMERGENCY MEDICAL TECHNICIAN (EMT) INTERMEDIATE | Illinois Department of Public Health | 535 W. Jefferson St. Springfield, IL 62761 | (217) 7852080 |  | http://www.idph.stat <br> e.il.us | Active | N/A - Not displayed | Certification required required | $\begin{aligned} & \text { Continuing } \\ & \text { education } \\ & \text { required to } \\ & \text { renintain } \\ & \text { micence } \end{aligned}$ | $\left\lvert\, \begin{aligned} & \text { Noo criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}\right.$ | Specific course required | Third-party exam required | Work experience required | Stand-alone license | 10/22/2014 |  |

## F CareerOneStop License Finder Results

We found 115 licenses for Emergency Medical Technicians in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License <br> Type | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| EMERGENCY MEDICAL TECHNICIAN (EMT) PARAMEDIC | Illinois Department of Public Health | 535 W. Jefferson St. Springfield, IL 62761 | (217) 7852080 |  | http://www.idph.stat <br> e.i.us | Active | N/A - Not displayed | Certification required |  | No criminal record prohibitions | Specific course required | $\begin{array}{\|l\|} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | Work experience required required | Stand-alone license | 10/22/2014 |  |
| FIRST RESPONDER AND FIRST RESPONDER/DEFIBRILLATION | Illinois Department of Public Health | 535 W. Jefferson St. Springfield, IL 62761 | (217) 7852080 |  | http://www.idph.stat <br> eil.us | Active | N/A - Not displayed |  |  | No criminal record prohibitions | Specific course required | $\begin{array}{\|l\|} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 10/22/2014 |  |
| SECURITY - <br> PARAMEDIC/EMERGENCY <br> MEDICAL TECHNICIAN - OFFICER | Illinois Gaming Board | Willard Ice Building, P.O Box 19474 Springfield, IL 627949474 | (312) 8144700 |  | $\left\lvert\, \begin{aligned} & \text { http://www.igb.illinoi } \\ & \frac{\text { s.gov/ }}{} \end{aligned}\right.$ | Active | N/A - Not displayed |  |  | No criminal record prohibitions | Specific course required | $\begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone license | 10/22/2014 |  |
| Advanced Emergency Medical Technician (AEMT) | Bureau of Emergency Medical Services~lowa Department of Public Health | 321 East 12th Street Des Moines, IA 50319 | (515) 2810620 | steven.mercer@idph.iowa.go v | http://idph.iowa.gov/ BETS | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Specific course required | $\begin{array}{\|l\|} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | Work experience required | Stand-alone license | 10/12/2020 |  |
| Emergency Medical Responder (EMR) | Bureau of Emergency Medical Services~lowa Department of Public Health | 321 East 12th Street Des Moines, IA 50319 | (515) 2810620 | $\frac{\text { steven.mercer@idph.iowa.go }}{\text { v }}$ | $\frac{\text { http://idph.iowa.gov/ }}{\text { BETS }}$ | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | No criminal record prohibitions | Specific course required | $\left.\begin{array}{\|l\|} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \right\rvert\,$ | Work experience required | Stand-alone license | 10/12/2020 |  |
| Emergency Medical Services Instructor (EMS-I) | Bureau of Emergency Medical Services~lowa Department of Public Health | 321 East 12th Street Des Moines, IA 50319 | (515) 2810620 | steven.mercer@idph.iowa.go $\underline{\text { g }}$ | http://idph.iowa.gov/ | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | $\left\lvert\, \begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}\right.$ | Specific course required | $\left\lvert\, \begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \end{aligned}\right.$ | Work experience required | Stand-alone license | 10/12/2020 |  |
| Emergency Medical Technician (EMT) | Bureau of Emergency Medical Services~lowa Department of Public Health | 321 East 12th Street Des Moines, IA 50319 | (515) 2810620 | steven.mercer@idph.iowa.go | htp://Idph.iowa.gov/ | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | No criminal record prohibitions | Specific course required | $\begin{array}{\|l\|} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | Work experience required | Stand-alone license | 10/12/2020 |  |
| Paramedic | Bureau of Emergency Medical Services~lowa Department of Public Health | 321 East 12th Street Des Moines, IA 50319 | (515) 2810620 | steven.mercer@idph.iowa.go <br> $\underline{\text { g }}$ | http://idph.iowa.gov/ | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | No criminal record prohibitions | Specific course required | $\left\|\begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}\right\|$ | Work experience required | Stand-alone license | 10/12/2020 |  |
| Emergency Medical Technician (EMT) | Kansas Board of Emergency Medical Services | 900 SW Jackson, Suite 1031 <br> Topeka, KS 66612 | (785) 2967296 |  | $\begin{aligned} & \text { http://mww.ksbems. } \\ & \hline \text { org } \end{aligned}$ | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | No criminal record prohibitions | Specific course required | $\left.\begin{array}{\|l\|} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \right\rvert\,$ | Work experience required | Stand-alone license | 11/12/2019 |  |
| Advanced Emergency Medical Technician | Kentucky Community <br> and Technical College <br> System Board of <br> Emergency Medical <br> Services | $\begin{aligned} & 118 \text { James Court, Suite } \\ & 50 \\ & \text { Lexington, KY } 40505 \end{aligned}$ | (859) 2563565 | brooke.french@kctcs.edu | $\left\lvert\, \begin{aligned} & \text { https://kbems.kctcs } \\ & \hline \text { edu/ } \end{aligned}\right.$ | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | Felony convictions prohibited | Specific course required | $\left\|\begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}\right\|$ | Work experience required | Stand-alone license | 10/13/2020 |  |
| Emergency Medical Responder | Kentucky Community and TTehnical College System~Board of Emergency Medical Services | 118 James Court, Suite 50 Lexington, KY 40505 | (859) 2563565 | brooke.french@kctcs.edu | $\begin{aligned} & \text { https://kbems.kctcs } \\ & \hline \text { edu/ } \end{aligned}$ | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | Felony prohibited prohibited | Specific course required | Both state <br> and third- <br> party <br> exams <br> required | Work experience required | Stand-alone license | 10/13/2020 |  |

## F CareerOneStop License Finder Results

We found 115 licenses for Emergency Medical Technicians in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active <br> Status | Active Military / Veterans | Certification | Continuing Education | Criminal <br> Record | Education | Exam | Experience | License <br> Type | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Emergency Medical Technician | Kentucky Community <br> and Technical College <br> System Board of <br> Emergency Medical <br> Services | 118 James Court, Suite 50 Lexington, KY 40505 | (859) 2563565 | brooke.french@kctics.edu | $\left\lvert\, \begin{aligned} & \text { https://kbems.kctcs } \\ & \hline \text { edul } \end{aligned}\right.$ | Active | N/A - Not displayed | Certification required required |  | $\begin{aligned} & \text { Felony } \\ & \text { convictions } \\ & \text { prohibited } \end{aligned}$ | Specific course required |  | Work experience required | Stand-alone license | 10/13/2020 |  |
| EMS Educator/Evaluator | Kentucky Community and Technical College System~Board of Emergency Medical Services | 118 James Court, Suite 50 Lexington, KY 40505 | (859) 2563565 | brooke.french@kctcs.edu | $\left\lvert\, \begin{aligned} & \text { https://kbems.kctcs } \\ & \hline \text { edul } \end{aligned}\right.,$ | Active | N/A - Not displayed | Certification required required | Continuing education required to maintain license | $\begin{aligned} & \text { Felony } \\ & \text { convictions } \\ & \text { prohibited } \end{aligned}$ | Specific course required | $\begin{array}{\|l\|} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array},$ | Work experience required | Stand-alone license | 10/13/2020 |  |
| Paramedic | Kentucky Community and Technical College System~Board o Emergency Medical Services | 118 James Court, Suite 50 Lexington, KY 40505 | (859) 2563565 | brooke.french@kctcs.edu | $\left\lvert\, \begin{aligned} & \text { https://kbems.kctcs } \\ & \hline \text { edul } \end{aligned}\right.$ | Active | N/A - Not displayed | Certification required | Continuing <br> edication <br> required to <br> maintain <br> license | $\begin{aligned} & \text { Felony } \\ & \text { convictions } \\ & \text { prohibited } \end{aligned}$ | Specific course required | Both state and thi party exams | Work experience required | Stand-alone license | 10/13/2020 | Physical exam required |
| Paramedic (EMT) | Louisiana Department of Health and <br> Hospitals~Bureau of Medical <br> Services~Department of Health and Hospitals | PO Box 3073 Baton <br> Rouge, LA 70821 <br> Baton Rouge, LA 70821 | (844) 4522367 | donnie.woodyardir@la.gov | http://new.dhh.louisi <br> ana.gov/index.cfm/ <br> subhome/28 | Active | N/A - Not displayed |  | $\begin{array}{\|l} \text { Continuing } \\ \text { enducation } \\ \text { required to } \\ \text { maintain } \\ \text { license } \end{array}$ | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Specific course required | $\begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \end{aligned},$ | Work experience required | Stand-alone license | 06/08/2021 |  |
| Emergency Medical Services Provider | Maine Department of Public Safety~Office of Emergency Medical Services | 45 Commerce Drive Ste <br> 1, 52 State House <br> Station <br> Augusta, ME 04333- <br> 0052 | (207) 6263860 |  | https://mww.maine. | Active | N/A - Not displayed | Certification required | $\qquad$ | $\begin{aligned} & \text { Felony } \\ & \text { convictions } \\ & \text { prohibited } \end{aligned}$ | Specific course required | $\begin{aligned} & \text { State } \\ & \text { exam } \\ & \text { required } \end{aligned}$ |  | Stand-alone license | 08/21/2020 | No physical requirements |
| Emergency Medical TechnicianParamedic | Maine Department of Public Safety~Office of Emergency Medical Services | 45 Commerce Drive Ste 1, 52 State House Station Augusta, ME 043330052 | (207) 6263860 |  | $\begin{array}{\|l} \mid \text { https://mww.maine. } \\ \hline \text { gov/ems/ } \end{array}$ | Active | N/A - Not displayed | Certification required | $\square$ | $\begin{aligned} & \text { Felony } \\ & \text { convictions } \\ & \text { prohibited } \end{aligned}$ | Specific course required | $\begin{aligned} & \text { State } \\ & \text { exam } \\ & \text { required } \end{aligned}$ |  | Stand-alone license | 08/21/2020 | No physical requirements |
| EMERGENCY MEDICAL TECHNICIAN (Dispensers) (EMT-D) | Maryland Institute for Emergency Medical Services~Office of Education and Certification | 653 West Pratt Street Baltimore, MD 21201 | (410) 7063666 |  |  | Active | Expedited processing is available for military and spouses | Certification required | $\begin{aligned} & \text { Continuing } \\ & \text { enucation } \\ & \text { required to } \\ & \text { maintain } \\ & \text { license } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { Felony } \\ & \text { convictions } \\ & \text { prohibited } \end{aligned}$ | Degree required | $\begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone license | 10/13/2020 |  |
| EMERGENCY MEDICAL TECHNICIAN (PARAMEDIC) AND CARDIAC RESCUE | Maryland Institute for Emergency Medical Services~Office of Education and Certification | 653 West Pratt Street Baltimore, MD 21201 | (410) 7063666 |  |  | Active | Expedited processing is available for military and spouses | Certification required | Continuing education required to maintain license | $\begin{aligned} & \text { Felony } \\ & \text { convictions } \\ & \text { prohibited } \end{aligned}$ | Degree required | Third-party exam required | Work experience required | Stand-alone license | 10/13/2020 |  |
| EMERGENCY MEDICAL TECHNICIAN-BASIC (EMT) | Office of Emergency Medical Services | 99 Chauncy Street, 11th Floor <br> Boston, MA 02111 | (617) 7537300 |  | http://www.mass.go V/eohhs/gov/depart ments/dph/program s/hcq/oems/ | Active | N/A - Not displayed | Certification required | $\square$ | $\left\lvert\, \begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}\right.$ | Degree required | Both state party exams required | Work experience required | Stand-alone license | 05/09/2018 |  |
| EMERGENCY MEDICAL TECHNICIAN-PARAMEDIC (EMTP) | Office of Emergency Medical Services | 99 Chauncy Street, 11th Floor Boston, MA 02111 | (617) 7537300 |  | http://www.mass.go v/eohhs/gov/depart ments/dph/program s/hcq/oems/ | Active | N/A - Not displayed | Certification required | Continuing <br> education <br> required to <br> maintain <br> micense | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Specific course required | $\begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone license | 05/09/2018 |  |
| Emergency Medical Technician (E.M.T.) | Michigan Department of Health and Human Services~Emergency Medical Services | $\begin{array}{\|l\|} \hline \text { P.O. Box } 30207 \\ \text { Lansing, MI } 48909 \end{array}$ | (517) 2413025 | MDHHS- <br> MichiganEMS@michigan.go <br> - | http://www.michiga <br> n.gov/mdhhs/0,588 <br> $5,7-339-$ <br> 7970 5093 28508 <br> ,$--00 . \mathrm{html}$ | Active | N/A - Not displayed | Certification required | $\begin{aligned} & \text { Continuing } \\ & \text { education } \\ & \text { required to } \\ & \text { maintain } \end{aligned}$ | $\left\lvert\, \begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}\right.$ | Specific course required | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | Work experience required | Stand-alone license | 02/25/2020 |  |

## ( CareerOneStop License Finder Results

We found $\mathbf{1 1 5}$ licenses for Emergency Medical Technicians in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License <br> Type | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Emergency Medical Technician, Paramedic (E.M.T) | Health and Human Services~Emergency Medical Services | P.O. Box 30207 Lansing, MI 48909 | (517) 2413025 | MDHHS- <br> MichiganEMS@michigan.go <br> v |  | Active | N/A - Not displayed | Certification required required |  | No criminal <br> record <br> prohibitions | Specific course required | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | Work experience required | Stand-alone license | 02/25/2020 |  |
| Emergency Medical Technician, Specialist (E.M.T.) | Michigan Department of Health and Human Services~Emergency Medical Services | P.O. Box 30207 Lansing, MI 48909 | (517) 2413025 | MDHHS- <br> MichiganEMS@michigan.go <br> v | http://ww.michiga <br> n.gov/mdhhs $/ 0,588$ <br> $5,7-339-$ <br> 7390 5093 28508. <br> ,$-- 00 . \mathrm{hml}$ | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | $\left\lvert\, \begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}\right.$ | Specific course required | Third-party exam required | Work experience required | Stand-alone license | 02/25/2020 |  |
| Emergency Medical Responder (EMR) | Minnesota Emergency Medical Services Regulatory Board | 2829 University Ave S.E., Suite 310 Minneapolis, MN 554143222 | (651) 2012808 |  | $\left\lvert\, \begin{aligned} & \text { http://www.emsrb.st } \\ & \frac{\text { ate.mn.us }}{} \end{aligned}\right.$ | Active | N/A - Not displayed | Certification required required | Continuing <br> edcucation <br> required to <br> maintain <br> license | No criminal <br> record <br> prohbibitions | Specific course required | Third-party exam required | Work experience | Stand-alone license | 10/16/2018 |  |
| Emergency Medical Technician (EMT) Registration | Minnesota Emergency Medical Services Regulatory Board | 2829 University Ave. S.E., Suite 310 Minneapolis, MN 554143222 | (651) 2012808 |  | $\mid$ | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | $\begin{array}{\|l\|l} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array}$ | Specific course | Both state <br> and third- <br> party <br> exams <br> required | Work experience required | $\begin{aligned} & \text { Register with } \\ & \text { licensing } \\ & \text { agency } \end{aligned}$ | 10/16/2018 |  |
| Emergency Medical Technicians | Department Of Health and Senior Services~Emergency Medical Services, <br> Bureau of | 1617 Southridge Drive, P. 0 Box 570 Jefferson City, MO 65109-0423 | $\left\lvert\, \begin{aligned} & \text { (573) } 7516356 \\ & \text { ext } 5737516400 \end{aligned}\right.$ | info@dhss.mo.gov | http://www.dhss.mo <br> gov | Active | N/A - Not displayed |  | $\qquad$ | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Specific course required | $\begin{aligned} & \text { State } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone license | 09/11/2018 |  |
| Paramedic | Department Of Health and Senior Services $\sim$ Emergency Medica Services, Bureau of | 1617 Southridge Drive, P. 0 Box 570 Jefferson City, MO 65109-0423 | $\left\lvert\, \begin{aligned} & \text { (573) } 7516356 \\ & \text { ext } 5737516400 \end{aligned}\right.$ | info@dhss.mo.gov | http://www.dhss.mo <br> gov | Active | N/A - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education } \\ & \text { required to } \\ & \text { reaitain } \\ & \text { liciense } \end{aligned}$ | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Degree required |  | Work experience required | Stand-alone license | 09/11/2018 |  |
| Medical Examiners - Advanced EMT | Board of Medical Examiners | 301 South Park, 4th Floor, PO Box 200513 Helena, MT 59620-0513 | (406) 8412360 | dilibsdmed@mt.gov | $\left\lvert\, \begin{aligned} & \text { http://boards.bsd.dli } \\ & \hline \mathrm{mt.gov} / \mathrm{med} \end{aligned}\right.$ | Active | N/A - Not displayed | Certification required required |  | $\left\lvert\, \begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}\right.$ | Specific course required | $\begin{array}{\|l\|} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array},$ | Work experience required | Stand-alone license | 09/11/2018 |  |
| Medical Examiners - Basic Course | Board of Medical Examiners | 301 South Park, 4th Floor, PO Box 200513 Helena, MT 59620-0513 | (406) 8412360 | dilibsdmed@m.gov | $\left\lvert\, \begin{aligned} & \text { http://boards.bsd.dli } \\ & \hline \mathrm{mt.gov} / \mathrm{med} \end{aligned}\right.$ | Active | N/A - Not displayed |  | $\qquad$ | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Specific course required | $\begin{array}{\|l\|} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | Work experience required | Stand-alone license | 09911/2018 |  |
| Medical Examiners - Emergency Medical Responder | Board of Medical Examiners | 301 South Park, 4th Floor, PO Box 200513 Helena, MT 59620-0513 | (406) 8412360 | dilibsdmed@m.gov | $\left\lvert\, \begin{aligned} & \text { http://boards.bsd.dil } \\ & \hline \mathrm{mt.gov} / \mathrm{med} \end{aligned}\right.$ | Active | N/A - Not displayed |  | Continuing <br> edication <br> required to <br> maintain <br> license | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Specific course required | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | Work experience required required | Stand-alone license | 09/11/2018 |  |
| Medical Examiners - Emergency Medical Technician | Board of Medical Examiners | 301 South Park, 4th Floor, PO Box 200513 Helena, MT 59620-0513 | (406) 8412360 | dibsdmed@mt.gov | $\left\lvert\, \begin{aligned} & \text { http://boards.bsd.dlii } \\ & \hline \mathrm{mt.gov} / \mathrm{med} \end{aligned}\right.$ | Active | N/A - Not displayed |  | $\square$ | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Specific course required | required required | Work experience required | Stand-alone license | 09/11/2018 |  |
| Medical Examiners - Paramedic | Board of Medical Examiners Examiners | 301 South Park, 4th Floor, PO Box 200513 Helena, MT 59620-0513 | (406) 8412360 | dilibsdmed@mt.gov | http://boards.bsd.dli <br> mt.gov/med | Active | N/A - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education } \\ & \text { required to } \\ & \text { maintain } \\ & \text { ticienco } \end{aligned}$ | $\left\lvert\, \begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}\right.$ | Specific course required | Third-party exam required | Work experience required | Stand-alone license | 09/11/2018 |  |

## ( CareerOneStop License Finder Results

We found $\mathbf{1 1 5}$ licenses for Emergency Medical Technicians in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / <br> Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License <br> Type | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Emergency Medical Service Provider | Nebraska Dept. of Health \& Human Services | $\begin{array}{\|l\|l\|} \hline \text { P.O. Box } 94986 \\ \text { Lincoln, NE } 68509 \end{array}$ | (402) 2472299 | dhhs.rehaboffice@nebraska. | $\frac{\text { dhhs.ne.gov/licensu }}{}$ <br> re/pages.pprofession <br> s.and- <br> s.and <br> occupations.aspx <br> . | Active | A temporary license is available to military and spouses until formal license approval |  |  |  |  |  |  | Stand-alone license | 06/29/2021 |  |
| Emergency Medical Technician | Nevada Division of Public \& Behavioral Health~Emergency Medical Systems Program Office | 4150 Technology Way, Ste 101 <br> Carson City, 89706 | (775) 6877590 |  | http://dpbh.nv.gov/ Reg/EMS/EMShome/ | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | Felony prohibited | Specific course required | Both state <br> and third- <br> party <br> exams <br> required | Work experience required | Stand-alone license | 01/14/2016 |  |
| Emergency Medical Technician Clark County | Southern Nevada Health District-Emergency Medical Services | 280 S. Decatur Blvd. Las Vegas, 89107 | (702) 7591050 | emergencymedical@snhdma | http://southerneva dahealthdistrict.org/ ems | Active | N/A - Not displayed | Certification required |  | Felony prohibited prohibited | Specific course required | $\begin{array}{\|l\|} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | Work experience required | Stand-alone license | 01/14/2016 |  |
| Emergency Medical Services (EMS) Provider | Bureau of Emergency Medical Services~Division of Fire Standards and Training and Emergency Medical Services~New Hampshire Department | 33 Hazen Drive Concord, NH 0330 | (603) 2234200 | EMS.licensing@dos.nh.gov | www.nh.gov/safety/ divisions/fstems/em s/ | Active | N/A - Not displayed |  | Continuing education required to license | Background check required | Specific course required | $\begin{aligned} & \text { State } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone license | 06/01/2020 |  |
| EmERGENCY MEDICAL TECHNICIAN | Department of Health and Senior Services~Office of Public Health~Education, Training, and Licensure Program | $\begin{aligned} & \text { PO Box } 360 \\ & \text { Trenton, NJ } 8625 \end{aligned}$ | (609) 2924993 |  | https://www.ni.gov/ <br> health/h/profession <br> als/licensing/ | Active | N/A - Not displayed |  |  | No criminal record prohibitions | Specific course required | $\begin{array}{\|l\|} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | Work experience required | Stand-alone license | 02/26/2020 |  |
| PARAMEDIC | Department of Health and Senior <br> Services~Office of Public Health~Education, Training, and Licensure Program | $\begin{aligned} & \text { PO Box } 360 \\ & \text { Trenton, NJ } 8625 \end{aligned}$ | (609) 2924993 |  | https://www.nj.gov health/h/profession als/licensing/ | Active | N/A - Not displayed |  |  | No criminal record prohibitions | Specific course required | $\begin{array}{\|l\|} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | Work experience required required | Stand-alone license | 02/26/2020 |  |
| EMT License Basic | New Mexico Emergency Medical Systems Bureau | 1301 Siler Road, Bldg. F Santa Fe, NM 87507 | (505) 4768200 | Jacoo.Bennett@state.nm.us | https://nmhealth.org <br> labout/erd/emsb/ | Active | N/A - Not displayed |  |  | Felony prohibited prohibited | Specific course required | $\left\|\begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}\right\|$ | Work experience required | Stand-alone license | 07/08/2021 |  |
| EMT License Intermediate | New Mexico Emergency Medical Systems Bureau | 1301 Siler Road, Bldg. F Santa Fe, NM 87507 | (505) 4768200 | Jacob.Bennett@state.nm.us | https://nmhealth.org labout/erd/emsb/ | Active | N/A - Not displayed |  | Continuing eddcation required to maintain license | Felony conviction prohibited | Specific course required | $\left\|\begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}\right\|$ | Work experience required | Stand-alone license | 07/08/2021 |  |
| First Responders | New Mexico Emergency Medical Systems Bureau | 1301 Siler Road, Bldg. F Santa Fe, NM 87507 | (505) 4768200 | Jacob.Bennett@state.nm.us | https://nmhealth.org | Active | N/A - Not displayed |  |  | Felony prohibited prohibited | Specific course required | $\left\|\begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}\right\|$ | Work experience required | Stand-alone license | 07/08/2021 |  |

## ₹ CareerOneStop License Finder Results

## We found 115 licenses for Emergency Medical Technicians in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / <br> Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License <br> Type | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Paramedic License | New Mexico Emergency Medical Systems Bureau | 1301 Siler Road, Bldg. F Santa Fe, NM 87507 | (505) 4768200 | Jacoo.Bennett@state.nm.us | $\begin{aligned} & \text { https://nmhealth.org } \\ & \hline \text { about/erd/emsb/ } \end{aligned}$ | Active | N/A - Not displayed |  |  | $\begin{aligned} & \text { Felony } \\ & \text { convictions } \\ & \text { prohibited } \end{aligned}$ | Specific course required | $\left\|\begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}\right\|$ | Work experience required required | Stand-alone license | 07/08/2021 |  |
| Certified Dental Assistant | NYS Education Department~Office of the Professions~State Board for Dentistry | 89 Washington Avenue Albany, NY 12234-1000 | $\left\lvert\, \begin{aligned} & (518) 4743817 \\ & \text { ext } 550 \end{aligned}\right.$ |  | http://www.op.nyse | Active | Fees are reduced <br> and expedited <br> processing is <br> available for military <br> and spouses, with a <br> temporary license <br> availabbe in the <br> interim |  | Continuing education required to maintain license | $\left\lvert\, \begin{aligned} & \text { Noo criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}\right.$ | Degree required | $\begin{array}{\|l\|} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | Work experience required | Stand-alone license | 11/23/2020 |  |
| Dietitian-Nutritionist | NYS Education Department~Office of the Professions~State Board for Dietetics \& Nutrition | 89 Washington Avenue Albany, NY 12234-1000 | $\left\lvert\, \begin{aligned} & (518) 4743817 \\ & \text { ext } 100 \end{aligned}\right.$ |  | $\begin{aligned} & \text { http://muw.op.nyse } \\ & \text { d.gov/prof/ } \end{aligned}$ | Active | Fees are reduced <br> and expedited <br> processing is <br> availabbe for military <br> and spouses, with a <br> temporary license <br> availabbe in the <br> interim | Certification required | No continuing education requirement to maintain license | $\left\lvert\, \begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}\right.$ | Degree required | $\left\lvert\, \begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \end{aligned}\right.$ | Work experience | Stand-alone license | 02/02/2021 |  |
| Driving School Instructor | NYS Department of Motor Vehicles~Bureau of Driver Training Program | 6 Empire State Plaza, Swan St. Bldg., Room 327 <br> Albany, NY 12228 | $\left.\right\|_{\text {ext } 318} ^{(51837174}$ | Robert.Lyon@dmv.ny.gov | https://www.dmv.ny <br> gov/ | Active | N/A - Not displayed | Certification required | No continuing education requirement to maintain license | $\left\lvert\, \begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}\right.$ | Degree required | $\begin{array}{\|l\|} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | Work experience required | Stand-alone license | 03/29/2021 |  |
| Emergency Medical Technician Basic (EMT-B) | NYS Department of Health~Bureau of Emergency Medical Services and Trauma Systems | 875 Central Avenue Albany, NY 12206-1388 | (518) 4020996 | daniel.clayton@health.ny.gov | https://www.health. nv.gov/ | Active | N/A - Not displayed |  | Continuing education required to maintain license | $\left\lvert\, \begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}\right.$ | Specific course required | $\begin{aligned} & \text { State } \\ & \text { exam } \\ & \text { required } \end{aligned}$ |  | Stand-alone license | 04/19/2021 |  |
| Emergency Medical Technician Critical Care (AEMT-CC) | $\begin{aligned} & \text { NYS Department of } \\ & \text { Healthh-Bureau of } \\ & \text { Emergency Medical } \\ & \text { Services and Trauma } \\ & \text { Systems } \end{aligned}$ | 875 Central Avenue Albany, NY 12206-1388 | (518) 4020996 | daniel.clayton@health.ny.gov | https://www.health. ny.gov/ | Active | N/A - Not displayed |  | Continuing <br> education <br> required to <br> ranintain <br> maicense | $\left\lvert\, \begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}\right.$ | Specific course required | $\begin{aligned} & \text { State } \\ & \text { exam } \\ & \text { required } \end{aligned}$ |  | Stand-alone license | 04/19/2021 |  |
| Advanced Emergency Medical Technician (AEMT) | NC Department of Health \& Human Services~Health Service Regulation | 2701 Mail Service <br> Center <br> Raleigh, NC 27699-2701 | (919) 8553750 | mark.payne@dhhs.nc.gov | https://info.ncdhhs. <br> gov/dhsr/testrules.h <br> tm | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | Specific type of conviction prohibited | Specific course required | $\begin{aligned} & \text { State } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone license | 06/28/2021 | Some physical requirements |
| Emergency Medical Technician (EMT) | NC Department of Health \& Human Services~Health Service Regulation | 2701 Mail Service <br> Center <br> Raleigh, NC 27699-270 | (919) 8553750 | mark.payne@dhhs.nc.gov | https://info.ncdhhs. <br> gov/dhsr/testrules.h <br> tm | Active | N/A - Not displayed | Certification required | Continuing edducation required to maintain license | Specific type of conviction prohibited | Specific course required | $\begin{aligned} & \text { State } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone license | 06/01/2021 | Some physical requirements |
| Emergency Medical Technician Paramedic (EMT-P) | NC Department of Health \& Human Services~Health Service Regulation | 2701 Mail Service <br> Center <br> Raleigh, NC 27699-2701 | (919) 8553750 | mark.payne@dhhs.nc.gov | https://info.ncdhhs. <br> gov/dhsr/testrules. h <br> tm | Active | N/A - Not displayed | Certification required | $\begin{aligned} & \text { Coctintining } \\ & \text { enucuation } \\ & \text { required to } \\ & \text { maintain } \end{aligned}$ | Specific type of conviction prohibited | Specific course | $\begin{aligned} & \text { State } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone license | 06/01/2021 | Some physical requirements |

## $\mathcal{F}$ CareerOneStop License Finder Results

We found $\mathbf{1 1 5}$ licenses for Emergency Medical Technicians in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License <br> Type | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Emergency Medical Technicians (EMT) | ND Department of Health~ND Department of Health | $\begin{aligned} & 1720 \text { Burlington Dr } \\ & \text { Bismarck, ND } 58504- \\ & 0200 \end{aligned}$ | (701) 3284523 |  |  | Active | N/A - Not displayed | Certification required | $\begin{array}{\|l\|l} \text { Continuing } \\ \text { encucation } \\ \text { requird to } \\ \text { maintain } \\ \text { license } \end{array}$ | $\left.\begin{array}{\|l\|} \text { Background } \\ \text { check required } \end{array} \right\rvert\,$ | Specific course required | $\begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Stand-alone license | 05/25/2021 | No physical requirements |
| EMS Personnel | North Dakota Department of Health~Emergency Preparedness \& Response Section |  |  |  |  | Active | N/A - Not displayed |  |  |  |  |  |  | Stand-alone license | 07/19/2019 |  |
| Emergency Medical Technician (EMT) | Ohio Department of Public Safety~Division of Emergency Medical Services | 1970 West Broad St Columbus, OH 43223 | (614) 4669447 | AskEMS@dps.state.oh.us | www.ems.ohio.gov | Active | N/A - Not displayed | Certification required | Continuing education required to maintain micense | $\left\lvert\, \begin{aligned} & \text { Felony } \\ & \text { convictions } \\ & \text { prohibited } \end{aligned}\right.$ | Specific course required | $\left\|\begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}\right\|$ | Work experience | Stand-alone license | 10/13/2020 |  |
| Advanced Emergency Medical Technician | OKlahoma State Department of Health Emergency Medical Services Division | $\begin{aligned} & 1000 \text { NE 10th } \\ & \text { Oklahoma City, OK } \\ & 73117 \end{aligned}$ | (405) 2715600 | CaseyB@health.ok.gov | https://www.ok.gov/ | Active | N/A - Not displayed |  |  | $\left\lvert\, \begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}\right.$ | Specific course required | State exam required | Work experience required | Stand-alone license | 06/25/2020 |  |
| Emergency Medical Responder | $\qquad$ | $\begin{aligned} & 1000 \text { NE 10th } \\ & \text { Oklahoma City, OK } \\ & 73117 \end{aligned}$ | (405) 2715600 | CaseyB@health.ok.gov | https://www.ok.gov/ <br> health/ | Active | N/A - Not displayed |  |  | $\left\lvert\, \begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}\right.$ | Specific course required |  |  | Stand-alone license | 06/25/2020 |  |
| Emergency Medical Technician | Oklahoma State <br> Department of <br> Hearth~Emergency <br> Medical Services <br> Division | $\begin{aligned} & 1000 \text { NE 10th } \\ & \text { Oklahoma City, OK } \\ & 73117 \end{aligned}$ | (405) 2715600 | CaseyB@health.ok.gov | https://mww.ok.gov/ <br> heath/ | Active | N/A - Not displayed |  | Continuing education required to maintain license | $\left\lvert\, \begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { pronibitions } \end{aligned}\right.$ | Specific course required | $\begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone license | 06/25/2020 |  |
| Paramedic | Oklahoma State Department of Health~Emergency Medical Services Division | $\begin{aligned} & 1000 \text { NE 10th } \\ & \text { Oklahoma City, OK } \\ & \text { 73117 } \end{aligned}$ | (405) 2715600 | CaseyB@health.ok.gov | https://mww.ok.gov/ <br> health/ | Active | N/A - Not displayed |  |  | $\left\lvert\, \begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}\right.$ | Specific course required | $\begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone license | 06/20/2018 |  |
| Emergency Medical Responder (EMR) | OHA - Emergency Medical Services and Trauma Systems | 800 NE Oregon Street, Suite 465 Portland, OR 97232 |  |  |  | Active | N/A - Not displayed |  | Continuing education required to license | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Specific course required | $\begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone license | 04/04/2018 |  |

We found $\mathbf{1 1 5}$ licenses for Emergency Medical Technicians in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing <br> Education | Criminal Record | Education | Exam | Experience | License <br> Type | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Emergency Medical Technician (EMT) | OHA - Emergency Medical Services and Trauma Systems | 800 NE Oregon Street, <br> Suite 465 <br> Portland, OR 97232 |  |  |  | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Specific course required | Third-party exam required | Work experience | Stand-alone license | 04/04/2018 |  |
| Emergency Medical Technician (EMT), Advanced | OHA - Emergency Medical Services and Trauma Systems | 800 NE Oregon Street, <br> Suite 465 <br> Portland, OR 97232 |  |  |  | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | $\left\lvert\, \begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}\right.$ | Specific course required | Third-party exam required | Work experience required | Stand-alone license | 04/04/2018 |  |
| Emergency Medical Technician (EMT), Intermediate | OHA - Emergency Medical Services and Trauma Systems | 800 NE Oregon Street, <br> Suite 465 <br> Portland, OR 97232 |  |  | https:://www.oregon. <br> gov/oha/ph/Provide <br> rPartnerResources/ <br> EMSTraumaSyste <br> ms/EMSTrainingCe <br> rtification/Pages/ind <br> ex.aspx | Active | N/A - Not displayed | Certification required | Continuing education required to maintain icense | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohbibitions } \end{aligned}$ | Specific course | Third-party exam required | Work experience required | Stand-alone license | 04/04/2018 |  |
| Emergency Medical Technician (EMT), Paramedic | OHA - Emergency Medical Services and Trauma Systems | 800 NE Oregon Street, <br> Suite 465 <br> Portland, OR 97232 |  |  |  | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohbibitions } \end{aligned}$ | Specific course | Third-party exam required | Work experience required | Stand-alone license | 04/04/2018 |  |
| Emergency Medical Technician Basic | Puerto Rico Department of Health~Office of Regulations \& Certification of Health Professionals |  |  |  | https://casetext.co <br> m/statute/laws-of- <br> puerto-rico/title- <br> twenty-examining- <br> boards-and- <br> professional- <br> colleges/chapter- <br> 108-board-of- <br> examiners-of-the- <br> emergency-medical <br> technicians | Active | N/A - Not displayed | Certification may substitute for license equirements | Continuing education required to maintain license | Any conviction is prohibited | Specific course required | Third-party exam required | No experience required | Stand-alone license | 07/19/2019 | Physical exam required |
| Paramedic | Puerto Rico Department of Health~Office of Regulations \& Certification of Health Professionals |  |  |  |  | Active | N/A - Not displayed | Certification may substitute for license requirements | Continuing education required to maintain license | Any conviction is prohibited | Degree required | Third-party exam required | No experience required | Stand-alone license | 07/19/2019 | Physical exam required |

## * CareerOneStop License Finder Results

We found 115 licenses for Emergency Medical Technicians in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License <br> Type | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Emergency Medical Technician | RI Department of Health~Health Professions Regulation | 3 Capitol Hill, Room 104 Providence, RI 02908 | (401) 2222828 |  | http://www.health.ri. <br> gov/licenses/ | Active | N/A - Not displayed | Certification required required | $\square$ | $\begin{aligned} & \text { Felony } \\ & \text { convictions } \\ & \text { prohibited } \end{aligned}$ | Specific course required | Third-party exam required | Work experience required | Stand-alone license | 10/01/2019 |  |
| Emergency Medical Responder | South Dakota Department of Public Safety-Emergency Medical Services | 2001 E. 8th Street Sioux Falls, SD 57103 | (605) 3675372 | marty.link@state.sd.us | http://doh.sd.gov/pr <br> oviders/rualihealth/ <br> EMS | Active | N/A - Not displayed | Certification required required | $\begin{aligned} & \text { Continuing } \\ & \text { education } \\ & \text { required to } \\ & \text { ranitain } \\ & \text { license } \end{aligned}$ | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Specific course required | Third-party exam required | Work experience required | Stand-alone license | 09/23/2019 |  |
| Emergency Medical Technician | South Dakota Department of Public Safety - Emergency Medical Services | 2001 E. 8th Street Sioux Falls, SD 57103 | (605) 3675372 | marty.link@state.sd.us | http://doh.sd.gov/pr oviders/ruralhealth EMS | Active | N/A - Not displayed | Certification required |  | No criminal record prohibitions | Specific course required | Third-party exam required | Work experience required | Stand-alone license | 09/23/2019 |  |
| EMT Advanced Life Support | South Dakota Board of Medical \& Osteopathic Examiners | 101 N Main Ave Ste 301 Sioux Falls, SD 57104 | (605) 3677781 | SDBMOE@state.sd.us | http://www.sdbmoe. <br> gov/l | Active | N/A - Not displayed | Certification required | $\square$ | $\begin{array}{\|l} \text { Noo criminal } \\ \text { record } \\ \text { prohibitions } \end{array}$ | Specific course required | Third-party exam required | Work experience required | Stand-alone license | 09/23/2019 |  |
| EMERGENCY MEDICAL RESPONDER | Realn~Division of Emergency Services | 665 Mainstream Drive, 2nd Floor Nashville, TN 37243 | (615) 5323202 |  |  | Active | N/A - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education } \\ & \text { required to } \\ & \text { maintain } \\ & \text { license } \end{aligned}$ | $\begin{aligned} & \text { Felony } \\ & \text { convictions } \\ & \text { prohibited } \end{aligned}$ | Specific course required |  | Work experience required | Stand-alone license | 09/12/2018 |  |
| EMERGENCY MEDICAL TECHNICIAN (EMT) | Relate Division of Heal of Emergency Services | 665 Mainstream Drive, 2nd Floor Nashville, TN 37243 | (615) 5323202 |  |  | Active | N/A - Not displayed | Certification required required | $\qquad$ | Background check required | Specific course required | Both state <br> and third- <br> party <br> exams <br> required | Work experience required | Stand-alone license | 09/12/2018 |  |
| EMERGENCY MEDICAL TECHNICIAN - ADVANCED (EMTA) | Reath~Division of of Emergency Services | 665 Mainstream Drive, 2nd Floor Nashville, TN 37243 | (615) 5323202 |  |  | Active | N/A - Not displayed | Certification | $\begin{aligned} & \text { Continuing } \\ & \text { education } \\ & \text { required to } \\ & \text { raintain } \\ & \text { license } \end{aligned}$ | Background check required | Degree required | exam required | Work experience required | Stand-alone license | 09/12/2018 |  |
| EMERGENCY MEDICAL <br> TECHNICIAN - PARAMEDIC (EMT- <br> P) | Department of Health~Division of Health Related Boards~Division of Emergency Services | 665 Mainstream Drive, 2nd Floor Nashville, TN 37243 | (615) 5323202 |  |  | Active | N/A - Not displayed | Certification required required |  | Background check required | Degree required | Third-party exam required | Work experience required | Stand-alone license | 09/12/2018 |  |
| EMERGENCY MEDICAL TECHNICIAN PARAMEDIC CRITICAL CARE (EMTP-CC) | Health-Division of Health Related Boards~Division of Emergency Services | 665 Mainstream Drive, 2nd Floor Nashville, TN 37243 | (615) 5323202 |  |  | Active | N/A - Not displayed | Certification required required | Continuing edcucation required to maintain license | Background check required | Specific course | Third-party exam required | Work experience required | Stand-alone license | 09/12/2018 |  |
| PARAMEDIC | Texas Department of State Health Services | PO Box 149347 Austin, TX 78714-9347 | (512) 7767111 | customer.service@dshs.texa <br> s.gov | https://dshs.texas.g ov/ | Active | N/A - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education } \\ & \text { required to } \\ & \text { raintain } \\ & \text { license } \end{aligned}$ | $\begin{aligned} & \text { Felony } \\ & \text { convictions } \\ & \text { prohibited } \end{aligned}$ | Specific course required | State required | Work experience required | Stand-alone license | 10/27/2020 |  |
| EMERGENCY MEDICAL TECHNICIAN | Utah Department of Health~The Bureau of Emergency Medical Services~EMS | 3760 South Highland Dr, FI 4 \& 5, PO Box 142004 Salt Lake City, UT 84114 2004 | 301) 2736666 | ems@utah.gov | $\begin{aligned} & \text { https://health.utah.g } \\ & \hline \text { ov/ems/ } \end{aligned}$ | Active | Military and spouses are exempt from licensure requirements |  | Continuing education required to maintain license | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Specific course required | Third-party exam required | Work experience required | Stand-alone license | 11/04/2019 |  |

## F CareerOneStop License Finder Results

## We found 115 licenses for Emergency Medical Technicians in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License <br> Type | License <br> Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Emergency Medical Services License | Vermont Department of Health~Emergency Preparedness, EMS \& Injury <br> Prevention~Emergency Medical Services Licensing | $\begin{aligned} & 108 \text { Cherry Street, P.O. } \\ & \text { Box } 70 . \\ & \text { Burington, VT } 05402 \end{aligned}$ | (802) 8637200 | ahs..vdhvtems@vermont.gov | https://www.healthv ermont.gov/emerge ncy-preparedness-ems/emergency-medicalservices/licensing | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | $\begin{aligned} & \text { Felony } \\ & \text { convictions } \\ & \text { prohibited } \end{aligned}$ | Specific course required | State exam required | Current employment in field required | Stand-alone license | 02/19/2020 | No physical requirements |
| Emergency Medical Technician | Department of Health~Office of Emergency Medical Services | 1538 East Parham Road Richmond, VA 23228 | (804) 3713500 |  |  | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | $\begin{aligned} & \text { Felony } \\ & \text { convictions } \\ & \text { prohibited } \end{aligned}$ | Degree required | Third-party exam required | Work experience required | Stand-alone license | 05/29/2014 |  |
| Emergency Medical Service Evaluator | Department of Health | 101 Israel Rd SE Tumwater, WA 98501 | (360) 2364700 | customerservice@cpaboard. <br> wa.gov | http://mww.doh.wa. gov | Active | N/A - Not displayed | Certification required | Continuing <br> eduction <br> required to <br> ren <br> maintain <br> license | $\begin{array}{\|l} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array}$ | Specific course required | Third-party exam required | Work experience required | Stand-alone license | 06/30/2016 |  |
| Emergency Medical Service Personnel | Department of Health | 101 Israel Rd SE Tumwater, WA 98501 | (360) 2364700 | $\begin{array}{\|l\|} \hline \text { customerservice@cpaboard. } \\ \hline \text { wa.gov } \end{array}$ | http://mww.doh.wa. gov | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Specific course required | Third-party exam required | Work experience required | Stand-alone license | 06/30/2016 |  |
| Emergency Medical Technician | Department of Health | 101 Israel Rd SE Tumwater, WA 98501 | (360) 2364700 | customerservice@cpaboard. <br> wa.gov | http://www.doh.wa. gov | Active | N/A - Not displayed | Certification required | Continuing eddcation required to maintain license | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Specific course required | Both state <br> and third- <br> party <br> exams <br> required | Work experience required | Stand-alone license | 06/30/2016 |  |
| Paramedic | Department of Health | 101 Israel Rd SE Tumwater, WA 98501 | (360) 2364700 | customerservice@cpaboard. wa.gov | http://www.doh.wa. | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | Background check required | Specific course required | Third-party exam required | Work experience required | Stand-alone license | 06/30/2016 |  |
| EMT, BASIC | WI Dept of Health Services $\sim$ Bureau of Local Health Support and Emergency Medical Services | 1 W. Wilson St. Madison, WI 53703 | (608) 2661865 | DHSwebmaster@dhs.wiscon sin.gov | https://www.dhs.wis consin.gov/ems/lice nsing/index.htm | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | Specific type of conviction prohibited | Specific course required | Third-party exam required | Work experience required | Stand-alone license | 12/01/2020 |  |
| EMT, INTERMEDIATE | $\begin{array}{\|l\|} \hline \text { WI Dept of Health } \\ \text { Services~Bureau of } \\ \text { Local Health Support } \\ \text { and Emergency Medical } \\ \text { Services } \\ \hline \end{array}$ | 1 W. Wilson St. Madison, WI 53703 | (608) 2661865 | DHSwebmaster@dhs.wiscon sin.gov | https://www.dhs. wis nsing/index.htm | Active | N/A - Not displayed | Certification required |  | Specific type of conviction prohibited | Specific course required | Third-party exam required | Work experience required | Stand-alone license | 12/01/2020 |  |
| Emt, PARAMEDIC | WI Dept of Health <br> Services $\sim$ Bureaua of <br> Local Health Support <br> and Emergency Medical <br> Services | 1 W. Wilson St. Madison, WI 53703 | (608) 2661865 | DHSwebmaster@dhs.wiscon | https://www.dhs.wis consin.gov/ems/lice nsing/index.htm | Active | N/A - Not displayed | Certification required | Continuing <br> education <br> required to <br> maintain <br> license | Specific type of conviction prohibited | Specific course required | Third-party exam required | Work experience required | Stand-alone license | 12/15/2020 |  |
| FIRST RESPONDER | WI Dept of Health Services $\sim$ Bureau of Local Health Support and Emergency Medical Services | 1 W. Wilson St. Madison, WI 53703 | (608) 2661865 | DHSwebmaster@dhs.wiscon | https://www.dhs.wis consin.gov/ems/lice nsing/index.htm | Active | N/A - Not displayed |  |  | Specific type of conviction prohibited | Specific course required | Third-party exam required | Work experience required | Stand-alone license | 12/01/2020 |  |

## $1 \approx$ CareerOneStop License Finder Results

We found $\mathbf{1 1 5}$ licenses for Emergency Medical Technicians in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \end{aligned}$ | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| emergency medical TECHIICIAN | OFFICE OF EMERGENCY MEDICAL SERVICES~COLEEN SERVICES~COLEEN KING KING | 6101 YeLLowstone ROAD, STE. 400 CHEYENNE, WY 82002 | (307) 7777955 | coleen.king@mjo.gov | https://health.wyo.g ov/publichealth/ems | Active | NA - Not displayed |  |  | Any conviction <br> is prohibited | Degree required |  | Work experience required | Stand-alone <br> licens | 101/8/2017 |  |

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| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> I veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \end{aligned}$ | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Certified Nurse Midiwite (CNM) | Alabama Board of Nursing | $\begin{array}{\|l} \text { P.O. Box } 303900 \\ \text { Montgomery, AL } 36130 \\ \hline \end{array}$ | (334) 2935200 | abn@abn alabama.gov | $\begin{aligned} & \text { https://www.abn.ala } \\ & \text { bama.gov/ } \end{aligned}$ | Active | NA - Not displayed | $\begin{aligned} & \text { Certification } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{array}{\|l} \text { Background check } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Degree } \\ & \text { reguired } \end{aligned}$ | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ & \hline \end{aligned}$ | 10/312020 | $\begin{aligned} & \text { No physical } \\ & \text { requirements } \end{aligned}$ |
| Centifife Reaisitered Nurse Anestentist (CRNA) | Alabama Board of Nursing | $\begin{array}{\|l} \text { P.O. Box } 303900 \\ \text { Montgomery, AL } 36130 \end{array}$ | (334) 2935200 | abn@abo alabamagov | $\begin{aligned} & \text { https://www.abn.ala } \\ & \text { bama.gov/ } \\ & \hline \end{aligned}$ | Active | - Not displayed | $\begin{array}{\|l} \hline \begin{array}{l} \text { Certification } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \\ & \hline \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { Background cheok } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { State exam } \\ & \text { fequired } \end{aligned}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 103112020 | $\begin{aligned} & \text { No physical } \\ & \text { requirements } \end{aligned}$ |
| Certified Registered Nurse Practitioner (CRNP) | Alabama Board of Nursing | $\begin{array}{\|l\|l\|l} \text { P.O. Box } 303900 \\ \text { Montgomery, AL } 36130 \\ \hline \end{array}$ | (334) 2935200 | abn@abo.alabamagov | $\frac{\text { https://www.abn.ala }}{\text { bama.gov/ }}$ | Active | -Not displayed | $\begin{array}{\|l} \hline \text { Certification } \\ \text { required } \\ \hline \end{array}$ | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { Background check } \\ & \text { required } \end{aligned}$ | Degree required | $\begin{array}{\|l} \hline \begin{array}{l} \text { State exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \begin{array}{l} \text { Work experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 0/312020 | $\begin{array}{\|l\|l} \begin{array}{l} \text { No physical } \\ \text { requirements } \end{array} \\ \hline \end{array}$ |
| Licensed Nursing Home Administrator | Alabama Board of Examiners ofAlabama Board of Examiners of <br> Nursing Home Administrators | 4156 Carmichael Road Montgomery, AL 36106 | (334) 2712342 | kmagdon@anha.org | www.alboenha.alab ama.gov | Active | NA - Not displayed |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \\ & \hline \end{aligned}$ | ${ }^{\text {Felony convicions }}$ | Degree required | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone license | 103112020 |  |
| Licensed Practical Nurse (LPN) | Alabama Board of Nursing | $\begin{aligned} & \text { P.O. Box } 303900 \\ & \text { Montgomery, AL } 36130 \\ & \hline \end{aligned}$ | (334) 2935200 | abn@abo.alabamagov | $\begin{aligned} & \text { https://www.abn.ala } \\ & \text { bama.gov/ } \\ & \hline \end{aligned}$ | Active | NA - Not displayed | $\begin{array}{\|l} \hline \text { Certification } \\ \text { required } \\ \hline \end{array}$ | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { Background check } \\ \text { required } \end{array} \end{array}$ | Degree required | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { State exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \begin{array}{l} \text { Work experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 103112020 | $\begin{array}{\|l\|l} \begin{array}{l} \text { Noo physical } \\ \text { requirements } \end{array} \\ \hline \end{array}$ |
| Registered Nurse (RN) | Alabama Board of Nursing | P.O. Box 303900 Montgomery, AL 36130 | (334) 2935200 | abn@abo .alabamagov | $\frac{\text { https://www.abn.ala }}{\text { bama.gov/ }}$ | Active | NA - Not displayed | $\begin{aligned} & \text { Certification } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | Background check required | Degree required | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | Work experience required |  | 103112020 | No physical requirements |
| Clinical Nurse Speciaisis |  | P.O. Box 110806 Juneau, AK 99811-0806 | $\underset{\substack{(907) \\ \text { ext } \\ \hline}}{ } 6552781$ | medicalbord@alaska.aov |  | ve | NA - Not displayed |  | Continuing <br> to maintain license |  | Degree required | $\substack{\text { Third-party } \\ \text { exam required }}$ | No experience required | Stand-alone license | 010012010 |  |
| Miswife, Certified Directenty | Alaska Department of Commerce, Community \& Economic Development~Division of Corporations, Business, and Professional Licensing State Board of Certified Direct-Entry Midwives | P.O. Box 110806 Juneau, AK 99811-0806 | (907) 4652756 ext 0 | midvives@alaska.gov |  | ctive | NA - Not displayed |  | Continuing <br> eutacaion reaured <br> to mainain icense |  | Degree required | Thirdparty <br> exam required | No experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 091112018 |  |
| Nurse Aide |  | 550 W. 7th Avenue, Suite 1500 Anchorage, AK 99501 | $\left.\right\|_{\text {(9xi) }} ^{(097)} 268169$ | david.Worrel@alaska .90v |  | efive |  | $\begin{aligned} & \text { Certification } \\ & \text { required } \end{aligned}$ | Contriuing <br> eutuarion required <br> to mainain icense | Felony convictions prohibited | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Thiridparty } \\ \text { exam required } \end{array}$ | Work experience required | Stand-alone license | 91112018 |  |
| Nurse Anesthetist |  | 550 W. 7th Avenue, Suite 1500 Anchorage, AK 99501-3567 | ${ }^{(907)}$ ext 2698401 | madeleine.henderson@alask a.gov |  | Active | NA - Not displayed |  | Continuing <br> education required to maintain license |  |  | Thirdparty <br> exam required | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 91112018 |  |
| Nurse Practioner, Advanced |  | 550 W. 7th Avenue, Suite 1500 Anchorage, AK 99501-3567 Anchorage, AK 99501-356 | $\underset{\substack{(907) \\ \text { ext } 0}}{2698401}$ | madeleine.henderson@alask a.gov |  | Active | NA - Not displayed |  | education required <br> to maintain licens |  | Degree required | Third-party exam required | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 91112018 |  |
| Nurse, Licensed Practical |  | 550 W. 7th Avenue, Suite 1500 Anchorage, AK 99501-3567 | $\underbrace{2698401}_{\substack{9077 \\ \text { ext }}}$ | madeleine.henderson@alask a.gov |  | Active | NA - Not displayed |  | to maintain license | No criminal record prohibitions | Degree required | Thirdparty <br> exam required | No experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 991112018 |  |
| Nurse, Registered |  | 550 W. 7th Avenue, Suite 1500 Anchorage, AK 99501-3567 | $\underset{\substack{(907) \\ \text { ext } 0}}{ } 2698401$ | madeleine.henderson@alask a.gov |  | ative | NA - Not displayed |  | Contrining <br> eutuation required <br> to mainain icense |  | Degree required | Thirdparty exam required | No experience required | Stand-alone license | 991112018 |  |
| Nursing Home Administrator |  | P.O. Box 110806 Juneau, AK 99811-0806 | $\left.\right\|_{\text {ext }} ^{(9077} \mathbf{4 6 5 5 3 7 2}$ |  | $\frac{\frac{\text { https://www.comme }}{\text { rce.alaska.gov/web/ }}}{\frac{\text { cbpl/ProfessionalLi }}{\text { censing/NursingHo }}} \frac{\frac{\text { meAdministrators.a }}{\text { spx }}}{\text { lim }}$ | ve | NA - Not tisplayed |  | Continuing <br> education required <br> to maintain license |  | Degree required | Thirdparty exam required | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 09/112018 |  |
| Assisted Living Facility Manager (Certified) | Examiners of Nursing Care Institution Admistrators, and Assisted Board of $\qquad$ | 1400 West Washington Street, Suite B-8 <br> Phoenix, AZ 85007 | (602) 3640144 | information@azciaboard. us | http://www.aznciab | ctive |  |  | Continuing education required to maintain license | No criminal record prohibitions |  | State exam <br> required | Work experience required | Stand-alone license | 091112013 |  |
| Licensed Pratical Nurse (License) | Nursing, Arizona State Board of | 4747 N 7th Street, Suite 200 Phoenix, AZ 85014-3653 | (602) 8895150 | arizon@azbn.gov | ntto//www. 2 abn.go | Active | Licenses from <br> other states may be <br> recognized for <br> military and <br> spouses |  |  |  | Degree required | ${ }^{\text {Thid-party }}$ exam | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 991112013 |  |
| Midwife (License) | Health Serices, Department of | 150 N. 18th Avenue Phoenix, AZ 85007 | (602) 3642536 |  | http://www.azdhs.g ov/als/index.htm | Active | $\begin{array}{\|l\|} \hline \text { Licenses from } \\ \text { other states may be } \\ \text { recognized for } \\ \text { military and } \\ \text { spouses } \\ \hline \end{array}$ | $\begin{aligned} & \text { Certification } \\ & \text { required } \end{aligned}$ | Continuing education required to maintain license | No criminal record prohibitions | Degree required | State exam required | No experience required | Stand-alone license | $91 / 112013$ |  |
| Nurse Anesteteits | $\begin{aligned} & \text { There is some indication that this } \\ & \text { license exists in Arizona, but it has } \\ & \text { not yet been confirmed by state } \\ & \text { experts } \end{aligned}$ |  |  |  |  | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { edeucation required } \\ & \text { to maintain license } \end{aligned}$ |  | $\begin{aligned} & \text { Specific } \\ & \text { cousse } \\ & \text { required } \end{aligned}$ | Thirdparty exam required | Work experience required | Stand-alone license | 010012010 |  |


| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> I Veterans | Certification | Continuing Education | $\begin{aligned} & \text { Criminal } \\ & \text { Record } \\ & \hline \end{aligned}$ | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \\ & \hline \end{aligned}$ | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Nursing Assistant(Certification) | Nursing, Arizona State Board of | 4747 N 7th Street, Suite 200 Phoenix, AZ 85014-3653 | (602) 8895150 | arizon@azto.gov | ntol/wwwazon.go | ctive |  | $\begin{gathered} \text { e\| } \begin{array}{c} \text { Certification } \\ \text { required } \end{array} \end{gathered}$ |  | No criminal record prohibitions | Degree reauired | State exam required | $\begin{array}{\|l\|l} \text { Current } \\ \text { emploment in } \\ \text { field required } \end{array}$ |  | 091112013 |  |
| Nursing Care Institution Administrator (License) | Examiners of Nursing Care institution Administrators, and Assisted Living Facility Managers, Board of | 1400 West Washington Street, Suite B-8 <br> Phoenix, AZ 85007 | (602) 3640144 | intormaton@aznciaboard.us | $\frac{\text { ntep/l/wwo aznciab }}{\text { oardusI }}$ | Active |  | Certification may sutsitu licinse ory requirements |  | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | $\begin{array}{\|l\|l} \hline \begin{array}{l} \text { Both state and } \\ \text { tuir prarty } \\ \text { eramp } \\ \text { required } \end{array} \\ \hline \end{array}$ | Work experience required | Secondary license (another license is a prerequisite) | 09/1120013 |  |
| Registered Nurse | Nursing, Arizona State Board of | 4747 N 7th Street, Suite 200 Phoenix, AZ $85014-3653$ | (602) 8895150 | arizon@azzo.gov | ntop//wwwazon.go | Active |  |  |  | No criminal record prohibitions | Degree <br> requir | Third-party <br> exam required | Work experience required | Stand-alone <br> licens | 091112013 |  |
| Registered Nurse Practitioner <br> Clinical Nurse Specialist <br> (Certification) | Nursing, Arizona State Board of | 4747 N Tht Stret. Suite 200 Phoeni, AR $85014-3653$ | (602) 8895150 | arizon@aztn.ov | ///www.azbn.go | alive |  |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record prohibitions <br> prohibitions | Degree required | Third-party <br> exam required | Work experience required | Stand-alone <br> licens | 09/112013 |  |
| Advanced Practice Registered <br> Nurse: Certified Nurse Midwife (CNM) <br> (CNM) | Arkansas State Board of Nursing | University Tower Building, Suite 800, 1123 South University Little Rock, AR 72204-1619 | (501)6862700 | waker@arsbn.org |  | etive |  |  | $\left\lvert\, \begin{aligned} & \text { continuing } \\ & \text { eduationirired } \\ & \text { tominatin iciense } \end{aligned}\right.$ | Background check required |  | Third-party exam required | Work experience required | Stand-alone <br> licens | 0912312019 |  |
| Advanced Practice Registered Nurse: Certified Nurse Practitioner | Arkansas State Board of Nursing | University Tower Building, Suite 800, 1123 South University Little Rock, AR 72204-1619 | (501) 6862700 | waker@arsbnorg | $\frac{\text { http://www.arsbn.ar }}{\text { kansas.gov }}$ | aive | A temporary license is evpialabale to militran and spouses until formal license approval |  | Continuing education required to maintain license | Background check required | Degree <br> reauired | Third-party <br> exam required | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 0912312019 |  |
| Advanced Practice Registered Nurse: Certified Registered Nurse Anesthetist | Arkansas State Board of Nursing | University Tower Building, Suite 800, 1123 South University Little Rock, AR 72204-1619 | (501)6862700 | waker@arsbn.org | $\left\lvert\, \frac{\text { http://www.arsbn.ar }}{\text { kansas.gov }}\right.$ | ative |  |  | $\left\lvert\, \begin{gathered} \text { continuing } \\ \text { equalion required } \\ \text { to manatin } \end{gathered}\right.$ | Background check reauried | ${ }_{\substack{\text { Degree } \\ \text { required }}}$ | Third-party exam reauired | Work experience required | Stand-alone <br> licens | 0912312019 |  |
| Advanced Practice Registered Nurse: Clinical Nurse Specialist (CNS) | Arkansas State Board of Nursing | University Tower Building, Suite 800, 1123 South University Little Rock, AR 72204-1619 | (501)6862700 | waker@arsbn.org | $\frac{\text { http://www.arsbn.ar }}{\text { kansas.gov }}$ | afive | A temporaray license is avialale to silitary and spouses until formal iliense approval |  |  | Background check reuured | Degree <br> requir | Third-party exam reauired | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 0912312019 |  |
| Licensed Lay Midwife | Arkansas Department of Health~Women's Health | 5800 West 10th Street, Suite 810 Little Rock, AR 72204 | (501) 6612480 | adh.whgen@akknsas.gov | http://www.healthy. <br> arkansas.gov/conta <br> ct-us | Active | A temporary license is available to military and spouses until formal license approval |  | $\left\lvert\, \begin{aligned} & \text { continuing } \\ & \text { eduationired } \\ & \text { tomina min iciense } \end{aligned}\right.$ | No criminal record prohibitions | Degree reauired | Third-party <br> exam required | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 0912312019 |  |
| Licensed Practical Nurse (LPN) | Arkansas State Board of Nursing | University Tower Building, Suite 800, 1123 South University Little Rock, AR 72204-1619 | (501)6862700 | waker@arsbn.org | http://www.arsbn.ar | dive |  |  | Continuing education required to maintain license | Background check reauried |  | $\left\lvert\, \begin{aligned} & \text { Bonh state and } \\ & \text { thiramarty } \\ & \text { eramity } \\ & \text { required } \end{aligned}\right.$ | Affidavit or referal <br> required | Stand-alone <br> licens | 09/2312019 |  |
| Licensed Psychiatric Technician Nurse (LPTN) | Arkansas State Board of Nursing | University Tower Building, Suite 800, 1123 South University Little Rock, AR 72204-1619 | (501) 6862700 | waker@arsbn.org | $\left\lvert\, \frac{\text { http://www.arsbn.ar }}{\text { kansas.gov }}\right.$ | ctive |  |  |  | Background check required | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | Affidavit or referal <br> reauired |  | 0912312019 |  |
| Medicaion Assistant (MA-C) | Arkansas State Board of Nursing | University Tower Building, Suite 800, 1123 South University Little Rock, AR 72204-1619 | (501)6862700 | waker@arsbn.org | $\left\lvert\, \frac{\mathrm{http}: / / w w w . a r s b n . a r}{\text { kansas.gov }}\right.$ | Active |  |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \end{aligned}$ | ${ }_{\mid}^{\text {Background check }}$ |  | State exam required | Work experience required | Stand-alone <br> licens | 0912312019 |  |
| Nursing Assistant (Certified) | Arkansas Department of Huma Services~Division of Provider Services and Quality Assurance | P.O. Box 8059, Slot S405 Little Rock, AR 72203-8059 | (501) 3206461 | CAN.OLTC@arknsas.gov | http://humanservice <br> s.arkansas.gov/abo <br> ut-dhs/dpsqa | dive |  | Certification required |  | Background check required |  |  | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 09/23/2019 |  |
| Nursing Home Administrator | Arkansas Department of Huma Services~Division of Provider Services and Quality Assurance Solics and aidur | P.O. Box 8059, Slot S402 Little Rock, AR 72203-8059 | (501) 3206411 | jean.adams@dhs.arkansas.g <br> ov |  | aive |  |  |  | Background check required | ${ }_{\substack{\text { Degree } \\ \text { required }}}$ | $\left\lvert\, \begin{aligned} & \text { Both state and } \\ & \text { turaramarty } \\ & \text { enamer } \\ & \text { required } \end{aligned}\right.$ | Work experience required | Stand-alone <br> licens | 0912312019 |  |
| Registered Nurse (RN) | Arkansas State Board of Nursing | University Tower Building, Suite 800, 1123 South University Little Rock, AR 72204-1619 | (501)6862700 | waker@arsbn.org |  | Active |  |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | Backround check required |  | Third-party exam required | Affidavit or referala reauired | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 0912312019 |  |
| Registered Nurse Practioner (RNP) | Arknnsas State Board of Nursing | University Tower Building, Suite 800, 1123 South University Little Rock, AR 72204-1619 <br> Litlo Rock, AR 72204 | (501)6862700 | waker@arsbn.org | http://www.arsbn.ar kansas.gov | Active |  |  | $\left\lvert\, \begin{aligned} & \text { Continuing } \\ & \text { enuation required } \\ & \text { to manitain icense }\end{aligned}\right.$ | Backround check required | Degree required | Thirdparty exam required | Work experience required | Stand-alone <br> licens | 9923/2019 |  |

CareerOneStop License Finder Results
We found 555 licenses for Nursing in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \\ & \hline \end{aligned}$ | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Surgical Technologits | Arkansas State Medical Board | 1401 West Capitol Ave., Suite 340 Little Rock, AR 72201-2936 | 501) 2961802 | supportamedicalbard. org | $\begin{aligned} & \text { http://www.armedic } \\ & \text { alboard.org } \end{aligned}$ | Active |  |  | Continuing education required to maintain license |  | Degree <br> required | State exam required | No experience required | Stand-alone <br> licens | 99/232019 |  |
| Certified Nurse Assistant | $\begin{aligned} & \text { Department of Public } \\ & \text { Health~Licensing and } \\ & \text { Certification Aide and Technician } \\ & \text { Certification Section } \end{aligned}$ | P. O. Box 997416, MS 3301 Sacramento, CA 95899-7416 | (916) 3272445 | cna@codoc.a.aov | $\frac{\text { https://www.cdph.c }}{\text { a.gov/Programs/CE }}$ <br> H/Pages/CLPR.asp <br> H | Active | NA - Not displayed |  | $\begin{array}{\|l\|} \hline \text { Contitiuing } \\ \text { edoucation required } \\ \text { to maintain license } \end{array}$ | Any conviction is prohibited | $\begin{aligned} & \text { Specific } \\ & \text { course } \\ & \text { required } \end{aligned}$ | State exam required | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 070912021 |  |
| Clirical Nurse Specialist | $\begin{aligned} & \text { Department of Consumer } \\ & \text { Affairs~Board of Registered } \\ & \text { Nursing } \end{aligned}$ | $\begin{aligned} & \text { P.O. Box } 944210 \\ & \text { Sacramento, CA } 94244-2100 \end{aligned}$ | (916) 3223350 | bmilicensing@daca.a.gov | $\frac{\text { https://www.rn.ca.g }}{\text { ov/ }}$ | Active | Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l} \hline \text { Degree } \\ \text { required } \end{array}$ | Third-party exam required | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 070912021 |  |
| Hospital Inspector Certification |  | 400 R Street, Room 200 <br> Sacramento, CA 95811 | (916) 4408300 | FDDwebmaster@oshpd.ca. 9 <br> ov | https://oshpd.ca.go <br> vi | Active | NA - Not displayed |  | No continuing <br> educatiom <br> requirenent to <br> maintain license | No criminal record prohibitions | No educational requirements | State exam <br> required | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 070912021 |  |
| Liensed Miswife | Department of Consumer Affairs~Medical Board of California~Licensing Program | $\begin{array}{\|l\|} 2005 \text { Evergreen Street, Suite } 1200 \\ \text { Sacramento, CA } 95815 \end{array}$ | (916) 2663382 | webmaster@mbe.ca.ag |  | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { No criminal record } \\ \text { prohibitions } \end{array}$ |  | Third-party exam required | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 070912021 |  |
| Licensed Vocational Nurse | Department of Consumer Affairs $\sim$ Board of Vocational Nursing and Psychiatric Technicians $\sim$ Licensing | 2535 Capitol Oaks Drive, Suite 205 Sacramento, CA 95833 | (916) 2637800 | bvot@daca.a.ago | ${ }^{\text {https://www.bunpt.c }}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record prohibitions | Degree <br> require | Third-party <br> exam requi | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 070912021 |  |
| Nurse Anesthetist | $\begin{aligned} & \text { Department of Consumer } \\ & \text { Affairs~Board of Registered } \\ & \text { Nursing } \end{aligned}$ | P.O. Box 944210 Sacramento, CA 94244-2100 | (916) 3223350 | bm.licensing@oda.a.a.gov | $\frac{\text { htpos//www.m.ca. }}{\text { ov }}$ | Active | NA - Not displayed | $\begin{aligned} & \text { Certification } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l\|l} \text { Speocific } \\ \text { seurie } \\ \text { reauired } \end{array}$ | Third-party <br> exam requir | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 070912021 |  |
| Nurse Midwife | $\begin{aligned} & \text { Department of Consumer } \\ & \text { Affairs~Board of Registered } \\ & \text { Nursing } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { P.O. Box 944210 } \\ & \text { Sacramento, CA 94244-2100 } \end{aligned}$ | (916) 3223350 | bmilicensing@daca.ca.gov | $\begin{array}{\|l\|} \hline \text { https://www.rn.ca.g } \\ \hline \text { ov } \\ \hline \end{array}$ | Active | - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \\ \hline \end{array}$ | Third-party <br> exam required | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 070912021 |  |
| Nurse Midwife Furnishing Certificate (NMF) | $\begin{aligned} & \text { Department of Consumer } \\ & \text { Affairs~Board of Registered } \\ & \text { Nursing } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { P.O. Box 944210 } \\ & \text { Sacramento, CA 94244-2100 } \end{aligned}$ | (916) 3223350 | bmilicensing@daca.cagov | $\begin{array}{\|l\|} \hline \text { hthosi/mww.m.c.a. } \\ \hline \text { ove } \\ \hline \end{array}$ | Active | - Not display |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \\ \hline \end{array}$ | Third-party <br> exam required  | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 070912021 |  |
| Nurse Practitioner | $\begin{aligned} & \text { Department of Consumer } \\ & \text { Affairs~Board of Registered } \\ & \text { Nursing } \\ & \hline \end{aligned}$ | $\left\lvert\, \begin{aligned} & \text { P.O. Box } 942210 \\ & \text { Sacramento, CA } 94244-2100 \end{aligned}\right.$ | (916) 3223350 | bmilicensing@daca.ca.gov | $\begin{array}{\|l\|} \hline \text { hthosi/mww.m.c.a. } \\ \hline \text { ov } \\ \hline \end{array}$ | Active | NA - Not displayed |  |  | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \\ \hline \end{array}$ | Third-party <br> exam required | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 070912021 |  |
| Nurse Practitioner Furnishing Certificate (NPF) Certificate (NPF) | $\begin{aligned} & \text { Department of Consumer } \\ & \text { Affairs Board of Registered } \\ & \text { Nursing } \end{aligned}$ | $\begin{array}{\|l\|} \text { P.O. Box } 944210 \\ \text { Sacramento, CA } 94244-2100 \end{array}$ | (916) 3223350 | brnilicensing@da.a.a.gov | $\begin{array}{\|l\|} \hline \text { hthosi/mww.m.cas } \\ \hline \text { ov } \\ \hline \end{array}$ | Activ | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | Degree required | Third-party exam required | $\begin{array}{\|l\|} \hline \text { Wrork experience } \end{array}$ | $\begin{array}{\|l} \hline \text { Stand-alone } \\ \text { license } \end{array}$ | 070912021 |  |
| Nurse, Registered | $\begin{aligned} & \text { Department of Consumer } \\ & \text { Affairs~Board of Registered } \\ & \text { Nursing } \end{aligned}$ | $\left\lvert\, \begin{aligned} & \text { P.O. Box 944210 } \\ & \text { Sacramento, CA 94244-2100 } \end{aligned}\right.$ | (916) 3223350 | bmilicensing@oda.a.a.gov | $\begin{array}{\|l\|} \hline \text { htps://www.rn.ca.g } \\ \hline \text { ove } \\ \hline \end{array}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \\ & \hline \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { No criminal record } \\ \text { prohibitions } \end{array}$ | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { Degree } \\ \text { reguired } \end{array} \end{array}$ | Third-party <br> exam required | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 070912021 |  |
| ursing Home Administrator |  | P.O. Box 997416, MS 3302 Sacramento, CA 95899-7416 | (916) 5528780 | NHAP@cdoph.ca.gov | $\frac{\text { https: } / / \text { www.cdph.c }}{\text { a.gov/ }}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \\ & \hline \end{aligned}$ | No criminal record prohibitions | Degree required | Both state and <br> third-party <br> exams <br> required | Work experience required | Stand-alone <br> icense | 070912021 |  |
| Psychiatic Technician | $\begin{aligned} & \text { Department of Consumer } \\ & \text { Affairs } \sim \text { Board of Vocational } \\ & \text { Nursing and Psychiatric } \\ & \text { Technicians } \sim \text { Licensing } \\ & \hline \end{aligned}$ | $\underset{\substack{2535 \\ \text { 20c Capito Okas Divive Suite } \\ \text { Sacramento, CA } 95833}}{ }$ | (916) 2637800 | bvot@da ca a gov | ${ }^{\text {https://www.bunpt.c. }}$ | active | NA - Not displayed |  |  | No criminal record prohibitions | Degree <br> require | State exam required | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 070912021 |  |
| PsychiatricMental Health Nurse | $\begin{aligned} & \text { Department of Consumer } \\ & \text { Affairs~Board of Registered } \\ & \text { Nursing } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { P.O. Box } 944210 \\ & \text { Sacramento, CA 94244-2100 } \end{aligned}$ | (916) 3223350 | bmilicensing@daca.a.gov | $\begin{aligned} & \text { hthosi/mww.m.cas } \\ & \hline \text { ove } \\ & \hline \end{aligned}$ | Active | ayed |  | $\begin{array}{\|l\|} \hline \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \\ \hline \end{array}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | Degree required | State exam required | $\begin{aligned} & \text { Worke experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 070912021 |  |
| Public Healt Nurse | $\begin{aligned} & \text { Department of Consumer } \\ & \text { Affairs~Board of Registered } \\ & \text { Nursing } \end{aligned}$ | $\begin{aligned} & \text { P.O. Box 944210 } \\ & \text { Sacramento, CA } 94244-2100 \end{aligned}$ | (916) 3223350 | br.icensingadca. .a.aov | $\frac{\text { hthos:/mww.m.ca.a }}{\frac{\|c\|}{\text { ove }}}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \\ & \hline \end{aligned}$ | $\begin{array}{\|l\|} \text { No criminal record } \\ \text { prohibitions } \end{array}$ | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \end{array}$ | Third-party <br> exam required | $\begin{aligned} & \text { Worke experiencee } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 070912021 |  |
| School Audiometrist Registration |  | P.O. Box 997413 , MS 8100 Sacramento, CA $95899-7413$ | (916) 3271400 | ${ }^{\text {hearingocoseevationerogram }}$ | $\frac{\text { httos.//www.dhcs.c. }}{\substack{\text { and } \\ \text { and }}}$ | Active | NA - Not displayed |  |  | No criminal record prohibitions | Degree <br> required |  | Work experience required |  | 070912021 |  |
| School Nurse Services Credential |  | 1900 Capitol Ave <br> Sacramento, CA 95811 | (888) 9212682 | credentials@ctc.ca.aov | $\frac{\text { httos:/1/ww.ctc.cas }}{\text { gool }}$ | active | NA - Not tisplayed |  | Continuing to maintain license | No criminal record prohibitions | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party <br> exam requi | Work experience required |  | 070912021 |  |
| Clinical Nurse Speciaisis | Department of Regulatory Agencies~Division of Professions \& Occupations~Board of Nursing | 1560 Broadway Ste 880 Denver, CO 80202 | (303) 8942430 |  | $\frac{\text { http://www.dora.sta }}{\text { te.co.us/nursing }}$ | ative |  |  | Continuing <br> enuation required <br> to maintain icense | No criminal record prohibitions | Degree required | Third-party <br> exam require | No experience required | Stand-alone license | 070112021 | No physialal requirements |
| Licensed Pratical Nurse | Department of Regulatory Agencies-Division ofrofessions AOccupations-Board of Nursing | 1560 Broadway Ste 880 Denver, CO 80202 | (303) 8942430 |  |  | Active |  |  | Continuing education required to maintain license | No criminal record prohibitions | Degree required |  | No experience required <br> require |  | 070112021 |  |
| Midwives | Department of Regulatory Agencies-Division of Profesions A Occupations-Board of Nursing | 1560 Broadway Ste 880 Denver, CO 80202 | (303) 8942430 |  |  | Active | $\qquad$ |  | Continuing education required to maintain license | No criminal record prohibitions | Degree required | Third-party <br> exam required | Work experience required | Stand-alone license | 0770112021 |  |
| Nurse Aide | Department of Regulatory Agencies Division of Professions \& Occupations~Board of Nursing | 1560 Broadway <br> Denver, <br> CO 80202 | (303) 8942430 |  | $\frac{\text { http://www.dora.sta }}{\text { te.co.us/nursing }}$ | ctive |  | $\begin{gathered} \text { centification } \\ \text { required } \end{gathered}$ | Continuing education required to maintain license | No criminal record prohibitions | $\begin{aligned} & \text { Specific } \\ & \text { course } \\ & \text { required } \end{aligned}$ | State exam requir | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 070112021 |  |
| rse Anesthelists | Department of Regulatory Agencies~Division of Professions \& Occupations $\sim$ Board of Nursing | 1560 Broadway Ste 880 Denver, CO 80202 | (303) 8942430 |  |  | Active |  |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \end{aligned}$ | No criminal record prohibitions | $\begin{array}{\|l\|l} \substack{\text { cepecifice } \\ \text { couriced } \\ \text { revurid }} \end{array}$ | Thirc-pary ${ }_{\text {exam }}$ | Work experience required |  | 70172021 | $\underset{\text { Nophysical }}{\substack{\text { requiements }}}$ |

CareerOneStop License Finder Results
We found 555 licenses for Nursing in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> / Veterans | Certification | $\begin{aligned} & \text { Continuing } \\ & \text { Education } \end{aligned}$ | Criminal Record | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \end{aligned}$ | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Nurse Practitioners | Department of Regulatory Agencies~Division of Professions \& Occupations~Board of Nursing | 1560 Broadway Ste 880 Denver, CO 80202 | (303) 8942430 |  |  | Active | Miltary and <br> spouses are <br> exemp <br> incensure <br> icensure |  |  | No criminal record prohibitions | Degree required | Thirdparty <br> exam recuired | Work experience required |  | 070112021 | No physical requirements |
| Nursing Home Administrator |  | 1560 Broadway, Suite 1310 Denver, CO 80202 | (303) 8947760 |  | http://www.dora.sta <br> te.co.us/nursing- <br> home- <br> administrators/ | Active |  |  | Continuing <br> eutuation required <br> to mainain icense | No criminal record prohibitions | Degree required | State exam <br> required | Work experience required | Stand-alone <br> licens | 07/012021 |  |
| Registered Nurse | Department of Regulatory Agencies~Division of Professions \& Occupations~Board of Nursing | 1560 Broadway Ste 880 Denver, CO 80202 | (303) 8942430 |  | $\frac{\text { http://www.dora.sta }}{\text { te.co.us/nursing }}$ | Active |  |  |  | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Thirdparty <br> exam required | No experienc required | Stand-alone <br> licens | 070112021 |  |
| Advanced Practice Registered Nurse | Department of Public Health $\sim$ Health Care Systems Branch~Practitioner Licensing \& Investigations Section | 410 Capitol Avenue, P.O.Box 340308 <br> Hartford, CT 06134-0308 | (880) 5097603 | doc. dop@postate. ctus | www.dph.state.ct.u <br> s/licensure/licensur e.htm | Active | NA - Not displayed |  |  |  | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party <br> exam require | Work experience required | Stand-alone licens | 03/0912021 |  |
| Hemodialys | $\begin{aligned} & \text { Department of Public } \\ & \text { Health~Health Care Systems } \\ & \text { Branch~Practitioner Licensing 8 } \\ & \text { Investigations Section } \end{aligned}$ | ${ }_{3403008}^{410 \text { Capital Avenue, P.O.Box }}$ 340308 Hartiord <br> - | (860) 5097603 | olpc.doh@po.state.ctus | umw.dph.state.ctu shlic.ensurelicensur entm ent | ctive | NA - Not displayed | $\begin{array}{l}\text { Certification } \\ \text { required }\end{array}$ | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \end{aligned}$ |  | No educational requirements | No exam required | No experience required | Stand-alone <br> licens | 03/0912021 |  |
| Licensed Nurse Midivife | Health-Health Care Systems Branch-Praction Section | 410 Capitol Avenue, P.O.Box 340308 <br> Hartford, CT 06134-0308 | (860) 5097603 | doc. dop@pos.atate.tus | www.dph.state.ct.u <br> s/licensure/licensur <br> e.htm | Active | NA - Not displayed | Certification required | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ |  | $\begin{array}{\|l\|l} \text { Degree } \\ \text { required } \end{array}$ | Third-party | No experience <br> required | Stand-alone licens | 030992021 |  |
| Licensed Practical Nurse | Department of Public <br> Health~Health Care Systems <br>  <br> Investigations Section | ${ }_{3}^{410} \mathbf{4}$ Capapitol Avenue, P.O.Box Hartiord, CT $061344-0308$ | (860) 5097603 | dop.ctop@pos.state.ctus | $\frac{\text { www.dph.state.ct.u }}{\text { s/licensure/licensur }}$ e.htm | ative | NA - Not displayed |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \\ & \hline \end{aligned}$ | No criminal record prohibitions | $\begin{array}{\|c} \substack{\text { spoeific } \\ \text { cousure } \\ \text { required }} \end{array}$ | $\substack{\text { Thirdparty } \\ \text { exam required }}$ | Work experience required | Stand-alone <br> licens | 03/0912021 |  |
| Licensed Practical Nurse Temporary | Health~Health Care Systems Branch~Practitioner Licensing \& Investigations Section vestigations Section | 410 Capitol Avenue, P.O.Box 340308 <br> Hartford, CT 06134-0308 | (880) 5097603 | olpc.doh@pos.atae.ctus | $\frac{\text { www.dph.state.ct.u }}{\text { s/licensure/licensur }}$ | Active | NA - Not displayed |  |  | No criminal record prohibitions | $\begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}$ | $\substack{\text { Thirdparty } \\ \text { exam required }}$ | Work experience required | Preliminary/t <br> emporary <br> license | 03/0912021 |  |
| Nurses Aide | ealth~Health Care Systems Branch~Practitioner Li Investigations Section | 410 Capitol Avenue, P.O.Box 340308 <br> Hartford, CT 06134-030 | (860) 5097603 | oloc.doh@po.state.ctus | $\frac{\text { www.dph.state.ct.u }}{\text { s/licensure/licensur }}$ e.htm | Active | NA - Not displayed | $\begin{aligned} & \text { Certification } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Continuing } \\ & \text { edouction required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record prohibitions | $\begin{array}{\|l\|l} \hline \begin{array}{l} \text { Spocific } \\ \text { cousse } \\ \text { required } \end{array} \end{array}$ | State exam <br> required | Work experience required | Stand-alone licens | 03/0912021 |  |
| Nursing Home Administrator | Department of Public Health~Health Care Systems Branch~Practitioner Licensing a ons Section | 410 Capitol Avenue, P.O.Box 340308 <br> Hartford, CT 06134-030 | (860) 5097603 | dop.ctpoppos.tate.ctus | $\frac{\text { www.dph.state.ct.u }}{\text { s/licensure/licensur }}$ <br> e.htm | Active | NA - Not displayed |  | Continuing <br> eutacainrauired <br> to maintain icense |  | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Thirdparty <br> exam required | Work experience required | Stand-alone <br> licens | 03/0912021 |  |
| Professional Counselor | $\begin{array}{\|l} \hline \text { Department of Public } \\ \text { Health~Health Care Systems } \\ \text { Branch~Practitioner Licensing \& } \\ \text { Investigations Section } \\ \hline \end{array}$ | 410 Capitol Avenue, P.O.Box 340308 <br> Hartford, CT 06134-0308 | (860) 5097603 | dop. dophopos.ate. ctus | www.dph.state.ct.u <br> s/licensure/licensur e.htm | ative | NA - Not displayed |  |  |  |  | Third-party exam required | Work experience required | Stand-alone | 03/0912021 |  |
| Registered Nusse | $\begin{array}{\|l\|} \hline \text { Department of Public } \\ \text { Health~Health Care Systems } \\ \text { Branch~Practitioner Licensing \& } \end{array}$ $\left\lvert\, \begin{aligned} & \text { Investigations Section } \\ & \hline \end{aligned}\right.$ | 410 Capitio Avenue, P.o.Box <br> 3 3a3038 <br> Hartord, CT 06 $06134-0308$ | (860) 5097603 | dop.cop@po.state.ctus | www.dph.state.ct.u <br> s/licensure/licensur <br> e.htm | Active | NA - Not displayed |  | Continuing education required to maintain license |  | $\begin{aligned} & \text { Speatic } \\ & \text { seusice } \\ & \text { required } \end{aligned}$ | Thirdparty <br> exam required | No experienc required | Stand-alone <br> licens | 03/09/2021 |  |
| Registered Nurse - Temporary | Department of Public <br> Health~Health Care Systems <br>  <br> Investigations Section |  | (860) 5097603 | olpc.dop@po.state.ctus | www.dph.state.ct.u <br> s/licensure/licensur <br> e.htm | Ative | NA - Not displayed |  | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Contining } \\ \text { enucuation required } \\ \text { to maintain license } \end{array} \\ \hline \end{array}$ |  | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | No experienc required | Preliminary/t emporary license | 03/0912021 |  |
| Advanced Practice Registered Nurse | Board of Nursing~Division of Professional Regulation | Cannon Building, 861 Silver Lake Blvd., STE. 203 <br> Dover, DE 19904-2467 | (302)7444500 |  |  | Active |  |  |  |  |  |  |  | Stand-alone <br> licens | 07/1912019 |  |
| Miowfery Practioner | Board of Medical Licensure and Discipline~Division of Professiona Regulation | Cannon Building, 861 Silver Lake Blvd., STE. 203 <br> Dover, DE 19904-2467 | 302) 7444500 |  |  | Active |  |  |  |  | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party | No experienc required | Stand-alone <br> licens | 1012412018 |  |
| Nurse, Licensed Practical | Board of Nursing~Division of Professional Regulation | Cannon Building, 861 Silver Lake Blvd., STE. 203 <br> Dover, DE 19904-2467 | 302) 7444500 |  |  | Active | A temporary license is available to military and spouses until formal license approval |  |  | $\begin{aligned} & \text { Specific type of } \\ & \text { conviction } \\ & \text { prohibited } \end{aligned}$ | ${ }_{\substack{\text { Degree } \\ \text { required }}}$ | $\substack{\text { Third-party } \\ \text { exam required }}$ | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 101242018 |  |
| Nurse, Registered | Board of Nursing~Division of <br> Professional Regulation | Cannon Building, 861 Silver Lake Blvd., STE. 203 <br> Dover, DE 19904-2467 | (302)7444500 |  |  | Active |  |  | Continuing <br> eutuation required <br> to mainatin icense |  | $\left\lvert\, \begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}\right.$ | Third-party exam require | Work experience required | Stand-alone license | 1012412018 |  |
| Nurse, School | Department of Education | John G. Townsend Building, 401 Federal Street, Suite 2 Dover, DE 19901-1402 <br> Dover, DE 19001-1402 | (302)7354000 |  |  | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \\ & \hline \end{aligned}$ |  | $\begin{array}{\|l\|l\|} \hline \text { pegree } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 1012412018 |  |
| Nursing Home Administrator | Board of Examiners of Nursing Home Administrators~Division of Professional Regulation | Cannon Building, 861 Silver Lake Blvd., STE. 203 <br> Dover, DE 19904-2467 | 302) 7444500 |  |  | Active |  |  | Continuing enuation to maninain iniend icense | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party | Work experience required | Stand-alone license | 10124212018 |  |

CareerOneStop License Finder Results

## We found $\mathbf{5 5 5}$ licenses for Nursing in United States.

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> / Veterans | Certification | Continuing Education | Criminal <br> Record | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \\ & \hline \end{aligned}$ | $\begin{aligned} & \begin{array}{l} \text { License } \\ \text { Updated } \end{array} \\ & \hline \end{aligned}$ | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Teacher of Trade \& Industry: Nursing Assistant | Department of Education | $\begin{array}{\|l\|} \hline \text { Jonn G. Townsend SBilling, } 401 \\ \text { Fededara Street, Suitu 2 } \\ \text { Dover, DE 19901-1402 } \end{array}$ | (302) 7354000 |  |  | Active | NA - Not displayed |  | No continuing education requirement to maintain license |  | ${ }_{\substack{\text { Degree } \\ \text { required }}}^{\text {a }}$ |  | Work experience <br> required | Stand-alone <br> license | 10/242018 |  |
| Teacher of Trade \& Industry: Nursing Assisting | Department of Education | $\begin{aligned} & \text { John G. Townsend Building, } 401 \\ & \text { Federal Street, uutie ed } \\ & \text { Dover, DE 19001-1402 } \end{aligned}$ | (302) 7354000 |  |  | Active | NA - Not displayed |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \end{aligned}$ |  | ${ }_{\substack{\text { Degree } \\ \text { required }}}$ | Third-party <br> exam requir | Work experience required | Stand-alone <br> licens | 10/242018 |  |
| Teacher of Trade \& Industry: Practical Nursing | Department of Education | $\begin{array}{\|l\|} \hline \text { John G. Townsend Suiling, } 401 \\ \text { Federal Stretes. Suite 2 } \\ \text { Dover, DE } 19901-1402 \end{array}$ | (302) 7354000 |  |  | Ative | A - Not displayed |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \\ & \hline \end{aligned}$ |  | ${ }^{\text {Pegrae }}$ required | ${ }_{\substack{\text { a }}}^{\text {Third-party }}$ exam required | Work experience required | Stand-alone <br> licens | 101242018 |  |
| Temporary nursing home administrator | Board of Examiners of Nursing Administrators~Division of Professional Regulation | Cannon Building, 861 Silver Lake Blvd. STE. 203 <br> Dover, DE 19904-2467 | (302) 7444500 |  |  | Active |  |  |  | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party <br> exam require | Work experience required | $\begin{aligned} & \text { Preliminary/t } \\ & \text { emporary } \\ & \text { license } \end{aligned}$ | 10/2420018 |  |
| Clinical Nurse Specialists |  |  |  |  |  |  | - Not display |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ |  | ${ }_{\substack{\text { Degree } \\ \text { required }}}^{\text {a }}$ | ${ }^{\text {Thid-party }}$ exam required | No experienc required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 010112010 |  |
| NURSE, ANESTHETISTS | Government of the District of Columbia~Department of Health~Health Regulation Health~Health Regulation inistration |  | (202) 4424330 |  |  | Active | -Not displayed |  | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Contituung } \\ \text { educaion required } \\ \text { to maintain license } \end{array} \\ \hline \end{array}$ |  | $\begin{array}{\|l\|l} \hline \begin{array}{l} \text { spocectice } \\ \text { cousie } \\ \text { required } \end{array} \\ \hline \end{array}$ | ${ }^{\text {Thid-party }}$ exam required | Work experience required | (tand-alone | 0661322016 |  |
| NURSE, MIDWIVES |  | $\begin{aligned} & 825 \text { North Capitol Street, NE, } \\ & \text { Suite } 222 \\ & \text { Washington, } 20002 \end{aligned}$ | (202) 4424330 |  |  | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ |  | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party <br> exam require | No experience required | Stand-alone <br> license | 0661322016 |  |
| NURSE, PRACTICAL |  |  | (202) 4424330 |  |  | Active | - Not disp |  | $\begin{array}{\|l\|l} \hline \begin{array}{l} \text { Continuung } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ \hline \end{array}$ | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | ${ }_{\substack{\text { a }}}^{\text {Third-party }}$ exam required | No experienc required | (tand-alone | ${ }^{\text {06/23/2016 }}$ |  |
| NURSE, PRACTTITİNERS |  |  | (202) 4424330 |  |  | Active | NA - Not displayed |  | $\begin{array}{\|l\|l} \hline \text { Contituung } \\ \text { edeucation required } \\ \text { to maintain license } \end{array}$ |  | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party exam require | Work experience required | Stand-alone <br> licens | ${ }^{\text {06/23/2016 }}$ |  |
| nuRSE, REGIITERED | Columbia~Department of Health~Health Regulation Administration |  | (202) 4424330 |  |  | Active | A - Not displayed |  | $\begin{array}{\|l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array}$ |  | ${ }^{\text {Pegrae }}$ required | ${ }^{\text {Thid-party }}$ exam required | No experienc required | (tandalane | ${ }^{661232016}$ |  |
| NURSING HOME ADMIN. |  | 825 North Capitol Street, NE, Suite 222 Washington, 20002 | (202) 4424330 |  |  | Active | NA - Not displayed |  | Continuing <br> education required <br> to maintain license |  | $\left\lvert\, \begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}\right.$ | Third-party <br> exam require | No experienc required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 06613212016 |  |
| Hospital Corpsman | Unite States Coast Suard | 2100 nnd St, SW | (202) 2670218 |  | $\frac{\mathrm{htps} / 1 / \mathrm{mmw.uscogm}}{\text { ilstow }}$ | Active | splayed |  |  | $\underbrace{\text { prohibitions }}_{\text {Nocrininal record }}$ |  |  |  | ${ }_{\text {l }} \begin{aligned} & \text { Stand-alone } \\ & \text { liense }\end{aligned}$ | 010012010 |  |
| Marine Physician Assisitant | Unite States Coast Suard |  | (202) 2670218 |  | hitos:/wwwuscam | Active | NA - Not displayed | Certification required |  | Noctininal record |  | ${ }_{\text {a }}^{\substack{\text { Thirdparty } \\ \text { exam reaured }}}$ |  | ${ }^{\text {Standalane }}$ | 010112010 |  |
| Professional Nurse | United States Coast Guard National Maritime Center | 2100 2nd St. SW Wastington, DC 20593-0001 | (202) 2670218 |  | $\begin{array}{\|l} \hline \text { https://www.uscg.m } \\ \hline \text { il/stcw/ } \\ \hline \end{array}$ | Active | NA - Not displayed |  |  | No criminal record prohibition |  | Third-party <br> exam requi |  | Stand-alone <br> licens | 01101/2010 |  |
| Advanced Practice Registered Nurse | FL Department of Health~Division of Medical Quality Assurance |  | (850) 4880595 |  | mwwdoh satefiflus | Active | Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \\ & \hline \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Degriee } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 0225612020 |  |
| Cerfified Nursing Assistant | FL Department of Health~Division of Medical Quality Assurance | $\begin{aligned} & 4042 \text { Bald Cypress Way } \\ & \text { Tallahassee, FI 32399-3250 } \\ & \hline \end{aligned}$ | (850) 4880595 |  | w.doh.state.f.lus | Active | - Not displayed |  |  | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | $\begin{array}{\|l\|l\|l} \hline N o \text { experience } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \\ & \hline \end{aligned}$ | 0212512020 |  |
| censed Practical Nurse | FL Department of Health~Division of Medical Quality Assurance | $\begin{aligned} & 4042 \text { Bald Cypress Way } \\ & \text { Tallahassee, FI 32399-3250 } \end{aligned}$ | (850) 4880595 |  | us | Active | NA - Not displayed |  | $\begin{aligned} & \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ & \hline \end{aligned}$ | $\qquad$ conviction prohibited | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { pegree } \\ \text { equired } \end{array} \end{array}$ | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 0212512020 |  |
| fery | FL Department of Health~Division of Medical Quality Assurance | $\begin{aligned} & 4042 \text { Bald Cypress Way } \\ & \text { Tallahassee, FI } 32399-3250 \end{aligned}$ | (850) 4880595 |  | www.doh.statef.f.us | Active | Not displayed |  | $\begin{array}{\|l} \hline \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ \hline \end{array}$ |  | $\begin{array}{\|l} \hline \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { No experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \hline \text { Stand-alone } \\ \text { license } \end{array}$ | 02/2512020 |  |
| Nursing Home Administrator | FL Department of Health~Division of Medical Quality Assurance | 4042 Bald Cypress Way Tallahassee, FI 32399-3250 | $(850) 4880595$ |  | tefius | ative | - Not displayed |  | $\begin{array}{\|l} \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ \hline \end{array}$ |  | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ | No experience <br> required | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 022/51/2020 |  |
| Professional Individual Occupationa | FL Dept. of Business and Professional Regulation~Division of Professions | 1940 N. Monroe Street Tallahassee, FL 32399-0760 | (850) 4871395 | call.center@ubpr.statef.l.us | www.myfloridalicen se.com/dbpr/ | Active | NA - Not displayed |  | $\begin{array}{\|l\|} \text { No continuing } \\ \text { education } \\ \text { requirement to } \\ \text { maintain license } \end{array}$ | Felony convictions prohibited | $\begin{array}{\|l\|l} \substack{\text { Speatific } \\ \text { cousse } \\ \text { required }} \end{array}$ | State exam <br> required | Work experience <br> required | Stand-alone <br> licens | 022512020 |  |
| Registered Nurse (RN) | FL Department of Health~Division of Medical Quality Assurance | 4042 Bald Cypress Way Tallahassee, FI $32399-3250$ | (850) 4880595 |  | state fil | Active | -Not displayed |  | $\begin{array}{\|l} \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ \hline \end{array}$ |  | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | State exan required | No experience <br> required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 022/512020 |  |
| Administrato in Training |  |  | (478) 207 |  |  | Active | NA - Not displayed |  |  |  |  |  |  | ${ }^{\text {a }}$ Stand-alone | 10/2412019 |  |
| Advanced Pratice - CNM | Georgia Board of Nursing | $\begin{aligned} & 237 \text { Coliseum Drive } \\ & \text { Macon, GA 31217-3858 } \end{aligned}$ | (478) 2072440 |  | $\frac{\text { https://sos.ga.gov/i }}{\text { ndex.php/licensing }}$ | ative | NA - Not displayed |  | $\begin{array}{\|l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \\ \hline \end{array}$ |  | $\begin{array}{\|l\|l\|l} \text { pegree } \\ \text { required } \end{array}$ | Third-party exam required | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \text { Stand-alo } \\ \text { license } \end{array}$ | 10/2412019 |  |
| Advanced Practice - CNS | Georgia Board of Nursing | $\begin{aligned} & 237 \text { Coliseum Drive } \\ & \text { Macon, GA 31217-3858 } \end{aligned}$ | (478) 2072440 |  | $\begin{aligned} & \text { https://sos.ga.gov/i } \\ & \text { ndex.php/licensing } \\ & \hline \end{aligned}$ | Active | NA - Not displayed |  |  |  | $\begin{array}{\|l} \hline \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|} \hline \text { Third-party } \\ \text { exam required } \\ \hline \end{array}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 10/2412019 |  |
| Advanced Pratice - CNSPMH | Georgia Board of Nursing | $\begin{aligned} & 237 \text { Coliseum Drive } \\ & \text { Macon, GA 31217-3858 } \end{aligned}$ | (478) 2072440 |  | https://sos.ga.gov/i <br> ndex.php/licensing | Active | NA - Not displaz |  | $\begin{aligned} & \text { Contituving } \\ & \text { Ceducaion required } \\ & \text { to maintain license } \end{aligned}$ |  |  | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 1012412019 |  |
| Advanced Pracicice - CRNA | Georgia Board of Nursing | 237 Coliseum Drive Macon, GA 31217-3858 | (478) 2072440 |  | https://sos.ga.gov/i ndex.php/licensing | ctive | NA - Not displayed |  | $\begin{aligned} & \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ & \hline \end{aligned}$ |  | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|l} \text { Work experience } \\ \text { required } \end{array}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 10/2412019 |  |
| NP | Georgia Board of Nursing | $\begin{array}{\|l\|} \hline 237 \text { Coliseum Drive } \\ \text { Macon, GA 31217-3858 } \\ \hline \end{array}$ | (478) 2072440 |  | https://sos.ga.gov/i <br> ndex.php/licensing | Active | NA - Not displayed |  |  |  | $\begin{array}{\|l\|l\|} \hline \text { Degrie } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 102442019 |  |

CareerOneStop License Finder Results
We found 555 licenses for Nursing in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> / Veterans | Certification | Continuing Education | $\begin{aligned} & \text { Criminal } \\ & \text { Record } \\ & \hline \end{aligned}$ | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \\ & \hline \end{aligned}$ | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Licensed Practical Nurse | Georgia Board of Licensed Practical Nursing | 237 Coliseum Drive Macon, GA 31217-3858 | (478) 2072440 |  |  | Active | NA - Not displayed |  |  | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party exam required | $\begin{aligned} & \text { Nooxperience } \\ & \text { required } \end{aligned}$ | Stand-alone license | 10/24/2019 |  |
| Licensed Undergraduate Nurse | Georgia Board of Nursing | $\begin{aligned} & 237 \text { Coliseum Drive } \\ & \text { Macon, GA 31217-3858 } \end{aligned}$ | (478) 2072440 |  | https://sos.ga.gov/i ndex.php/licensing | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ |  | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { reguired } \end{array}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Work experience } \\ & \text { fequired } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 10/242019 |  |
| Nursing Home Administrator | $\begin{aligned} & \text { Georgia Board of Nursing Home } \\ & \text { Administrators } \end{aligned}$ | $\begin{aligned} & 237 \text { Coliseum Drive } \\ & \text { Macon, GA 31217-3858 } \end{aligned}$ | (478) 2072440 |  | $\frac{\text { https://sos.ga.gov/i }}{\text { ndex.php/licensing }}$ | ctive | NA - Not displayed |  | $\begin{array}{\|l} \hline \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ \hline \end{array}$ |  | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | $\begin{aligned} & \text { Work experience } \\ & \text { frequired } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 10/2412019 |  |
| Qualfied Medication Aide | Georgia Board of Licensed Practical Nursing | 237 Coliseum Drive Macon, GA 31217-3858 | (478) 2072440 |  | $\frac{\text { hthps:/Isos.ga.goví }}{\text { ndex }}$ | active | NA - Not displayed | Certification required | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \end{aligned}$ | No criminal record prohibitions | $\begin{array}{\|l\|l\|} \hline \text { Spectic } \\ \text { cousice } \\ \text { required } \end{array}$ | State exam required | Work experience required | Stand-alone license | 10/2412019 |  |
| Registered Professional Nusse | Georgia Board of Nursing | $\begin{aligned} & 237 \text { Coliseum Drive } \\ & \text { Macon, GA 31217-3858 } \end{aligned}$ | (478) 2072440 |  | $\frac{\text { https://sos.ga.gov/i }}{\text { ndex.php/licensing }}$ | Active | - Not displayed |  | $\begin{array}{\|l} \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ \hline \end{array}$ |  | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Work experience } \\ & \text { frequired } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 10/242019 |  |
| Licensed Practical Nurse, Psychiatric Technicians | Department of Public Health and Social Services~Guam Board Barbering and Cosmetology | P O Box 2816 Hagatna, GU 96932-2816 | (671) 7357410 |  |  | Active | NA - Not displayed |  |  |  |  |  |  | Stand-alone license | 0222612020 |  |
| Registered Nurse | Department of Public Health and Social Services~Guam Boar Barbering and Cosmetology | PO Box 2816 Hagata, GU $96932-2816$ | (671) 7357410 |  | $\begin{aligned} & \text { dphss.guam.gov/gu } \\ & \frac{\text { am-board-of- }}{\text { barbering-and- }} \\ & \hline \text { cosmetology/ } \end{aligned}$ | Active | NA - Not displayed |  |  |  |  |  |  | ${ }_{\text {a }} \begin{aligned} & \text { Stand-alone } \\ & \text { license }\end{aligned}$ | 0212612020 |  |
| Registered Nurse | Department of Public Health and Social Services~Guam Board Barbering and Cosmetology | P O Box 2816 Hagatna, GU 96932-2816 | (671) 7357410 |  |  | Active | NA - Not displayed |  |  |  |  |  |  | ${ }_{\text {a }} \begin{aligned} & \text { Stand-alone } \\ & \text { license }\end{aligned}$ | 0226612020 |  |
| Advanced Practice Registered Nurse | ${ }_{8}^{\text {Hawaii State Dept of Commerce }}$ and Vocational Licensing Division~Board of Nursing | P. O. Box 3469, [335 Merchant St., Rm. 301, Honolulu, HI 96813] Honolulu, HI 96801 | (808) 5863000 | nuring@odca, hawai.gov |  | Active | NA - Not displayed |  | Continuing <br> education required to maintain license | Background check reuuried | Degree reauired | Third-party exam reauired | Work experience required | Stand-alone license | 10/0912019 |  |
| Licensed Practical Nurse |  | P. O. Box 3469, [335 Merchant St., Rm. 301, Honolulu, HI 96813] Honolulu, HI 96801 Honolulu, HI 0680 | (808) 5863000 | nursin@odca, hawai.gov |  | Active | NA - Not displayed |  |  | Background check required | $\begin{array}{\|l\|l\|l\|l\|l\|l\|l\|l\|r\|r\|l\|r\|} \text { requa } \end{array}$ | $\begin{array}{\|l\|} \hline \text { Third-party } \\ \text { exam required } \end{array}$ | No experience required | ${ }^{\text {S }}$ Stand-alone | 10/0912019 |  |
| Nurse Aide |  | P. O. Box 3469, [335 Merchant St., Rm. 301, Honolulu, HI 96813] Honolulu, HI 96801 | (808) 5862695 | Nurse aide@dcca.hawail.9o - | $\xlongequal{\frac{\text { http://cca.hawaii.go }}{\text { v/pv//programs/nurs }}} \begin{aligned} & \frac{\mathrm{e} /}{} \end{aligned}$ | ative | NA - Not displayed | $\begin{aligned} & \text { d } \begin{array}{l} \text { Certification } \\ \text { required } \end{array} \end{aligned}$ | Continuing <br> education required | No criminal record prohibitions | $\begin{aligned} & \text { Specific } \\ & \text { Spousice } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Third-party } \\ \text { exam required } \end{array}$ | Work experience <br> required | Stand-alone license | 991112018 |  |
| Nursing Home Administrator |  | $\begin{aligned} & \text { P. O. Box 3469, [335 Merchant } \\ & \text { St., Rm. 301, Honolulu, HI 96813] } \\ & \text { Honolulu, HI } 96801 \end{aligned}$ $\text { Honolulu, HI } 96801$ | (808) 5863000 | nursing home@dcca.hawaii <br> gov |  | Active | NA - Not displayed |  | Continuing <br> education required to maintain license | No criminal record prohibitions | $\begin{array}{\|l\|l\|l\|l\|l\|l\|l\|l\|r\|r\|l\|r\|} \text { requ } \end{array}$ | Third-party exam required | Work experience required | Stand-alone license | 10/99/2019 |  |
| Registered Nurse | $\begin{array}{\|l} \hline \text { Hawail State Dept. of Commerce } \\ \text { \& Consumer ffflass-Professional } \\ \text { and ovacaionl icensins } \\ \text { Division-Board of Nursing } \end{array}$ | P. O. Box 3469, [335 Merchant St., Rm. 301, Honolulu, HI 96813 ] $\begin{aligned} & \text { St., Rm. 301, Honol } \\ & \text { Honolulu, HI } 96801\end{aligned}$ | (808) 5863000 | nursing@dcca, hawai.gov | $\frac{\text { http://cca.hawaii.go }}{\frac{\mathrm{v} / \mathrm{pvl} / \text { boards/nursin }}{\mathrm{g} /}}$ | Active | NA - Not displayed |  |  | Backround check reauired | Degree required |  | No experience required | ${ }_{\text {a }}{ }_{\text {Stand-alone }}$ | 10/0912019 |  |
| $\begin{array}{\|l\|l} \text { Advanced Practice Registered } \\ \text { Nurse (APRN) } \end{array}$ | Itaho Board of Nursing | 280 N. 8th St., Ste. 210, PO Box 83720 <br> Boise. ID 83720-0061 $\qquad$ | 20833436 | info@ibibnidaho.gov | $\begin{aligned} & \text { hitpos:/libn.idaho.go } \\ & \text { vilisNPortal } \\ & \hline \end{aligned}$ | ctive | NA - Not displayed |  |  | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { reauired } \end{array}$ | $\begin{array}{\|l} \text { Third-party } \\ \text { exam required } \end{array}$ | $\begin{array}{\|l\|l\|} \hline \text { Work experience } \\ \text { frequired } \end{array}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 03/08/2018 |  |
| Clinical Nurse Speciaists |  |  |  |  |  |  | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ |  | ${ }_{\substack{\text { Degree } \\ \text { required }}}^{\substack{\text { and }}}$ | ${ }^{\text {Third-party }}$ (exam | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Standalane license | 0101212010 |  |
| Licensed Practical Nurse (LPN) | Idaho Board of Nursing | 280 N. 8th St., Ste. 210, PO Box 83720 Boise, ID 83720-0061 | 20833326 | info@ibibidaho.gov | https:/libn.idaho.go <br> vilisNPortal | Active | NA - Not displayed |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \\ & \hline \end{aligned}$ | No criminal record prohibitions | Degree required | Third-party <br> exam reauired | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Stand-alone license | 030812018 |  |
| Midwives (CPM) | Idaho State Board of Midwifery Idaho Bureau of Occupational Licenses | 700 W State St., PO Box 83720 Boise, ID 83720-0063 | (208) 3343233 | mideabolidaho.gov | nttrifbolidano.gov | Active | NA - Not displayed |  |  | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l\|l\|l\|l\|l\|l\|l\|} \text { regire } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Stand-alone license | 03/0820018 |  |
| Nursing Assistants | Idaho Department of Health and Welfare~211 Idaho CareLine | PO Box 83720 , NULL Boise, ID 83720-0026 | (800) 9262588 | careline@adwwidaho.gov | http://www.211.ida ho.gov/daycare.htm | ctive | NA - Not displayed | Certification required | $\begin{array}{\|l\|} \hline \text { No continuing } \\ \text { education } \\ \text { requirement to } \\ \text { maintain license } \\ \hline \end{array}$ | No criminal record prohibitions | Degree reauired | Third-party exam required | Work experience required | Stand-alone license | 030812018 |  |
| Nursing Home Administrators | $\begin{aligned} & \text { Board of Examiners of Nursing } \\ & \text { Home Administrators~Idaho } \\ & \text { Bureau of Occupational Licenses } \end{aligned}$ | 700 W. State St., PO Box 83720 <br> Boise, ID 83720-0063 | (208) 3343233 | nha@ibolidah. ${ }^{\text {gov }}$ |  | Active | NA - Not displayed |  | Continuing <br> education required to maintain license | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | State exam required | Work experience required |  | 03/08/2018 |  |
| Registered Nurse (RN) | Idaho Board of Nursing | $280 \mathrm{~N} .8 \mathrm{8t}$ St. Ste. 210, PO Box 83720 <br> Boise, ID 83720-0061 | 20833432 | info@ibunidaho.gov | hitps.lifi.iadano.go | ctive | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | Background check required | $\begin{array}{\|l\|l\|l\|l\|l\|} \hline \text { regrequired } \end{array}$ | $\begin{array}{\|l\|} \hline \text { Third-party } \\ \text { exam required } \end{array}$ | $\begin{array}{\|l} \text { No experience } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 03/08/2018 |  |
| School Personnel Serices Provider | Idaho State Department of Education~Teacher Certification | $\begin{aligned} & \text { Po Box 83720. NuL } \\ & \text { Boise II } 83720-0027 \end{aligned}$ | (208) 3326882 | certification@ssei.idaho.gov | $\begin{array}{\|l} \frac{\text { http://www.sde.idah }}{\text { o.gov/site/teacher }} \\ \hline \text { certification } \end{array}$ | Active | NA - Not displayed |  |  | $\begin{array}{\|l\|} \hline \text { No criminal record } \\ \text { prohibitions } \end{array}$ | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { reauired } \end{array}$ |  | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 03/0812018 |  |
| EmERGENCY COMMUNICATION REGISTERED NURSE (ECRN) | $\begin{aligned} & \text { Illinois Department of Public } \\ & \text { Health } \\ & \hline \end{aligned}$ | 535 W. Jefferson St. Springfield, IL 62761 | (217) 7852080 |  | $\begin{aligned} & \text { hitp:///www.idph.stat } \\ & \text { eil.us } \\ & \hline \end{aligned}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \\ & \hline \end{aligned}$ | No criminal record <br> prohibitions | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { reauired } \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { No experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \hline \text { Stand-alone } \\ \text { license } \\ \hline \end{array}$ | 1012212014 |  |
| EmS PRE HOSPITAL RN | $\begin{aligned} & \text { Illinois Department of Public } \\ & \text { Health } \\ & \hline \end{aligned}$ | $\begin{aligned} & 535 \text { W. Jefferson St. } \\ & \text { Springfield, IL } 62761 \end{aligned}$ | (217) 7852080 |  | $\begin{aligned} & \text { http://www.idph.stat } \\ & \hline \text { e.il.us } \\ & \hline \end{aligned}$ | Active | NA - Not dis |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \\ & \hline \end{aligned}$ |  | $\begin{array}{\|l} \text { Degree } \\ \text { Peguired } \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { State exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \begin{array}{l} \text { No experience } \\ \text { required } \end{array} \\ & \hline \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 1012212014 |  |
| EMS TRAUMA NURSE SPECIALIST | $\begin{aligned} & \text { Illinois Department of Public } \\ & \text { Health } \end{aligned}$ | 535 W. Jefferson St. Springfield, IL 62761 | (217) 7852080 |  | $\begin{aligned} & \text { http://www.idph.stat } \\ & \text { e.il.us } \\ & \hline \end{aligned}$ | Ative | NA - Not displayed |  |  | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | ${ }_{\substack{\text { Degree } \\ \text { required }}}^{\substack{\text { 2 }}}$ | Third-party exam required | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Stand-alone license | 10/2212014 |  |

CareerOneStop License Finder Results
We found 555 licenses for Nursing in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \end{aligned}$ | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| NURSE, LICENSED PRACTICAL | Illinois Department of Financial and Professional Regulation | 320 West Washington Springfield, IL 62786 | (217) 7828556 |  | https://www.idfpr.co $\underline{\mathrm{m}}$ | Active | NA - Not displayed |  | $\begin{array}{l\|l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | $\begin{array}{\|l} \begin{array}{l} \text { No experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ & \hline \end{aligned}$ | 1012212014 |  |
| NURSE, REGIITERED | Illinois Department of Financial and Professional Regulation | $\begin{array}{\|l} \begin{array}{l} \text { 320 West Washington } \\ \text { Springfield, IL } 62786 \end{array} \\ \hline \end{array}$ | (217) 7828556 |  |  | Active | todisplayed |  | $\begin{aligned} & \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ & \hline \end{aligned}$ | No criminal record prohibitions | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}$ | Third-party exam required | No experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 10/222014 |  |
| NURSING HOME ADMINISTRATOR | Illinois Department of Financial and Professional Regulatio | 320 West Washington Springfied 1162786 Springfield, IL 62786 | (217) 7828556 |  | $\begin{array}{\|l\|} \hline \frac{\text { https://www.idfor.co }}{\underline{\underline{l}}} \\ \hline \end{array}$ | Active | Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 1012212014 |  |
| ADMINISTRATOR TEMPORARY CERTIFICATE | Illinois Department of Financial and Professional Regulation | $\begin{aligned} & \text { 320. West Washington } \\ & \text { Springified, IL } 627866 \end{aligned}$ | (217) 7828556 |  | $\begin{array}{\|l\|} \hline \text { https://www.idfor.co } \\ \hline \underline{\underline{l}} \\ \hline \end{array}$ | Active | NA - Not displayed |  |  | No criminal record prohibitions <br> prohibitions | $\begin{array}{\|l\|l\|} \hline \text { Degriee } \\ \text { required } \end{array}$ | Third-party exam required | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { No experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | Preliminary/t emporary license | 1012212014 |  |
| RaCE TRACK Emplovee | Hlinois Racing Bard | 100 West Randolph, Suite 7-701 Chicago, IL 60601 | (312) 8142600 |  | $\frac{\text { https://www2.illinois }}{\text { gov/sites/irb/Pages }}$ <br> /Licensing.aspx | Active | Not tisplayed |  |  | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { No criminal record } \\ \text { prohibitions } \end{array} \\ \hline \end{array}$ |  |  |  | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 1012212014 |  |
| VIIITING RESIIENT PERMIT | Illinois Department of Financial and Professional Regulation | 320 West Washington Springfield, IL 62786 springfield, IL 62786 | 17) 7828556 |  | $\begin{array}{\|l\|} \hline \frac{\text { https: } / / / w w w . i d f r o . c o ~}{} \\ \hline \underline{m} \\ \hline \end{array}$ | Active | NA - Not displayed |  | $\begin{array}{\|l\|l} \hline \text { Contitiuing } \\ \text { education required } \\ \text { to maintain licensense } \end{array}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ |  | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 1012212014 |  |
| APN Prescripitive Authority | Indiana Professional Licensing Agency~Indiana State Board of Nursing | 402 W. Washington Street, Room W072 <br> Indianapolis, IN 46204 | (317) 2342043 | laza@plai. ingov | http://www.in.gov/pl <br> a/nursing.htm | Active | NA - Not displayed | Certification <br> required |  | No criminal record prohibitions | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party <br> exam require | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | Stand-alone license | 043012021 |  |
| Cetrifed Nurse's Aide | Indiana State Department of Health~Division of Acute $\&$ Continuing Care | 2 North Meridian Street, 4A Indianapolis, IN 46204 | ) 23 |  | $\begin{array}{\|l\|} \hline \text { htpp//www.in.govis } \\ \hline \mathrm{d} n / / \\ \hline \end{array}$ | Active | Not displayed | $\begin{array}{\|l} \text { Certification } \\ \text { required } \\ \hline \end{array}$ | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { Specific type of } \\ & \text { conviction } \\ & \text { prohibited } \end{aligned}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { No educational } \\ \text { requirements } \end{array} \\ \hline \end{array}$ | Third-party exam required | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 05/2212021 |  |
| Clinical Nurse Specialists | $\begin{aligned} & \text { Indiana Professional Licensing } \\ & \text { Agency Board of Podiatric } \\ & \text { Medicine~Attn: DPM Board } \end{aligned}$ | 402 West Washington Street, Room W072 <br> Indianapolis, IN 46204 | (317) 2342060 | 33 ppla in.goo | http://www.in.gov/pl <br> a/podiatry.htm | Active | NA - Not displayed |  |  |  | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | $\begin{array}{\|l} \text { No experience } \\ \text { required } \end{array}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 010012000 |  |
| CSR- Osteopatic Physician | $\begin{aligned} & \text { Indiana Professional Licensing } \\ & \text { Agency~Medical Licensing Board } \\ & \text { of Indiana } \end{aligned}$ | 402 W. Washington Street, Room Indianapolis, IN 46204 | (317) 2342060 | Pla3@pla in.gov | http://www.in.gov/pl | Active | - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l\|l} \text { pegree } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ |  | 051022021 |  |
| CSR-Physician | $\begin{aligned} & \text { Indiana Professional Licensing } \\ & \text { Agency } \sim \text { Medical Licensing Board } \\ & \text { of Indiana } \end{aligned}$ | 402 W. Washington Street, Room W072 <br> Indianapolis, IN 46204 | (317) 2342060 | pla3@plai.i.gov | $\begin{aligned} & \mathrm{http}: / / \mathrm{www} . \mathrm{in} . g o \mathrm{v} / \mathrm{pl} \\ & \mathrm{a} / \text { medical.htm } \\ & \hline \end{aligned}$ | Active | NA - Not displayed |  | $\begin{aligned} & \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ & \hline \end{aligned}$ | $\begin{array}{\|l\|} \text { No criminal record } \\ \text { prohibitions } \end{array}$ | $\left\lvert\, \begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}\right.$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \\ & \hline \end{aligned}$ |  | 05/02/2021 |  |
| CSR-Dentist | $\begin{aligned} & \text { Indiana Professional Licensing } \\ & \text { Agency~Indiana State Board of } \\ & \text { Dentistry } \end{aligned}$ | 402 West Washington Street Room W072 <br> Indianapolis, IN 46204 | (317) 2342054 | dab@pla ingov | $\begin{array}{\|l\|} \mathrm{http}: / / w w w . i n . g o v / p l \\ \mathrm{a} / \mathrm{dental} \cdot \mathrm{htm} \end{array}$ | ctive | NA - Not tisplayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ |  | $\begin{array}{\|l\|} \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ |  | 05/22/2021 |  |
| -Vet | Indiana Professional Licensing Agency-Indiana Board of Veterinary Medical Examiners | 402 West Washington Street, Room W072 Indianapolis, IN 46204 | (317) 2342054 | plas@plai.ingov | $\frac{\text { https://www.in.gov/ }}{\text { pla/boards.htm }}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { ecoucation required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|} \hline \text { Third-party } \\ \text { exam required } \end{array}$ | No experience required |  | 5502212021 |  |
| Home Healt Aide | Indiana State Department of Health~Division of Acute \& Continuing Care | 2 North Meridian Street, 4A <br> Indianapolis, IN 46204 | (317) 2337474 |  | http://www.in.gov/is <br> $\mathrm{d} h /$ | Active | NA - Not displayed |  |  | No criminal record prohibitions | No educational requirements | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | No experience required | Stand-alone <br> licens | 0510512021 |  |
| ed Pracio | Indiana Professional Licensing Agency~Indiana State Board of Nursing Nursing | 402 W. Washington Street, Room W072 Indianapolis, IN 46204 | 317) 2342043 | Pla2@plai. ingov |  | Active | Not displayed |  |  | Any conviction is prohibited | $\begin{array}{\|l\|l} \text { Degree } \\ \text { required } \end{array}$ |  | Noexperience required | ${ }_{\text {Sta }}^{\text {Stand-alone }}$ | 5066/2021 |  |
| ntal Heath Counselor | Indiana Professional Licensing Agency-Behavioral Health and Human Services Licensing Board | 402 West Washington Street, Room W072 <br> Indianapolis, IN 46204 | (317) 2342054 | ain.gov |  | Active | NA - Not displayed | Certification required | education required to maintain license | No criminal record prohibitions | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | State exam required | Work experience required | Stand-alone licens | 5506120 |  |
| Nurse Anestheisists |  | $\begin{aligned} & 402 \text { West Washington Street, } \\ & \text { Room W072 } \\ & \text { Indianapolis, IN } 46204 \\ & \hline \end{aligned}$ | (317) 2342060 | pla3@plai..gov | $\begin{array}{\|l\|} \frac{\text { http://www.in.gov/pl }}{\text { a/podiatry.htm }} \\ \hline \end{array}$ | Active | NA - Not displayed |  | Continuing <br> education required <br> to maintain license |  | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Thirdparty <br> exam required | Work experience required | Stand-alone <br> licens | 1012010 |  |
| se Midwife | $\begin{aligned} & \text { Indiana Professional Licensing } \\ & \text { Agency~Indiana State Board of } \\ & \text { Nursing } \\ & \hline \end{aligned}$ | 402 W. Washington Street, Room W072 <br> Indianapolis, IN 46204 | (317) 2342043 | gov | $\begin{array}{\|l\|} \hline \text { http://www.in.gov/pl } \\ \mathrm{a} / \text { nursing.htm } \\ \hline \end{array}$ | ctive | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { No criminal record } \\ \text { prohibitions } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \begin{array}{l} \text { State exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Workexerefience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 05/08/2021 |  |
| ualified Mediciation | Indiana State Department of Health Aide Training, Certification and Registry | 2 North Meridian Street, 4A Indianapolis, IN 46204 | (317) 2337616 |  | $\frac{\mathrm{http}: / / \mathrm{www} . \mathrm{in} . g o v / \text { is }}{\mathrm{dh} / 24562 \mathrm{htm}}$ <br> dh/24562.htm | Active | NA - Not displyyed | $\begin{array}{\|l} \text { Certification } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Contituing } \\ & \text { Cetcaing } \\ & \text { educaion requred } \\ & \text { to maintain licensse } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ |  | $\begin{array}{\|l} \begin{array}{l} \text { State exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 0506612021 |  |
| Registered Nurse | Indiana Professional Licensing Agency~Indiana State Board of Nursing | 402 W. Washington Street, Room W072 <br> Indianapolis, IN 46204 | (317) 2342043 | 2 20plai.gov | http://www.in.gov/pl a/nursing.htm | Active | Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { Any conviction is } \\ & \text { prohibited } \end{aligned}$ | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ |  | No experienc <br> required | Stand-alone <br> licens | 55/06/2021 |  |
| oray LPN Permit | $\begin{aligned} & \text { Indiana Professional Licensing } \\ & \text { Agency~Indiana State Board of } \\ & \text { Nursing } \\ & \hline \end{aligned}$ | 402 W. Washington Street, Room W072 <br> Indianapolis, IN 46204 | (317) 2342043 | pla2eplai.i.gov | http://www.in.gov/pl a/nursing.htm | Active | NA - Not displayed | $\begin{aligned} & \text { Certification } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { Specific type of } \\ & \text { conviction } \\ & \text { prohibited } \end{aligned}$ | $\begin{array}{\|l\|l} \text { Degree } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | No experience required |  | 05/10/2021 |  |
| mporay RN Pemmit | Indiana Professional Licensing Agency $\sim$ Indiana State Board of Nursing | 402 W. Washington Street, Room W072 <br> Indianapolis, IN 46204 | (317) 2342043 | laza@plai.i.gov | http://www.in.gov/pl a/nursing.htm | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record prohibitions | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { State exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | No experience <br> required | Preliminary/t emporary license | 05/10/2021 |  |
| Advanced Registered Nurse Practitioner (ARNP) | lowa Board of Nursing~lowa Department of Public Health | 400 SW 8th Street, Ste. B Des Moines, IA 50325 | (515) 2814822 | kathy weinbera@iowa gov | http://nursing.iowa. <br> gov | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \\ & \hline \end{aligned}$ | $\begin{array}{\|l\|l} \hline \text { Work experience } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 1011212020 |  |
| Certified Nursing Assistant (CNA) (Nurse's Aide) | Division of Health Facilities~lowa Department of Inspections \& Appeals | Lucas State Office Building, 321 East 12th Street, Third Floor Des Moines, IA 50319-008 | (515) 2814233 | wn.fisk@diaiowa.go | $\|$https://dia.iowa.gov/ <br> $\frac{\text { health- }}{\text { facilities/certified- }}$ <br> nursing-assistants | Active | A- Not displa | Certification required | No contituing <br> edcuation <br> requirment to <br> maintain license$\|$ | No criminal record prohibitions prohibitions | $\begin{array}{\|l} \text { Specific } \\ \text { seusise } \\ \text { required } \end{array}$ | State exam <br> required | Work experience <br> required | Stand-alone licens | 1011212020 |  |
| Diettian | $\begin{array}{\|l} \hline \text { Board of Dietetics~lowa } \\ \text { Department of Public } \\ \text { Health~Bureau of Professional } \\ \text { Licensure } \\ \hline \end{array}$ | 321 E 12th Street, Lucas Building <br> Des Moines, IA 50319-0075 | (515) 2810254 | PLPublic@idon.iowa.gov |  | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { edouction required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record prohibitions <br> prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Thirdparty exam required | No experience required |  | 1011212020 |  |
| sed Pracical Nurse (LPN) | lowa Board of Nursing~lowa Department of Public Health | 400 SW 8th Street, Ste. B Des Moines, IA 50325 | (515) 2814822 | kathy weinbergaiowa.gov | $\begin{aligned} & \text { http://nursing.iowa. } \\ & \text { gov } \end{aligned}$ | Active | NA - Not displayed |  |  | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}\right.$ | Third-party exam required | No experience required | Stand-alone <br> licens | 1011212020 |  |
| Massage Therapist | Board of Behavioral Science~Iowa Department of Public Health~Bureau of Professional Licensure | 321 East 12 th Street | (515) 2425938 | vicky.winter- clearman@idph.iowa.gov | https://idph.iowa.go <br> v/Licensure/lowa- <br> Board-of-Behavioral. <br> Science | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record prohibitions |  | ${ }^{\text {Thiderarty }}$ | Work experience required | ${ }_{\text {l }}^{\text {Stand-alane }}$ | 101/1212020 |  |
| eath Counselor | Board of Behavioral Science~lowa Department of Public Health~Bu Licensure | 321 East 12th Street Des Moines, IA 50319 | (515) 2425938 | vicky.winter- clearman@idph.iowa.gov | https://idph.iowa.go <br> v/Licensure/lowa- <br> Board-of-Behavioral. <br> Science | Active | NA - Not displayed |  | Continuing <br> education required <br> to maintain license | No criminal record prohibitions | ${ }_{\substack{\text { Degree } \\ \text { reauried }}}^{\text {and }}$ | Third-party exam required | Work experience required | Stand-alone licen | 1011212020 |  |

CareerOneStop License Finder Results
We found $\mathbf{5 5 5}$ licenses for Nursing in United States.

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> / Veterans | Certification | Continuing Education | $\underset{\text { Record }}{\text { Criminal }}$ | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \\ & \hline \end{aligned}$ | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Nursing Home Activit Director | $\begin{aligned} & \text { Division of Health Facilities~Iowa } \\ & \text { Department of Inspections \& } \\ & \text { Appeals } \end{aligned}$ | Lucas State Office Building, 321 Des Moines, IA 50319-0083 <br> - | (515) 2814233 | dawn_fisk@diaiow.gov |  | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record prohibitions | $\begin{aligned} & \text { Degree } \\ & \text { required }\end{aligned}$ | Third-party <br> exam require | Work experience required | Stand-alone license | 101/1212020 |  |
| Nursing Home Administrator |  | Lucas State Office Building, 321 E 12th St <br> Des Moines, IA 50319-0075 | 15) 2814 |  |  | Active | NA - Not display |  | Continuing education required to maintain license | No criminal record prohibitions | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party <br> exam require | Work experience required | Stand-alone license | 10/1212020 |  |
| Physician Assistant (PA) | lowa Board of Physician Assistants~lowa Department of Public Health - Bureau of Professional Licensure | 321 E 12th Street, Lucas Building Des Moines, IA 50319-0075 | (515) 2810254 | PlPublicQidghiowa.gov | $\frac{\text { http://idph.iowa.gov/ }}{\text { Licensure/lowa- }}$ <br> Board-of-Physician- <br> Assistants | Active | NA - Not displayed | Certification required |  | No criminal record prohibitions | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party <br> exam require | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 10/1212020 |  |
| Registered Nurse (RN) | Board of Physical \& Occupational Therapy -lowa Department of Public Health | 400 SW 8th Street, Ste. B Des Moines, IA 50325 | (515) 2814822 | kathyweinbergaiowa.gov | $\begin{aligned} & \text { http://nursing.iowa. } \\ & \text { gov } \\ & \hline \end{aligned}$ | Active | layed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record <br> prohibitions | Degree required | Third-party exam require | $\begin{aligned} & \begin{array}{l} \text { No experience } \\ \text { required } \end{array} \\ & \hline \end{aligned}$ | Stand-alone license | 10/12120 |  |
| Advanced Registered Nurse Practitioner (ARNP) | nsas State Soard of Nurs | $\begin{aligned} & 900 \text { SW Jackson, Suite } 1051 \\ & \text { Topeka, KS 66612-1230 } \end{aligned}$ | (785) 29964 |  | httr/1/ww..sson.org | Active | Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party exam required | $\begin{aligned} & \text { Work experience } \\ & \text { 4 freuired } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 1/1212019 |  |
| Certried Meiliation Aide (CMA) | Kansas Department of Health \& Environment~Health Occupations Credentialing | 1000 SW Jackson, Suite 200 Topeka, KS 66612-1365 | (785) 2960061 |  | htto//www.kdneks. | ctive | NA - Not displayed | Certification <br> require |  | No criminal record prohibitions <br> prohibitions | $\begin{aligned} & \text { Specific } \\ & \text { course } \\ & \text { required } \end{aligned}$ | State exam required | Work experience required | Stand-alone <br> license | 11/1212019 |  |
| Certfied Nursing Aide (CNA) | $\begin{array}{\|l\|} \hline \text { Kansas Department of Health \& } \\ \text { Environment~Health Occupations } \\ \text { Credentialing } \\ \hline \end{array}$ | $\begin{aligned} & 1000 \text { SW Jackson, Suite } 200 \\ & \text { Topeka, KS 66612-1365 } \end{aligned}$ | (785) 2960061 |  | $\begin{array}{\|l\|} \hline \text { htto//www.kdneks. } \\ \hline \text { gov/ } \end{array}$ | Active | NA - Not displayed |  | $\begin{array}{\|l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array}$ | $\begin{array}{\|l} \text { No criminal record } \\ \text { prohibitions } \end{array}$ | $\begin{array}{\|l} \hline \text { Degree } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|} \hline \text { Third-party } \\ \text { exam required } \\ \hline \end{array}$ | $\begin{aligned} & \text { Work experience } \\ & \text { fequired } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | $11 / 1212019$ |  |
| Certified Nursing Assistant (CNA) | Kansas State Board of Nursing | $\begin{array}{\|l} \hline \begin{array}{l} 900 \text { SW Jackson, Suite } 1051 \\ \text { Topeka, KS 66612-1230 } \end{array} \\ \hline \end{array}$ | (785) 2964929 |  | httol/lww.ksbn.org | Active | Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record <br> prohibitions | Degree required required | Third-party exam required | $\begin{aligned} & \text { Work experience } \\ & \text { Trequired } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 11/1212019 |  |
| Licensed Mental Health Technician (MHT) | Kansas State Board of Nursing | $\begin{aligned} & 900 \text { SW Jackson, Suite } 1051 \\ & \text { Topeka, KS 66612-1230 } \end{aligned}$ | (785) 2964929 |  | d | Active | Not displayed |  |  | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ |  | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { No experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 11/1212019 |  |
| Licensed Practical Nurse (LPN) | Kansas State Board of Nursing | $\begin{aligned} & \text { 900 SW Jackson, Suite } 1051 \\ & \text { Topeka, KS 66612-1230 } \end{aligned}$ | (785) 2964929 |  | http/1/ww..sson.org | Active | displa |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | Degree | Third-party exam required | $\begin{array}{\|l} \hline \begin{array}{l} \text { No experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 11/1212019 |  |
| Nurse Midwife (NMW) | Kansas State Board of Nursing | $\begin{aligned} & 900 \text { SW Jackson, Suite } 1051 \\ & \text { Topeka, KS 66612-1230 } \end{aligned}$ | (785) 2964929 |  | httol/www.ksbn.org | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party exam required | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 11/1212019 |  |
| Psychiatric Te | Kansas State Board of Nursing | $\begin{aligned} & \text { 900 SW Jackson, Suite } 1051 \\ & \text { Topeka, KS 66612-1230 } \end{aligned}$ | (785) 2964929 |  | nttol/www.kson.org | Active | NA - Not displayed |  | $\begin{array}{\|l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array}$ | Background check required | $\begin{aligned} & \text { Specific } \\ & \text { course } \\ & \text { required } \\ & \hline \end{aligned}$ | State exam required | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 11/1212019 | $\begin{aligned} & \text { No physical } \\ & \text { requirements } \end{aligned}$ |
| Registered Nurse (RN) | Kansas State Board of Nursing | $\begin{aligned} & \text { 900 SW Jackson, Suite } 1051 \\ & \text { Topeka, KS 66612-1230 } \end{aligned}$ | (785) 2964929 |  | httol//ww..ssn.org | Ative | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { No criminal record } \\ \text { prohibitions } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|l} \text { Degree } \\ \text { required } \end{array}$ | Third-party exam required | $\begin{aligned} & \text { No experience } \\ & \text { required } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 11/12/2019 |  |
| rative Nursing Assistant (RNA) | ка | $\begin{aligned} & \text { 900 SW Jackson, Suite } 1051 \\ & \text { Topeka, KS 66612-1230 } \end{aligned}$ | (785) 2964929 |  | htto//mww.ksbo.org | Active | ayed |  |  |  | Degree required | Third-party exam required | $\begin{aligned} & \text { Work experience } \\ & \text { fequired } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 1/1212019 |  |
| Dialysis Technician Credential | Commonwealth of Kentucky ~Board of Nursing | 312 Whittington Parkway, Suite 300 ouisville, KY 40222 | (502) 4293300 | Tomeca. Faukner@k.g.gov |  | Active | NA - Not tisplayed |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \end{aligned}$ |  | No educational requirements | Third-party <br> exam require | Work experience required | $\begin{array}{l}\text { Stand-alone } \\ \text { license }\end{array}$ | 10/1312020 |  |
| Licensed Practical N | $\begin{aligned} & \text { commonwealth of } \\ & \text { Kentucky-Board of Nursing } \end{aligned}$ | 312 Whittington Parkway, Suite 300 <br> Louisville, KY 40222 | (502) 4293300 | Tomeca, Faukner@k.g.gov | htto./kbn.ky.gov | Ative | NA - Not displayed |  | $\begin{array}{\|l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{aligned} & \text { Degree } \\ & \text { reguired } \end{aligned}$ | Third-party exam required | $\begin{aligned} & \text { Work experience } \\ & \text { 4fequired } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 10/13/2020 |  |
| Nurse Anestheist (APRN) | Commonwealth of Kentucky~Board of Nursing | 312 Whittington Parkway, Suite 300 Louisville, KY 40222 | (502) 4293300 | Tomeca. Fauknerakk.gov | ptto./kbn.k.g.gov | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record prohibitions | Degree required | Third-party exam required | $\begin{array}{\|l\|l\|l\|} \hline \text { Work experience } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 10/1312020 |  |
| Nurse Practioner (APRN) | Commonwealth of <br> Kentucky -Board of Nursing | 312 Whittington Parkway, Suite <br> 300 <br> Louisville, KY 40222 | (502) 4293300 | Tomeca. Fauknerakk.gov | ntte:/kbon.k.gov | Active | NA - Not displayed |  | Continuing education required to maintain license | No criminal record prohibitions | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party <br> exam require | Work experience required |  | 10/13/2020 |  |
| Nurse, Clinical Specialist (APRN) | Commonwealth of <br> Kentucky - Board of Nursing | 312 Whittington Parkway, Suite <br> 300 <br> Louisville, KY 40222 | (502) 4293300 | Tomeca Faukner@ky.gov |  | Active | NA - Not displayed |  | Continuing education required to maintain license | No criminal record prohibitions | Degree required | Third-party <br> exam require | Work experience required |  | 10/1312020 |  |
| Nurse, Midwife (APRN) | Commonwealth of Kentucky~Board of Nursing | 312 Whittington Parkway, Suite <br> 300 <br> Louisville, KY 40222 | (502) 4293300 | Tomeca. Fauknerakk.gov | Atto./kbn.k.g.gov | Active | NA - Not displayed | Centifation required | Continuing education required to maintain license | No criminal record prohibitions | Degree required | Third-party exam required | Work experience required |  | 10/1312020 |  |
| Phar | Commonwealth of Kentucky~Board of Pharmacy | State Office Building Annex, Suite 3oo, 125 Holmen Street Frankfort, KY 40601 | (502) 5647910 |  | ${ }^{\text {https.//Pharmacy.ky }}$ | Active | Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \\ & \hline \end{aligned}$ | Specific type of conviction prohibited | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 10/131202 |  |
| Registered Nurse | Commonwealth of Kentucky~Board of Nursing | 312 Whittington Parkway, Suite <br> 300 Louis <br> Louisville, KY 40222 | (502) 4293300 | Tomeca. Fauknerakk.gov | httol/kbn.ky.gov | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party exam required | $\begin{aligned} & \text { Work experience } \\ & \text { fequired } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 10/1312020 |  |
| Sexual Assault Nurse Examiner <br> (SANE) | Commonwealth of <br> Kentucky-Board of Nursing | 312 Whittington Parkway, Suite <br> 300 <br> Louisville, KY 40222 | (502) 4293300 | Tomeca. Fauknerakk.gov | htte:/kbon.k.g.ov | Active | NA - Not displayed |  | Continuing education required to maintain license | No criminal record prohibitions | Degree required | Third-party <br> exam require | Work experience required |  | 10/13/2020 |  |
| Midwife | Louisiana State Board of Medical Examiners~Office of Continuing Education and Resources~Board of Medical Examiners | 630 Camp Stree <br> New Orleans, LA 70130 | (504) 5686820 ext 115 | earberoolssme.l.agov |  | Active | NA - Not displayed |  | Continuing education required to maintain license |  | ${ }^{\text {Degree }}$ required | Third-party <br> exam required | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Stand-alone license | 06/08/2021 |  |
| urse Practitioner | (Lousiana State Bara of | 17373 Perkins Road | (225) 7557500 | sbn@lsb.statel la us |  | Active | Not tisplay |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \end{aligned}$ |  | ${ }_{\text {Degree }}^{\text {required }}$ | ${ }_{\substack{\text { Third-paraty } \\ \text { exam reuired }}}$ | ${ }_{\text {Work exerience }}$ | (tandalane | 6688/20 |  |


| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \end{aligned}$ | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| , Anestheitsts | Louisiana State Board of Nursing~Board of Nursing | 17373 Perkins Road Baton Rouge, LA 70810 | (225) 7557500 | sbo@lsb.statela.us | www.Isbn.state.la.u <br> S | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ |  | ${ }_{\mid}^{\text {Degree }}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 06/08/2021 |  |
| Nurse, Licensed Pratical (LPN) | Louisiana State Board of Practical Nurse Examiners~Board of Practical Nurse Examiners | 131 Airline Drive Suite 301 Metairie, LA 70001 | (504) 8385791 | enboard@lspne.com | www.sbone.com | Active | NA - Not displayed |  | $\begin{array}{\|l\|} \hline \text { No continuing } \\ \text { education } \\ \text { requirement to } \\ \text { maintain license } \\ \hline \end{array}$ | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party <br> exam requir | No experienc required | Standalane | 0610812021 |  |
| Nurse, Registered | Louisiana State Board of Nursing~Board of Nursing Nursing~Board of Nursing | 17373 Perkins Road Baton Rouge, LA 70810 | (225) 7557500 | ssh@lsbos statelaus | www.Isbn.state.la.u <br> s | Active | NA - Not displayed |  |  |  | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}$ | Third-party exam required | $\left\lvert\, \begin{aligned} & \text { Worke experience } \\ & \text { required } \end{aligned}\right.$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 06/188/2021 |  |
| Nurse, School | Louisiana Department of Education~Department of Education | P. O. Box 94064 Baton Rouge, LA 70804 | (225) 3423490 | customerserice@lagov | wev.louisianabelie | Active | NA - Not displayed |  | Continuing enu to manion antain itiensed | No criminal record prohibitions | $\begin{array}{\|l\|l} \text { Degree } \\ \text { required } \end{array}$ | Third-party <br> exam requir | Work experience required |  | 06/88/2021 |  |
| Nurses's Assistant, Certified (CNA) |  and Hospitals | P.O. Box 629 <br> Baton Rouge, LA 70821 | (225) 2958575 | mhebert@abenfac.com | www.dhh.louisiana. | Active | NA - Not displayed |  |  |  | ${ }_{\substack{\text { Degree } \\ \text { required }}}$ | State exam <br> required | Work experience required | Stand-alone licens | 06/188/2021 |  |
| Nursing Home Administrator | Aursing Facility Administrators Board of Administrators | 5647 Superior Drive <br> Baton Rouge, LA 70816 | (225) 2958571 | mheber@@abenfácom |  | Active | NA - Not displayed |  |  | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Both state and third-party exams required | No experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 06/08/2021 |  |
| Certifed Nursing Assistants | Maine Department of Health and Human Services~Division of Licensing and Certification | 41 Anthony Avenue, 11 State House Station Augusta, ME 04333-001 | (207) 2879300 |  | $\begin{array}{\|l} \hline \frac{\mathrm{https}: / / \mathrm{www} . m a i n e .}{\mathrm{gov} / \mathrm{dhhs} / \mathrm{dlc} /} \\ \hline \end{array}$ | Active | A- Not displayed |  | $\begin{array}{\|l\|l} \hline \text { Contituuing } \\ \text { educaiton required } \\ \text { to maintain licensense } \end{array}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Background check } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party exam required | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 08/21/2020 | No physical |
| Clinical Nurse Specialist (Advanced Practice RN) | Maine State Board of Nursing | 161 Capitol Street, 158 State House Station <br> Augusta, ME 04333-0158 | (207) 2871133 |  | $\frac{\text { https://www.maine. }}{\frac{\text { gov/boardofnursing/ }}{\text { licensing/index.html }}}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | Background check required | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party <br> exam requir | Work experience required required | Stand-alone <br> licens | 08/212020 | No physical requirements |
| Multi-Level Long Term Care Facility Administrator | Maine Department of Professional \& Financial Regulation~Office of Professional and Occupational Regulation | Gardiner Annex 7 A Northern Ave, 35 State House Station Augusta, ME 04333-0035 | (207) 624803 |  | $\frac{\text { https://www.maine. }}{\frac{\text { gov/pfr/professiona }}{\text { licensing/index.sht }}}$ | Active | NA - Not displayed |  | Continuing <br> eutuation required <br> to mainain icense | Background cheock <br> required | $\begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}$ | Third-party | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 081212020 | No physical requirements |
| Nurse Anesthetist (Advanced Practice RN) | Maine State Board of Nursing | 161 Capitol Street, 158 State House Station <br> Augusta, ME 04333-0158 | (207) 2871133 |  | https://www.maine. <br> gov/boardofnursing/ <br> licensing/index.html | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | Background check required | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party <br> exam requir | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 08/212020 | No physical requirements |
| Nurse Midwife (Advanced Practice RN) | Maine State Board of Nursing | 161 Capitol Street, 158 State House Station <br> Augusta, ME 04333-0158 | (207) 2871133 |  | $\frac{\text { https://www.maine. }}{\text { gov/boardofnursing/ }}$ $\frac{\text { licensing/index.html }}{}$ | Active | NA - Not displayed |  |  | Background check | $\left\lvert\, \begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}\right.$ | Third-party exam require | No experien required <br> require | Standalane | 081212020 | No physical requiremen |
|  | Maine State Board of Nursing | 161 Capitol Street, 158 State House Station <br> Augusta, ME 04333-0158 | (207) 2871133 |  | $\frac{\text { https://www.maine. }}{\frac{\text { gov/boardofnursing/ }}{\text { licensing/index.html }}}$ | Active | NA - Not displayed |  | Continuing education required to maintain license | Background check required | Degree <br> require | Third-party <br> exam requir | Work experience required required | Stand-alone <br> licens | ${ }^{\text {08/212020 }}$ | No physical requirements |
| Irse, Licensed Pratical | Maine State Board of Nursing | 161 Capitol Street, 158 State House Station <br> Augusta, ME 04333-0158 | (207) 2871133 |  | $\frac{\text { https://www.maine. }}{\text { gov/boardofnursing/ }}$ <br> licensing/index.html | Active | NA - Not displayed |  |  | Background check required | $\left\lvert\, \begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}\right.$ | ${ }_{\text {Them }} \begin{aligned} & \text { Thirdparty } \\ & \text { exam required }\end{aligned}$ | No experien required <br> required |  | 08/212020 | No phsicial requirements |
| se, Registered | Maine State Board of Nursing | 161 Capitol Street, 158 State House Station Augusta, ME 04333-0158 | (207) 2871133 |  | https://www.maine. gov/boardofnursing/ licensing/index.html | ative | NA - Not displayed |  |  | Background check required | $\left\lvert\, \begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}\right.$ | Third-party <br> exam requir | No experien required | Stand-alone licens | 081212020 | No physical requirements |
| Nursing Home Administrator | Maine Department of Professional \& Financial Regulation~Office of Professional and Occupational Regulation | Gardiner Annex/ 76 Northern Ave, 35 State House Station Augusta, ME 04333-0035 | (207) 624803 |  | $\frac{\text { https://www.maine. }}{\text { gov/pfr/professiona }}$ <br> licensing/index.sht | Active | NA - Not displayed |  | Continuing education required to maintain license | Backround cheock required | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party <br> exam require | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 08/212020 | No physical requirements |
| Nursing Home Administrator, Temporary | Maine Department of Professional \& Financial Regulation~Office of Regulation | Gardiner Annex/ 76 Northern Ave, 35 State House Station <br> Augusta, ME 04333-0035 | (207) 624803 |  |  | Active | NA - Not displayed |  | No continuing education requirement to maintain license | Background check required | No educational requirements | $\begin{aligned} & \text { No exam } \\ & \text { required } \end{aligned}$ | No experience required | Preliminary/ emporary <br> license | 081212020 | No physical requirements |
| Nursing Home Administrator-InTraining | Maine Department of Professional \& Financial Regulation~Office of Professiona Regulation <br> Regulation | Gardiner Annex/ 76 Northern Ave, 35 State House Station Augusta, ME 04333-0035 | (207) 6248003 |  |  | Active | NA - Not displayed |  |  | ${ }_{\text {required }}^{\text {Backround check }}$ | Degree required |  | No experie required | $\begin{aligned} & \text { Preliminary/t } \\ & \text { emporary } \\ & \text { license } \end{aligned}$ | 081212020 | No phsicial requirements |
| n Assistant, Non-Cinical | Maine Board of Licensure in Medicine | $\begin{aligned} & 137 \text { State House Station } \\ & \text { Augusta, ME 04333-0137 } \end{aligned}$ | (207) 2873601 |  | https://www.maine. <br> gov/md/ | Active | NA - Not displayed |  | $\begin{array}{\|l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array}$ | $\begin{array}{\|l\|l\|} \hline \text { Background check } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|} \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Work experience } \\ & \hline \text { Trequired } \end{aligned}$ | Stand-alone <br> licens | 08/212020 | $\begin{aligned} & \text { No physical } \\ & \text { requirements } \end{aligned}$ |
| School Nurse (k-12) | Maine Department of Education~Division of Certification and Credentialing | 111 Sewall Street, 23 State House Station <br> Augusta, ME 04333-0023 | (207) 6246603 | certdoe@maine.gov | https://www.maine. <br> gov/doe/cert | Stive | NA - Not displayed | Certification require |  | ${ }^{\text {Brackground check }}$ | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | State exam required | Work experience required | Stand-alone <br> licens | 08/212020 |  |
| eerinarian Technician | Maine Department of Professional \& Financial Regulation~Office of \& Financial Regulation~Office of Professional and Occupational Regulation | Gardiner Annex/ 76 Northern Ave, 5 State House Station Augusta, ME 04333-0035 | (207) 6248003 |  | $\frac{\text { https://www.maine. }}{\frac{\text { gov/pfr/professiona }}{\text { licensing/index.sht }}}$ | Active | NA - Not displayed |  |  | Background check required | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party <br> exam requir | $\begin{aligned} & \text { No experie } \\ & \text { required } \end{aligned}$ | Stand-alone <br> licens | ${ }^{\text {08/212020 }}$ | No physical requirements |
| Clinical Nurse Specialists |  |  |  |  |  | Active | NA - Not displayed |  |  |  | $\begin{array}{\|l\|l} \text { Degree } \\ \text { required } \end{array}$ | Third-party <br> exam requir | No experience required | (tandalane | 010012010 |  |
| Home Care aldes | Maryland State Dept. of Health \& Mental Hygiene~Maryland Board of Nursing | 4201 Patterson Ave Baltimore, MD 21215 | (410)764 1900 |  |  | Active | Expedited processing is and spouses |  |  | No criminal record prohibitions |  |  | Work experience required |  | 101/1312020 |  |

CareerOneStop License Finder Results

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military I Veterans | Certification | Continuing Education | $\begin{aligned} & \text { Criminal } \\ & \text { Record } \end{aligned}$ | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \\ & \hline \end{aligned}$ | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Licensed Practical and Licensed Vocational Nurses |  |  |  |  |  | Active | NA - Not displayed |  | No continuing <br> education <br> requirement to <br> maintain license | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ |  | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 0100120010 |  |
| MEDICAL AsSIITAAN | Maryland State Dept. of Health \& Mental Hygiene~Maryland Boar of Nursing | 4201 Patterson Ave Baltimore, MD 21215 | (410)764 1900 |  |  | Active | Expedited processing is and spouses |  | No continuing education requiment to maintain license | No criminal record prohibitions | No educational requirements | State exam <br> required | No experience required | Stand-alone license | 10/13/2020 |  |
| NURSE | Maryland State Dept. of Health \& Mental Hygiene~Maryland Board of Nursing | 4201 Patterson Ave <br> Baltimore, MD 21215 | (410)764 1900 |  |  | Active | Expedited processing is and spouses and |  | Continuing education required to maintain license | No criminal record prohibitions | Degree <br> requir | Third-party <br> exam requir | No experience <br> required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 10/1312020 |  |
| Nurse Anesthetists | There is some indication that this license exists in Maryland, but it has not yet been confirmed by |  |  |  |  | Active | NA - Not displa |  | $\begin{aligned} & \begin{array}{l} \text { eontinuing } \\ \text { educution required } \\ \text { tomaintain license } \end{array} \\ & \hline \end{aligned}$ |  | ${ }_{\substack{\text { Degree } \\ \text { required }}}$ | Third-party <br> exam requir | Work experience required | Stand-alone license | 0100120010 |  |
| rse Practioners |  |  |  |  |  | Active | NA - No |  | $\begin{aligned} & \text { Continuing } \\ & \text { edeucation required } \\ & \text { to maintain license } \end{aligned}$ |  | ${ }^{\text {Pegrae }}$ required | ${ }_{\text {Them }} \begin{aligned} & \text { Third-party } \\ & \text { exam required }\end{aligned}$ | Work experience required | Stand-alone license | 1/012010 |  |
| NURSING AIDES, ORDERLIES, and attendents | Maryland State Dept. of Health 8 Mental Hygiene~Maryland Board of Nursing | 4201 Patterson Ave Baltimore, MD 21215 | (410)764 1900 |  |  | A | Expedited processing is and spouses |  | Contriuing <br> eutuarion required <br> to mainain icense | No criminal record prohibitions |  | State exam <br> required | Work experience required | Stand-alone license | 1011312020 |  |
| NURSING HOME ADMINISTRATOR | Maryand State Dept. of Heath \& Mental Hygiene-Board of Examiness of Nussing Home Administatators | 4201 Patterson Ave., Room 318 Baltimore, MD 21215-2299 | (410)7644750 |  |  | Active | Expedited processing is and spouses and spouses |  | Continuing to maintain license | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party exam required | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 10/1312020 |  |
| CLINICAL NURSE SPECIALIST (CNS) | Board of Registrato in Nursing | 239 Causeway St., Suite 500, 5th Floor Boston, MA 02114 | (800) 4140168 |  |  | Active | NA - Not displayed |  | Continuing education required to maintain license | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | ${ }_{\text {a }}^{\text {Third-party }}$ exam required | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> icense | 05/0920018 |  |
| NURSE AIDE | Bureau of Health Care Safety and Quality | 305 South Street Boston, MA 02310 | (617) 7538100 |  |  | Active | Expedited processing is and spouses and spouses | Certification required | education required to maintain license | No criminal record prohibitions |  | Third-party <br> exam require | Work experience required | Stand-alone license | 05/0920018 |  |
| NURSE ANESTHETIST | Board of Registrato in Nursing | 239 Causeway St., Suite 500, 5th Floor Boston, MA 02114 | (800) 4140168 |  |  | Active | NA - Not displayed |  | Continuing education required to maintain license | No criminal record prohibitions | Degree <br> requir | Third-party <br> exam requir | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 05/09/2018 |  |
| NURSE MIDWIFE | Board of Registrato in Nursing | 239 Causeway St., Suite 500, 5th Floor Boston, MA 02114 | 8004140168 |  |  | Active | NA - Not displayed |  | education required <br> to maintain licens | No criminal record prohibitions | ${ }_{\substack{\text { Degree } \\ \text { required }}}$ | ${ }_{\text {a }}^{\text {Third-party }}$ exam required | No experience required | Stand-alone license | 05/0912018 |  |
| NURSE PRACTITIONER (CNP) LICENSE | Board of Registrato in Nursing | 239 Causeway St., Suite 500, 5th Floor Boston, MA 02114 | (800) 4140168 |  |  | Active | NA - Not displayed |  | Continuing education required to maintain license | No criminal record prohibitions | Degree required | Third-party <br> exam require | Affidavit or referra required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 05/0912018 |  |
| NURSE, LICENSED PRACTICAL (LPN) | Board of Registrato in Nursing | 239 Causeway St., Suite 500, 5th Floor Boston, MA 02114 | (800) 4140168 |  |  |  | NA - Not displayed |  | Continuing education required to maintain license | No criminal record prohibitions | Degree required | Third-party exam required | No experience required | Stand-alone license | 55/0912018 |  |
| NURSE, REGIITERED (RN) | Board of Registrato in Nursing | 239 Causeway St., Suite 500, 5th Floor Boston, MA 02114 | (800) 4140168 |  |  | Active | NA - Not displayed |  | Continuing education required to maintain license | No criminal record prohibitions | Degree <br> requir | Third-party <br> exam requir | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 05/0912018 |  |
| nURSING Home ADMIISTRATO | Board of Registration of Nursing <br> Home Administrators | 239 Causeway St., Suite 500, 5th Floor Boston, MA 02114 | (800) 4140160 |  |  | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record prohibitions | Degree <br> required | Third-party <br> exam require | Work experience required | Stand-alone <br> icense | 05/0912018 |  |
| PSYCHIATRIC CLINICAL NURSE SPECIALIST (PCNS) | Board of Registrato in Nursing | 239 Causeway St., Suite 500, 5th Floor Boston, MA 02114 | (800) 4140168 |  |  | Active | NA - Not displayed |  | education required <br> to maintain licen | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party <br> exam requir | No experience required | \|litandalane | 05/0922018 |  |
| Certified Alcohol and Drug Counselor?(C.A.A.D.C.) | Michigan Certification Board for Addiction Professionals | 6639 Centurion Drive, Suite 170 Lansing, MI 48917 | (517) 3470891 | info.mctap@gmalicom | htti/l/sarch..mobap | Active | NA - Not displayed |  | No continuing <br> education <br> requirement to <br> maintain license |  | $\underset{\substack{\text { No educational } \\ \text { requirements }}}{ }$ | No exam required | No experience required | Stand-alone license | 02/2512020 |  |
| Medical Doctor, Educational Limited (M.D.) | Michigan Department of Licensing and Regulatory Affairs Professional Licensing | P.O. Box 30670 Lansing, M1 48909 | (517) 2410199 | bophelp@michigan.gov |  | Active | NA - Not displa |  | Continuing <br> ducation required <br> to maintain license | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | ${ }_{\text {a }}^{\text {Third-party }}$ exam required | Work experience required |  | 0225512020 |  |

CareerOneStop License Finder Results
We found 555 licenses for Nursing in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> / Veterans | Certification | Continuing Education | Criminal | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \end{aligned}$ | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Nurse Aide, Certified (C.N.A.) | Michigan Department of Licensing and Requatory Affairs-Bureau of Community and Health Systems | 611 W. Ottawa St. Lansing, MI 48909 | (517) 3351980 | BCHS-Hel@@michigan.gov |  | Active |  | $\begin{array}{\|l} \text { Certification } \\ \text { required } \end{array}$ | Continuing education required to maintain license | No criminal record prohibitions |  | ${ }_{\text {State ex exam }}^{\text {required }}$ | Work experience required | Stand-alone license | 02/2512020 |  |
| Nurse Anesthetist | Michigan Department of Licensing and Requatory Affairs-Bureau of Professional Licensing | P.O. Box 30670 Lansing, MI 48909 | (517) 2410199 | bophel@@michigan.gov |  | ctive | NA - Not displayed |  | Continuing education required to maintain license | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Thirdparty exam required | Work experience required | Stand-alone license | 222512020 |  |
| Nurse Midwife | Michigan Department of Licensing and Requaloro Affaris-Burau of ${ }^{\text {and Regulatory Aftarss-1 }}$ | P.O. Box 30670 Lansing, M1 48909 | (517) 2410199 | bophel@@michican.gov |  | Active | NA - Not displayed |  | to maintain license | No criminal record prohibitions | Degree <br> requir | $\begin{array}{\|l\|l\|} \hline \text { Thiridparty } \\ \text { exam required } \end{array}$ | No experience <br> required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 2215/2020 |  |
| Nurse Practioner | Michigan Department of Licensing Professional Licensing | P.O. Box 30670 Lansing, M1 48909 | (517) 2410199 | bophel@@michigangoov |  | Stive | NA - Not displayed |  | to maintain license | No criminal record prohibitions | Degree required | Third-party exam required | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 22/2512020 |  |
| Nurse, Licensed Practical (L-P.N.) | Michigan Department of Licensing and Requatory Affairs-Bureau of Professional Licensing | P.O. Box 30670 Lansing, MI 48909 | (517) 2410199 | bophelp@michiag.gov |  | Stive | NA - Not displayed |  | Continuing education required to maintain license | No criminal record prohibitions | Degree required | Thirdparty <br> exam required | No experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 2215/2020 |  |
| Nurse, Registere (R.N.) | Michigan Department of Licensing and Regulator Aftars-Bureau of Professional Licensing | P.O. Box 30670 Lansing, MI 48909 | (517) 2410199 | bophel@Qmichigan.gov |  | cative | NA - Not displayed |  | education required to maintain licens | No criminal record prohibitions | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\substack{\text { Thirdparty } \\ \text { exam required }}$ | No experience required | Stand-alone license | 222512020 |  |
| Nursing Home Administrator | Michigan Department of Licensing and Regulatory Affairs-Bureau of Community and Health Systems | 611 W. Ottawa St. Lansing, MI 48909 | (517) 3351980 | BCHS-Hel@@michigan.gov |  | ctive | NA - Not tisplayed |  | Continuing <br> enuatain required <br> to mainain icense | No criminal record prohibitions | Degree <br> requir | Third-party exam required | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | $22 / 5212020$ |  |
| School Nurse | Michigan Department of Licensing and Requatory Affairs-Bureau of Professional Licensing | P.O. Box 30670 Lansing, M1 48909 | (517) 2410199 | bophel@@michigan.gov |  | ctive | NA - Not displayed |  | Continuing <br> education required to maintain license | No criminal record prohibitions | Degree required | Third-party exam required | No experience required | Stand-alone license | ${ }^{2215512020}$ |  |
| Advanced Practice Registered Nurse (APRN) License | Minnesota Board of Nursing | $\begin{aligned} & 2829 \text { University Avenue } \\ & \text { Southeast, Suite 200, University } \\ & \text { Park Plaza } \\ & \text { Minneapolis, MN } 55414 \end{aligned}$ | (612) 6172270 | nursing board@state.m.us | http://www.nursing board.state.mn.us/ | Active | NA - Not displayed | $\begin{aligned} & \text { Certification } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | ${ }^{\text {Background check }}$ | Degree requir | Third-party exam required | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 01/612018 |  |
| Approval of Practical Nursing Programs | Minnesota Board of Nursing | 2829 University Avenue Southeast, Suite 200, University Park Plaza <br> Minneapolis, MN 55414 | (612)617270 | nursing.board@state.m..us | $\frac{\text { http://www.nursing }}{\text { board.state.mn.us/ }}$ | active | NA - Not displayed |  | $\begin{array}{\|l\|l} \text { Continuing } \\ \text { Ceducaior revired } \\ \text { to maintain license } \end{array}$ |  | $\underset{\substack{\text { Degree } \\ \text { required }}}{ }$ | Thirdparty exam required | Work experience required | Stand-alone license | 101612018 |  |
| Approval of Professional (Registered) Nursing Programs | Minnesola Board of Nursing | $\begin{aligned} & 2829 \text { University Avenue } \\ & \text { Southeast, Suite 200, University } \\ & \text { Park Plaza } \\ & \text { Minneapolis, MN } 55414 \\ & \hline \end{aligned}$ | (612) 6172270 | nursing.board@state.m..us | $\frac{\text { http://www.nursing }}{\text { board.state.mn.us/ }}$ | Active | NA - Not disp |  | $\begin{aligned} & \text { Continuing } \\ & \text { 垔uation required } \\ & \text { to maintain license } \end{aligned}$ |  | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Thirdparty <br> exam required | Work experience required | Stand-alone <br> icense | 101612018 |  |
| Border State Registy | Minnesola Board of Nursing | $\begin{aligned} & 2829 \text { University Avenue } \\ & \text { Southeast, Suite 200, University } \\ & \text { Park Plaza } \\ & \text { Minneapolis, MN } 55414 \\ & \hline \end{aligned}$ | (612) 617270 | nursing.bard@state.enn. us | http://www.nursing | Active | NA - Not tisplayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { edeucation required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party exam required | Work experience required |  | 10161/2018 |  |
| Home Care |  | 121 East Seventh Place or PO Box <br> 64975 <br> St. Paul, MN 55101 | (651) 2015000 |  | http://www.health.st ate.mn.us | ctive | NA - Not displayed |  |  | No criminal record prohibitions |  |  |  |  | 10161/2018 |  |
| Licensed Practical Nurse (LPN) | Minnesta Bard of Nursing | $\begin{aligned} & 2829 \text { University Avenue } \\ & \text { Southeast, Suite 200, University } \\ & \text { Park Plaza } \\ & \text { Minneapolis, MN } 55414 \\ & \hline \end{aligned}$ | (612)617270 | nursing board@state.m.us |  | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ |  | ${ }_{\substack{\text { Degree } \\ \text { required }}}$ | Third-party exam required | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 10/1612018 |  |
| Nursing Assistant Registry (NAR) | Minnesota Department of Health~Division of Health and Systems Compliance | 121 East Seventh Place or PO Box 64975 <br> St. Paul, MN 55101 | (651) 2015000 |  |  | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record prohibitions | $\begin{array}{\|l\|l\|} \substack{\text { Spectic } \\ \text { courie } \\ \text { required }} \end{array}$ | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | Work experience required |  | 10161/2018 |  |
| Nursing Home Administrat | Minnesota Board of Examiners for Nursing Home Administrators (BENHA)~BENHA | 2829 University Ave SE, Suite 560 Minneapolis, MN 55414-4202 | (651) 2012730 | benha@state.m..us |  | Active | NA - Not dis |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | Background check required | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | State exam <br> required | Work experience required | Stand-alone | 101612018 |  |
| Public Health Nurse Registration Certificate | Minnesta Board of Nursing |  | (612) 6172270 | ussing board@state.m.us |  | active | NA - Not tisplayed |  | $\begin{array}{\|l\|} \hline \text { Contituung } \\ \text { edeucation required } \\ \text { to maintain license } \end{array}$ | No criminal record prohibitions | $\begin{array}{\|l\|l\|l\|l\|l\|l\|l\|l\|l\|} \text { requiried } \end{array}$ | Thirdparty <br> exam required | No experience required |  | 10161/2018 |  |
| Registered Nurse (RN) | Minnesota Board of Nursing | $\begin{aligned} & \hline 2829 \text { University Avenue } \\ & \text { Southeast, Suite 200, University } \\ & \text { Park Plaza } \\ & \text { Minneapolis, MN } 55414 \\ & \hline \end{aligned}$ | (612) 6172270 | nursing board@state.m.us |  | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record prohibitions | Degree <br> requir |  | No experien required | $\begin{aligned} & \text { Stand-alo } \\ & \text { license } \end{aligned}$ | 101612018 |  |
| Traditiona M Midwife License | $\begin{aligned} & \text { Minnesota Board of Medical } \\ & \text { Practitioners } \\ & \hline \end{aligned}$ | 2829 University Ave. S.E., Suite 500 , University Park Plaza Minneapolis, MN 55414-3246 | (612)6172130 | medical. ooardestate.mn.us | $\begin{array}{\|l\|} \hline \text { http://www.bmp.stat } \\ \hline \text { e.mn.us } / \\ \hline \end{array}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 10161/2018 |  |
| x-ray Equipment Operator Test | Minnesota Department of Health~Division of Health Policy <br> and Systems Compliance | 121 East Seventh Place or PO Box  <br> 64975  <br> St. Paul, MN 55101 | (651) 2015000 |  | $\begin{aligned} & \text { http://www.health.st } \\ & \text { ate.mn.us } \\ & \hline \end{aligned}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{aligned} & \text { Specific } \\ & \text { course } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \text { Third-party } \\ \text { exam required } \end{array}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 10/1612018 |  |
| Atheetic Triners | $\begin{aligned} & \text { MS State Dept. of Health~Office } \\ & \text { of Licensure~Professional } \\ & \text { Licensure Division } \end{aligned}$ | $\begin{aligned} & \text { P.O. Box } 1700 \\ & \text { Jackson, MS 39215-1700 } \end{aligned}$ | (601) 364736 | $\begin{array}{\|l\|l\|} \hline \text { MSDHProflicensure@msdh } \\ \hline \text { ms.gov } \\ \hline \end{array}$ | $\begin{array}{\|l\|} \hline \text { https://msdh.ms.go } \\ \hline \mathrm{v} / \mathrm{msdh} \text { site/ static/3 } \\ \hline 0,0,82 . \mathrm{html} \\ \hline \end{array}$ | Active | NA - Not displayed |  | $\begin{aligned} & \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { Specific type of } \\ & \text { conviction } \\ & \text { prohibited } \end{aligned}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { No experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 070172019 | $\begin{array}{\|l} \begin{array}{l} \text { No physical } \\ \text { requirements } \end{array} \\ \hline \end{array}$ |

CareerOneStop License Finder Results
We found $\mathbf{5 5 5}$ licenses for Nursing in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \end{aligned}$ | License | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Clinical Nurse Specialists |  |  |  |  |  | Active | NA - Not displayed |  | $\begin{array}{\|l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array}$ |  | ${ }^{\text {Pegree }}$ required | Third-party exam require | No experience required | ${ }^{\text {l }}$ Itand-alone | 01012010 |  |
| Exanaded Role LPN Hemodililysis | MS Board of Nursion | 713 Pear Orchard Road, Plaza II Suit Ridgeanond, Ms 39157 | (601) 9576300 | reception@msbon.ms.gov | https://www.msbn. <br> $\mathrm{ms.gov}$ l | Active | isplay | Certification required | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | Background check required |  | Third-party <br> exam require | Work experience required |  | 071012 | No physical requirements |
| Expanded Role LPN Intravenous Therapy | MS Board of Nursing | 713 Pear Orchard Road, Plaza II <br> Suite 300 <br> Ridgeland, MS 39157 | (601) 9576300 | recepion@msbn.ms.gov | https://www.msbn. <br> ms.gov . | Active | Not displayed | Certification required |  | Background check required |  | Third-party <br> exam requi | Work experience required | Secondary license (another license is a prerequisite) | 070120019 | No physical requirements |
| nsed Practical Nurse (LPN) | MS Board of Nursing |  | (601) 9576300 | recepion@msbn.ms.gov |  | Active | displayed |  | $\begin{array}{\|l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \\ \hline \end{array}$ | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { Background check } \\ \text { required } \end{array} \end{array}$ | $\left\lvert\, \begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}\right.$ | Third-party exam require | $\begin{aligned} & \text { Noexperience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 0701/2 | No physical requirements |
| Juclar Medicine Technologist | MS State Dept. of Health~Office of Licensure~Professional Licensure Division | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { Po. Box } 1700 \\ \text { Jackson, MS } 39215-1700 \\ \hline \end{array} \\ \hline \end{array}$ | (601) 3647360 |  | $\begin{aligned} & \text { https://msdh.ms.go } \\ & \mathrm{v} / \mathrm{msdhsite} / \mathrm{static} / 3 \\ & \hline 0,0,82 . \mathrm{html} \\ & \hline \end{aligned}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { Specific type of } \\ & \text { conviction } \\ & \text { prohibited } \end{aligned}$ |  | Third-party <br> exam requir | No experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 07012019 | No physical requirements |
| Anestheists | MS Board of Nursing | $\begin{aligned} & \text { 713 Pear Orchard Road, Plaza II } \\ & \text { Suite 300 } \\ & \text { Sidgeland, MS } 39157 \end{aligned}$ | (601) 9576300 | reception@mstrns.gov |  | Active | Not displayed | $\begin{aligned} & \text { Certification } \\ & \text { required } \end{aligned}$ |  | $\begin{array}{\|l\|l} \text { Backokround check } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|l} \text { Dequeree } \\ \text { required } \end{array}$ | Third-party exam require | $\begin{array}{\|l} \hline \begin{array}{l} \text { Work experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 11012010 | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { No physical } \\ \text { requirements } \end{array} \\ \hline \end{array}$ |
| Nurse Practioner | MS Board of Nursing | Suite 300 <br> Ridgeland, MS 39157 | (601) 9576300 | reception@mstons.gov | https://www.msbn. <br> $\mathrm{ms.gov}$. | Active | - Not displayed |  | $\left\lvert\, \begin{aligned} & \text { continuing } \\ & \text { eductuan reqired } \\ & \text { to minatin iciensese } \end{aligned}\right.$ | Background check required | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party <br> exam requi | Work experience <br> required |  | 07012019 | No physical requirements |
| Radiation Therapist | MS State Dept. of Health~Office of Licensure~Professional Licensure Division | $\begin{aligned} & \text { P.O. Box } 1700 \\ & \text { Jackson, MS } 32215-1700 \end{aligned}$ | (601) 3647360 |  | $\frac{\text { https://msdh.ms.go }}{\mathrm{v} / \mathrm{msdhsite/} \text { static/3 }}$ $0,0,82 . \mathrm{htm}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { Speaticitype of } \\ & \text { Sporobioiod } \end{aligned}$ |  | Third-party exam require | No experience <br> required | $\begin{array}{\|l} \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 070120019 | No physical requirements |
| Radiologic Technologist | MS State Dept. of Health~Office of Licensure~Professional Licensure Division | $\begin{array}{\|l\|} \hline \text { Po. Box } 1700 \\ \text { Jackson, MS } 39215-1700 \end{array}$ | 601) 3647360 | $\frac{\text { MSDHProflicensure@msdh }}{\text { ms.gov }}$ | $\frac{\text { https://msdh.ms.go }}{\mathrm{v} / \mathrm{msdhsite/} \mathrm{static/3}}$ <br> $0,0,82 . \mathrm{html}$ | Active | NA - Not displayed |  |  | $\begin{aligned} & \text { Specific type of } \\ & \text { conviction } \\ & \text { prohibited } \\ & \hline \end{aligned}$ |  | $\begin{array}{\|l\|} \hline \text { Third-party } \\ \text { exam required } \end{array}$ | Work experience required | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 07/10120 | $\begin{aligned} & \begin{array}{l} \text { No physical } \\ \text { requirements } \end{array} \\ & \hline \end{aligned}$ |
| Registered Nurse | MS Board of Nursing | $\begin{aligned} & 713 \text { Pear Orchard Road, Plaza II } \\ & \text { Suite 300 } \\ & \text { Ridgeland, MS } 39157 \\ & \hline \end{aligned}$ | (601) 9576300 | reception@msbn.ms.gov |  | Active | NA - Not displayed |  |  | $\begin{array}{\|l\|l} \text { Backgkround check } \\ \text { required } \end{array}$ | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Noexperience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 077012019 | No physical requirements |
| Respirator Care Practioner | MS State Dept. of Health~Office ssional Licensure Division | $\begin{aligned} & \text { P.O. Box } 1700 \\ & \text { Jackson, MS 39215-1700 } \end{aligned}$ | (601) 3647360 | $\begin{array}{\|l\|l\|} \hline \frac{\text { sSDHProflicensure@mson }}{\text { ms ocov }} \\ \hline \end{array}$ | $\frac{\mathrm{https}: / / \mathrm{msdh} . \mathrm{ms.go}}{\mathrm{v} / \mathrm{msdhsite} / \mathrm{static} / 3}$ | Active | NA - Not tisplayed | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Certification } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l} \hline \text { Specific } \\ \text { course } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \begin{array}{l} \text { No experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 07/012 | $\begin{aligned} & \text { Noophsical } \\ & \text { requirements } \end{aligned}$ |
| e Care Nurse | Division Of Professional Registration~Missouri State Board of Nursing | 3605 Missouri Boulevard, P.O. Jeffersson Jity, M 65102-0656 | $\left\lvert\, \begin{aligned} & (5737510881 \\ & \text { exx } 80073529666 \\ & \hline \end{aligned}\right.$ | nursing@or.m.g.gov | $\begin{aligned} & \begin{array}{l} \text { h.ubz:.neml } \\ \text { hitgo.,.govinur } \\ \text { sing.asp } \end{array} \\ & \hline \end{aligned}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l} \text { Degree } \\ \text { required } \end{array}$ | Third-party exam required | $\begin{array}{\|l} \text { Noexperience } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 991112018 |  |
| Adut Heath Care Nurse | Registration~Missouri State Board <br> of Nursing $\qquad$ | 3605 Missouri Boulevard, P.O. Befferson City, M $65102-0656$ jefor |  | nusing@pr.m.g.90v | $\begin{array}{\|l} \hline \text { http://pr.mo.gov/nur } \\ \hline \text { sing.asp } \\ \hline \end{array}$ | Ative | A - Not displayed |  | $\begin{aligned} & \begin{array}{l} \text { Continuming } \\ \text { educaion required } \\ \text { to maintain license } \end{array} \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \\ \hline \end{array}$ | Third-party exam required | $\begin{array}{\|l} \text { No experience } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 09/11/2018 |  |
| Adut Nurse Practioner | Missouri State Board of Nursing | 3605 Missouri Boulevard, P.O. <br> Box 656 <br> Jefferson City, M 65102-0656 |  | wisin@or. | $\begin{array}{\|l} \hline \text { http://pr.mo.gov/nur } \\ \hline \text { sing.asp } \\ \hline \end{array}$ | Active | NA - Not displayed |  | $\begin{array}{\|l} \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l} \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \\ \hline \end{array}$ | Third-party exam required | Work experience required <br> required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 9/112018 |  |
| Adult Psych/Mental Health Nurse Practitioner | Registration~Missouri State Board <br> of Nursing | 3605 Missouri Boulevard, Box 656 <br> Jefferson <br> Jefferson City, M 65102- | $\begin{aligned} & \hline(573) 7510681 \\ & \text { ext } 8007352966 \\ & \hline \end{aligned}$ | nursing@p.m.g.90v | $\begin{aligned} & \text { http://pr.mo.gov/nur } \\ & \hline \text { sing.asp } \\ & \hline \end{aligned}$ | Active | - - Not displayed |  | $\begin{array}{\|l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \\ \hline \end{array}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\left\lvert\, \begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}\right.$ | Third-party exam required | $\begin{aligned} & \text { Work experience } \\ & \text { required } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 09/11/2018 |  |
| ced Practie | Registration~Missouri State Board <br> of Nursing |  | $\begin{aligned} & \text { (573) } 7510681 \\ & \text { ext } 8007352966 \\ & \hline \end{aligned}$ | ursingQop.mo.gov | $\begin{aligned} & \text { http://pr.mo.gov/nur } \\ & \hline \text { sing.asp } \\ & \hline \end{aligned}$ | Active | NA - Not displayed |  | $\begin{array}{l\|l} \hline \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}$ | Third-party exam require | Work experience | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 09/11/2018 |  |
| Clinical Nurse Specialists | There is some indication that this license exists in Missouri, but it has not yet been confirmed by state experts |  |  |  |  | Active | NA - Not displayed |  |  |  | ${ }^{\text {Degree }}$ required | ${ }^{\text {Third-party }}$ exam required | No experienc required | Stand-alone <br> licens | 01012010 |  |
| Family Uurse Praction | Division Of Professional of Nursing |  | $\begin{aligned} & (573) 7510681 \\ & \text { ext } 8007352966 \end{aligned}$ | usingQepr.m.gov | $\begin{aligned} & \text { http://pr.mo.gov/nur } \\ & \hline \text { sing.asp } \\ & \hline \end{aligned}$ | Active | NA - Not displayed |  | $\begin{aligned} & \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ & \hline \end{aligned}$ | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}\right.$ | Third-party exam require | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 091112018 |  |
| ological Nurse Practitioner | Registration~Missouri State Board <br> of Nursing | 3605 Missouri Boulevard, P.O. $\begin{aligned} & \text { Box } 656 \\ & \text { Jefferson City, M 65102-0656 }\end{aligned}$ | $\begin{array}{\|l} (573) 7510681 \\ \text { ext } 8007352966 \end{array}$ | nursing@pr.mos | $\begin{aligned} & \text { http://pr.mo.gov/nur } \\ & \hline \text { sing.asp } \\ & \hline \end{aligned}$ | dive | NA - Not displayed |  |  | $\begin{array}{\|l} \text { No criminal record } \\ \text { prohibitions } \end{array}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \\ \hline \end{array}$ | Third-party exam required | Work experience | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | $1 / 2018$ |  |
| Licensed Practical Nuis | Division Of Professional <br> Registration~Missouri State Board <br> of Nursing | 3605 Missouri Boulevard, P.O. Box 656 Jefferson City, M $65102-0656$ | $(573) 7510681$ ext 8007352966 | nusing@or.m.g.gov | http://pr.mo.gov/nur sing.asp | Active | NA - Not displayed |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \end{aligned}$ | No criminal record prohibitions | Degree require | Thirdparty | No experienc required | Stand-alone | 9/1120 |  |
| Neonatal Nurse Practitioner | Division Of Professional Registratio <br> of Nursing | $\begin{array}{l\|l} \hline \text { d } & \begin{array}{l} 3605 \text { Missouri Boulevard, P.O. } \\ \text { Box } 656 \\ \text { Jefferson City, M 65102-0656 } \end{array} \end{array}$ | $\begin{array}{\|l} (573) 7510681 \\ \text { ext } 8007352966 \end{array}$ | nuring@or.mo.gov | http://pr.mo.gov/nur <br> sing.asp | ctive | NA - Not display |  | $\begin{aligned} & \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ & \hline \end{aligned}$ | No criminal record prohibitions | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \end{array}$ | Third-party exam require | Work experience required | $\begin{array}{\|l} \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 9/11/2018 |  |
| Nurse Anesthetist | Registration~Missouri State Board of Nursing | 3605 Missouri Boulevard, P.O. <br> Box 656 <br> Jefferson City, M 65102-0656 | $\begin{array}{\|l} \hline(573) 7510681 \\ \text { ext } 8007352966 \\ \hline \end{array}$ | nusing@or.m.g.gov | $\begin{aligned} & \text { http://pr.mo.gov/nur } \\ & \hline \text { sing.asp } \\ & \hline \end{aligned}$ | Active | NA - Not displayed |  | $\begin{aligned} & \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l} \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \\ \hline \end{array}$ | Third-party exam required | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 09111/2018 |  |
| rse Miduife | Division Of Professional <br> Registration~Missouri State Board <br> of Nursing | 3605 Missouri Boulevard, P.O. Befferson City, M $65102-0656$ Jon | (573) 7510681 ext 8007352966 | nuring@or.mo.gov | http:/Ipr.mo.govinur sing.asp | ative | NA - Not display | Certification required | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \end{aligned}$ | No criminal record prohibitions <br> prohibitions | ${ }_{\text {Degree }}^{\text {Pequired }}$ | ${ }^{\text {Thid-party }}$ exam required | No experience required | Stand-alone license <br> licens | 091112018 |  |
| Nursing Aides, Orderlies, and Attendants | Term Services~Section for Long Term Care Regulation | 1617 Southridge Drive, PO Box 570 <br> Jefferson City, MO 65109-1335 | $\begin{aligned} & \hline(573) 5268524 \\ & \text { ext 5735268528 } \\ & \hline \end{aligned}$ | info@dhs.mo.gov | $\begin{array}{\|l\|} \hline \text { http:/l/www.dhss.mo } \\ \hline \text { gov } \\ \hline \end{array}$ | Active | NA - Not displayed |  | $\begin{array}{\|l} \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ |  | $\begin{aligned} & \text { State exam } \\ & \text { required } \\ & \hline \end{aligned}$ | $\begin{array}{\|l} \begin{array}{l} \text { Work experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 091112018 |  |
| Pediatic Nurse Practioner | Division Of Professional Registration~Missouri State Board of Nursing |  | $\begin{aligned} & \text { (573) } 7510681 \\ & \text { ext } 8007352966 \end{aligned}$ | rsing@or.m.gov | $\begin{aligned} & \text { http://pr.mo.gov/nur } \\ & \text { sing.asp } \end{aligned}$ | Active | NA - Not display |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record prohibitions | ${ }_{\substack{\text { Degige } \\ \text { required }}}^{\substack{\text { and }}}$ | Third-party <br> exam require | Work experience required | Stand-alone license | 991112018 |  |
| Registered Nurse | Registration~Missouri State Board <br> of Nursing $\qquad$ |  |  | nusin@@orn | $\begin{aligned} & \text { http://pr.mo.gov/nur } \\ & \text { sing.asp } \\ & \hline \end{aligned}$ | Active | NA - Not displayd |  | $\begin{aligned} & \text { Coninuing } \\ & \text { Ceducation required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l\|l\|l\|l\|l\|l\|l\|l\|} \text { required } \end{array}$ | Third-party exam required | $\begin{aligned} & \text { No experience } \\ & \text { required } \\ & \hline \end{aligned}$ | $\begin{array}{\|l} \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 991112018 |  |
| Women's Heath Nurse Practioner | Missouri State Board of Nursing | 3605 Missouri Boulevard, P.O. Jofferson Citv, M $65102-0656$ | $\substack{(573) \\ \text { ext } 80073520866 \\ 0}$ | rsing@or.mo.gov | $\begin{array}{\|l} \hline \text { http://pr.mo.gov/nur } \\ \hline \text { sing.asp } \\ \hline \end{array}$ | Active | Not display |  | $\begin{array}{\|l} \begin{array}{l} \text { Continuing } \\ \text { educaion equired } \\ \text { to maintain license } \end{array} \\ \hline \end{array}$ | No criminal record prohibitions | $\begin{array}{\|l} \text { Degree } \\ \text { required } \end{array}$ | Third-party exam required | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 911 |  |


| License Name | Licensing Agency | Address | Phone | Email | Website | Active <br> Status | Active Military V veterans | Certification | Continuing Education | $\begin{aligned} & \text { Criminal } \\ & \text { Record } \\ & \hline \end{aligned}$ | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { License } \\ & \text { Updated } \end{aligned}$ | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{aligned} & \text { Alternative Healthcare - Direct Entry } \\ & \text { Midwife } \end{aligned}$ | Soard of Aternativ Heath Care | $\left\|\begin{array}{l}301 \text { South Park, 4th Floor, PO Box } \\ 200513 \\ \text { Helena, MT 59620-0513 }\end{array}\right\|$ | (406) 8412331 | dilibsdahc@mt.gov | $\frac{\text { http://boards.bsd.dli }}{\text {.mt.gov/ahc }}$ | Active | IA - Not displayed |  |  | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party exam required | Work experience required | Stand-alone <br> license | 091112018 |  |
| $\begin{aligned} & \text { Alternative Healthcare - Midwife } \\ & \text { Apprentice } \end{aligned}$ | Board of Alterative Health | 301 South Park, 4th Floor, PO Box 200513 Helena, MT 59620-0513 | (406) 84123 | bsdahcon | $\frac{\text { http://boards.bsd.dli }}{\text {.mt.gov/ahc }}$ | Active | splayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party exam required | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ |  | 09/112018 |  |
| Certified Nurse Aide/Home Health Aide | Department of Public Health and Human Services $\sim$ Quality Assurance Division~CNA/HHA Program | 2401 Colonial Drive, PO Box 202953 <br> Helena, MT 59620-2953 | (406) 4449 | cna@mt.gov | https://dphhs.mt.go v/cna/index | Active | NA - Not displayed |  |  | No criminal record prohibitions |  |  |  | Stand-alone license | 991112018 |  |
| Clinical Nurse Specialists | There is some indication that this license exists in Montana, but it has not yet been confirmed by state experts |  |  |  |  | Active | NA - Not displayed |  |  |  | Degree | Third-party exam require | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | ${ }_{\text {a }}{ }_{\text {Stand-alone }}$ license | 0101120010 |  |
| rise Anestheisiss | Board of Nursing | 301 South Park, 4th Floor, PO Box 200513 Helena, MT 59620-0513 | (406) 8412397 | dilissdur@mtoov | $\begin{array}{\|l\|} \hline \text { htpp//boards.bsd.dii } \\ \hline \text { mitgovinur } \\ \hline \end{array}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { regree } \\ \text { required } \end{array} \end{array}$ | $\begin{array}{\|l\|} \hline \text { Third-party } \\ \text { exam required } \\ \hline \end{array}$ | $\begin{array}{\|l\|l\|} \hline \text { Work experience } \\ \text { Trequired } \end{array}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 09/112018 |  |
| $\begin{aligned} & \text { Nursing - Advanced Practice Reg } \\ & \text { Nurse } \end{aligned}$ | Board of Nursing | 301 South Park, 4th Floor, PO Box 200513 <br> Helena, MT 59620-0513 | (406) 84123 | Jilissdur@ | $\frac{\text { http://boards.bsd.dli }}{\text {.mt.gov/nur }}$ | Active | Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ |  | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { pegree } \\ \text { required } \end{array} \end{array}$ | Third-party exam required | $\begin{aligned} & \text { Work experience } \\ & \text { Hequired } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 091112018 |  |
| Nursing - Licensed Practical Nurse | Board of Nursing | 301 South Park, 4th Floor, PO Box 200513 Helena, MT 59620-0513 | (406) 8412397 | dilibsdur@mt.gov | $\begin{aligned} & \text { http://boards.bsd.dli } \\ & \text { mt.gov/nur } \end{aligned}$ | Active | Not displaye |  | $\begin{array}{\|l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { No criminal record } \\ \text { prohibitions } \end{array} \\ \hline \end{array}$ |  | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 09/11/2018 |  |
| Nursing - Medication Aide | Board of Nursing | 301 South Park, 4th Floor, PO Box 200513 <br> Helena, MT 59620-0513 | (406) 8412397 | dilissdur@mt.gov | $\begin{aligned} & \frac{\text { http://boards.bsd.dli }}{\text { mt.gov/nur }} \\ & \hline \end{aligned}$ | Active | NA - Not displayed | $\begin{aligned} & \text { Certification } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \end{aligned}$ | No criminal record prohibitions | $\begin{array}{\|l\|l} \hline \begin{array}{l} \text { Specific } \\ \text { cousse } \\ \text { required } \end{array} \end{array}$ | $\begin{aligned} & \text { State exam } \\ & \text { required }\end{aligned}$ | Work experience required | Stand-alone license | 991112018 |  |
| Nursing - Medication Ade II | Board of Nursing | 301 South Park, 4th Floor, Po Box 200513 <br> Helena, MT 59620-0513 | (406) 8412397 | dilisdur@mtgov | $\mathrm{http}: / / \mathrm{boards}$.bsd.dli mt.gov/nur | Active | NA - Not displayed | Certification required | $\begin{array}{\|l} \text { No continuing } \\ \text { education } \\ \text { requirement to } \\ \text { maintain license } \end{array}$ | No criminal record prohibitions | $\begin{array}{\|l\|l} \hline \begin{array}{l} \text { Specific } \\ \text { couric } \\ \text { reausired } \end{array} \\ \hline \end{array}$ | State exam require | Work experience required | Stand-alone license | $09 / 11 / 2018$ |  |
| Nursing - Registered Nurse | Board of Nursing | 301 South Park, 4th Floor, PO Box 200513 Helena, MT 59620-0513 | (406) 8412397 | dilissnư@mtoov | $\left\lvert\, \frac{\text { http://boards.bsd.dli }}{\text { mt.gov/nur }}\right.$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ |  | $\begin{array}{\|l\|l} \begin{array}{l} \text { Pegree } \\ \text { required } \end{array} \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 09/1120018 |  |
| Nursing Home Administrators Nursing Home Administrator | Board of Nursing Home Administrators | 301 South Park, 4th Floor, PO Box Helena, MT 59620-0513 | (406) 84123 | dilibsdnha@mtgov | $\begin{aligned} & \text { http://boards.bsd.dli } \\ & \hline \text { mt.gov/nha } \end{aligned}$ | Active | NA - Not displayed |  |  |  | Degree required required | Third-party exam require | Work experience required | $\begin{array}{l}\text { Stand-alone } \\ \text { license }\end{array}$ | 991112018 |  |
| Assisted Living Faciliy Administrator | Nebraska Dept. of Health \& Human Services | P.O. Box 94986 Lincoln, NE 68509 | (402) 2472299 | dhhs.rehaboffice@nebraska gov | dhhs.ne.gov/licensu $\frac{\text { re/pages/profession }}{\text { s-and- }}$ s-and- <br> occupations.aspx | Active |  |  |  |  |  |  |  | ${ }_{\text {a }}$ | 06/29/2021 |  |
| Clinical Nurse Specialist (APRNCNS) | Nebraska Dept. of Health $\&$ Human Services~Division of Public Health~Licensure Unit | $\begin{aligned} & \text { 301 Centennial Mall S } \\ & \text { Lincoln, NE } 68509 \end{aligned}$ | (402) 2470317 | ann.oertwich@enebraska.gov | dhhs.ne.gov/licensu re/pages/nurseicensing.aspx | cive | NA - Not displayed |  |  |  |  |  |  | Stand-alone license | 06/2912021 |  |
| Dialysis Patient Care Technician | Nebraska Dept. of Health \& Human Services~Division of Public Health~Licensure Unit | 301 Centennia Mall S, 1st Floor <br> Lincoln, NE 68509 | (402) 2474915 | \|esse.cushman@nebraska, | dhhs.ne.gov/licensu $\frac{\mathrm{re} / \mathrm{p}}{\mathrm{px}}$ <br> px | Active |  |  |  |  |  |  |  | Stand-alone license | 61/292021 |  |
| Licensed Practical Nurse (LPN) | Nebraska Dept. of Health \& Human Services~Division of Public Health~Licensure Unit | 301 Centennial Mall S Lincoln, NE 68509 | (402) 2470317 | ann.oertwich@neebrask. .gov | dhhs.ne.gov/licensu re/pages/nurselicensing.aspx | Active |  |  |  |  |  |  |  | ${ }_{\text {a }}$ Stand-alone | 06/29/2021 |  |
| Medication Aide | Nebraska Dept. of Health \& Human Services | P.O. Box 94986 Lincoln, NE 68509 | (402) 2474322 | dhhs.nursingsupport@nebra ska..gov | dhhs.ne.gov/licensu re/pages/profession s-and-s-and- <br> occupations.aspx | Active |  |  |  |  |  |  |  | ${ }_{\text {a }}$ | 06/29/2021 |  |
| Nurse Aide | Nebraska Dept. of Health \& | P.O. Box 94986 Lincoln, NE 68509 | (402) 2474322 | dhhs. nursingsupport@nebra ska..gov | $\frac{\text { dhhs.ne.gov/licensu }}{\text { re/pages/profession }}$ s-and- <br> occupations.aspx | Active |  |  |  |  |  |  |  | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 06/29/2021 |  |
| se Midwife (APRN-CNM) | Nebraska Dept. of Health \& Human Services~Division of Public Health~Licensure Unit | 301 Centennial Mall S Lincoln, NE 68509 | (402) 2470317 | ann.oertwich@nebraska.gov | $\begin{array}{\|l\|} \hline \text { dhhs.ne.gov/licensu } \\ \hline \text { re/pages/nurse- } \\ \text { licensing.aspx } \\ \hline \end{array}$ | Active | NA - Not displayed |  |  |  |  |  |  | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 06/2912021 |  |
| Nurse Practioner (APRN-NP) | Nebraska Dept. of Health \& Human Services~Division of Public Health~Licensure Unit | 301 Centennial Mall S Lincoln, NE 68509 | (402) 2470317 | ann.oertwich@nebrask. .jov | dhhs.ne.gov/licensu re/pages/nurselicensing.aspx | Active | Not displayed |  |  |  |  |  |  | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 06/29/2021 |  |
| Nursing Home Administrator | Nebraska Dept. of Health \& Human Services~Division of Public Health~Licensure Unit | 301 Centennial Mall S Lincoln, NE 68509 | (402) 2470317 | ann.oertwich@neebrska..gov | dhhs.ne.gov/licensu re/pages/nurselicensing.aspx | Active |  |  |  |  |  |  |  | Stand-alone license | 06/29/2021 |  |
| Paid Dining Assistant | Nebraska Dept. of Health \& Human Services | P.O. Box 94986 Lincoln, NE 68509 | (402) 2474332 | dhhs.nursingsupport@nebra ska.gov |  | Active |  |  |  |  |  |  |  |  | 6/29212021 |  |
| Registered Nurse (RN) | Nebraska Dept. of Health \& Human Services~Division of Public Health~Licensure Unit | $\begin{aligned} & \text { 301 Centennial Mall S } \\ & \text { Lincoln, NE } 68509 \end{aligned}$ | (402) 2470317 | ann.oertwich@neebraska.gov |  | Active | NA - Not displayed |  |  |  |  |  |  | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 06/29120 |  |

## CareerOneStop License Finder Results

We found 555 licenses for Nursing in United States.

| License Name | Licensing Agency | Address | Phone | Email | Website | Active <br> Status | Active Military <br> / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License Type | $\begin{aligned} & \text { License } \\ & \text { Updated } \end{aligned}$ | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Registered Nurse Anesthetist (APRN-CRNA) | Nebraska Dept. of Health \& Human Services~Division of Public Health~Licensure Unit | 301 Centennial Mall S Lincoln, NE 68509 | (402) 2470317 | ann.oertwich@neebrask. .av | dhhs.ne.gov/licensu $\frac{\text { re/pages/nurse- }}{\text { licensing.aspx }}$ | Active | A temporary license is available to military and spouses until formal license approval |  |  |  |  |  |  | Stand-alone <br> licens | 06/2912021 |  |
| Advanced Practitioner of Nursing (APN) | Nevada State Board of Nursing~Licensure, Certification and Education | $\begin{aligned} & \text { 4220 S. Maryland Pkwy, Building } \\ & \text { B, STE } 300 \\ & \text { Las Veqas, } 89119-7533 \\ & \hline \end{aligned}$ | (702) 4865800 | nursingboard@nsbn.state.nv us | http://www.nevadan | Active | NA - Not displayed |  | $\begin{array}{\|l\|l} \hline \text { Continuing } \\ \text { education required } \\ \text { to maintain licensen } \end{array}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \\ & \hline \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|l\|} \hline \text { Vork exerience } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 11/42016 |  |
| Certified Nursing Assistant (CNA) | Nevada State Board of Nursing Licensure, Certification and Education | ${ }^{4} 4220$ s. Maryland PRwy, Builiding Las veasas, 89119-7533 | (702) 4865800 | nursingboard@nsbn.state.nv us | http://www.nevadan ursingboard.org | Active | - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ |  | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 011412016 |  |
| $\begin{array}{\|l} \hline \begin{array}{l} \text { Cerififed Registered Nurse } \\ \text { Anesthetist (CRNA) } \end{array} \\ \hline \end{array}$ | Nevada State Board of <br> Nursing-Licensure, Certification <br> and Education |  | (702) 4865800 | nursingboard@nsbn.state.nv <br> us | http://www.nevadan <br> ursingboard.org | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \\ & \hline \end{aligned}$ | $\begin{array}{\|l\|l} \hline \text { Degree } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ |  | $\begin{array}{\|l} \hline \text { Stand-alone } \\ \text { license } \end{array}$ | 11/142016 |  |
| Clinical Nurse Specialists | There is some indication that this license exists in Nevada, but it has not yet been confirmed by state experts |  |  |  |  | Active | NA - Not displayed |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \\ & \hline \end{aligned}$ |  | ${ }^{\text {Degrae }}$ required | $\begin{aligned} & \text { No exam } \\ & \text { required } \end{aligned}$ | No experience required | Stand-alone <br> licens | 11012010 |  |
| Licensed Practical Nurse (LPN) | Nevada State Board Nursing~Licensure, Certification and Education |  | (702) 4865800 | $\begin{aligned} & \text { nursingboard@nsbn.state.nv } \\ & \text { us } \end{aligned}$ | $\begin{aligned} & \text { http://www.nevadan } \\ & \text { ursingboard.org } \end{aligned}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \\ & \hline \end{aligned}$ | $\begin{array}{\|l} \text { No criminal record } \\ \text { prohibitions } \end{array}$ | $\begin{array}{\|l\|l\|} \hline \text { Degriee } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { No experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 11/142016 |  |
| Nurse Midwives | There is some indication that this not yet been confirmed by state experts |  |  |  |  | Active | - Not displayed |  | $\begin{array}{\|l} \text { No continuing } \\ \text { education } \\ \text { requirement to } \\ \text { maintain license } \\ \hline \end{array}$ |  | ${ }_{\substack{\text { Degree } \\ \text { required }}}^{\text {der }}$ | ${ }^{\text {Thid-party }}$ exam required | No experience required | Stand-alone <br> licens | 010122010 |  |
| Practione | There is some indication that this license exists in Nevada, but it has not yet been confirmed by state experts |  |  |  |  |  | Not disp |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ |  | ${ }^{\text {Pegrae }}$ required | ${ }^{\text {Third-party }}$ exam | Work experience required | Stand-alone <br> licens | 01012010 |  |
| Nursing Facilly Administator | Board of Examiners for Long Term Care~Administrators | 3157 North Rainbow Blvd. \#313 Las Vegas, 89108 | (702) 4865445 |  | nttry/belta anvogov | Active | NA - Not displayed |  | $\begin{array}{\|l} \hline \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Background check } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Degriee } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|} \hline \text { Third-party } \\ \text { exam required } \\ \hline \end{array}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 01/142016 |  |
| Point of Care Analyst | Nevada Division of Public \& Behavioral Health~Bureau of Health Care Quality \& Compliance | 727 Fainiew Dr., STE E Carson City, 89701 | (775) 6841030 |  | http://dpbh.nv.gov/ ms/ | Active | NA - Not displayed | $\begin{aligned} & \text { Certification } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | State exam <br> required |  |  | 01/1412016 |  |
| Problem Gambling Counselor | Board of Examiners for Alcohol, Drug and Gambling Counselors | 400 W. King St., Suite 111 <br> Carson City, 89703 | (775) 6847081 |  | http://www.alcohol. state.nv.us | Active | Expedited processing is and spouses |  | Continuing education required to maintain license | No criminal record prohibitions | Degree required | State exam <br> requir | Work experience required | Stand-alone <br> licens | 01/142016 |  |
| Registered Nurse (RN) | Sate Board of Nursing Licensure, Certification and Education |  | (702) 4865800 | $\begin{aligned} & \text { nursingboard@nsbn.state.nv } \\ & \text { us } \end{aligned}$ | http://www.nevadan ursingboard.org | Active | Not displa |  |  | No criminal record prohibitions | $\begin{array}{\|l\|l} \text { Degree } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|} \text { Third-party } \\ \text { exam required } \end{array}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 11/142016 |  |
| School or Program Administrator | Department of Education Licensing office | 755 N. Roop St., STE 107 Carson City, 89701 | (775) 6879115 |  | htpol/teachers.n., | Active | NA - Not displayed |  |  | No criminal record prohibition |  |  | No experienc required | Stand-alone license | 01/1412016 |  |
| Acupuncturist | Board of Acupuncture Licensing~Office of Professional Licensure and Certification | $\begin{aligned} & 121 \text { South Fruit Street } \\ & \text { Concord, NH } 0330 \end{aligned}$ | (603) 2713608 | anetmcoull@oolle..n.s.ov | www.oplc.nh.gov/a cupuncture/ | Active | NA - Not displayed | $\begin{array}{\|l} \hline \begin{array}{l} \text { Certification } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|l} \hline \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \\ & \hline \end{aligned}$ | $\begin{array}{\|l} \hline \text { Stand-alone } \\ \text { license } \end{array}$ | 06/012020 |  |
| Dental Hygienist | New Hampshire Board of Dental Examiners~Office of Profess Licensure and Certification | 121 South Fruit Street | (603) 2714561 | dental. board@ople..nh.gov |  | Active | NA - Not displayed |  | Continuing education required to maintain license to maintain license | Felony convictions prohibited <br> prohibited | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party exam required | Work experience required | Stand-alone <br> licens | 066012020 |  |
| Medical Technicians |  | 121 South Fruit Street, Suite 303 Concord, NH 0330 | (603) 2718389 | stacy.par@oolc.n.h.gov | ${ }^{\text {und }}$ | Active | NA - Not displayed |  |  | Background check required | No educationa requirements | $\begin{aligned} & \text { No exam } \\ & \text { required } \end{aligned}$ | No experience required | Stand-alone <br> license | 66/012 |  |
| edication Nursing Assistant (MNA) | New Hampshire Board of Nursing~Office of Professi Licensure and Certification | $\begin{array}{\|l} 121 \text { South Fruit Street } \\ \text { Concord, NH } 0330 \\ \hline \end{array}$ | (603) 2710284 | gov | $\begin{aligned} & \text { www.oplc.nh.gov/n } \\ & \text { ursing/ } \\ & \hline \end{aligned}$ | ctive | - Not displayed |  | $\begin{array}{\|l} \hline \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ \hline \end{array}$ | No criminal record <br> prohibitions | $\begin{array}{\|l\|l\|} \hline \text { Degriee } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 06/012020 |  |
| Midwife | $\begin{aligned} & \text { New Hampshire Midwifery } \\ & \text { Council Office of Professional } \\ & \text { Licensure and Certification } \end{aligned}$ | 121 South Fruit Street Concord, NH 0330 | (603) 2794197 | ahmiowifer@Qopla.a.s.gov |  | Active | NA - Not displayed | $\begin{array}{\|l} \hline \begin{array}{l} \text { Certification } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \hline \text { Specific type of } \\ & \text { conviction } \\ & \text { prohibited } \\ & \hline \end{aligned}$ | $\left\lvert\, \begin{array}{\|l\|l\|} \hline \text { Degrgee } \\ \text { required } \end{array}\right.$ | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | Work experience required | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 06/012020 |  |
| poath | New Hampshire Naturopathic Board of Examiners~Office of Professional Licensure and Certification | 121 South Fruit street Concord, NH 0330 | (603) 2712152 | ropatic@oplenh.gov | www.oplc.nh.gov/n <br> aturopathic- <br> examiners/ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}\right.$ | Third-party <br> exam requir | Work experience required | (tand-alone | 06/012020 |  |
| Nurse, Advanced Practice Registered (APRN) | New Hampshire Board of Nursing~Office of Professional Licensure and Certification | $\begin{array}{\|l} 121 \text { South Fruit Street } \\ \text { Concord, NH } 0330 \\ \hline \end{array}$ | (603) 2717809 | emily whitaker@ople.nh.gov | $\begin{aligned} & \text { www.oplc.nh.gov/n } \\ & \hline \text { ursing/ } \\ & \hline \end{aligned}$ | ctive | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | Background check required | $\begin{array}{\|l\|l} \text { Degree } \\ \text { required } \end{array}$ | Third-party <br> exam required | Work experience required | Stand-alone license | 066012020 |  |
| Nurse, Licensed Practical (LPN) | hire Board of Nursing~Office of Profession Licensure and Certification | $\begin{array}{\|l} \hline 121 \text { South Fruit Street } \\ \text { Concord, NH } 0330 \\ \hline \end{array}$ | (603) 2717809 | emilywhiltaker@oplc.n.s.gov | $\begin{aligned} & \text { www.oplc.nh.gov/n } \\ & \text { ursing/ } \\ & \hline \end{aligned}$ | active | NA - Not displayed |  |  | $\begin{aligned} & \text { Background check } \\ & \text { required } \\ & \hline \end{aligned}$ | $\begin{array}{\|l} \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|} \hline \text { Third-party } \\ \text { exam required } \\ \hline \end{array}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Work experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 66/012020 |  |
| se, Registered (RN) | New Hampshire Board of Nursing~Office of Professio Licensure and Certification | 121 South Fruit Street Concord, NH 0330 | (603) 2717809 | ilv.whitaker®oplc.an.g.ov | wuw ople.n.g.ov/n | ctive | A - Not displa |  | $\begin{aligned} & \text { Continuing } \\ & \text { educuation required } \\ & \text { to maintain license } \end{aligned}$ | Background check required required | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Both state and third-party exams required | Work experience required | Stand-alon | 66/112020 |  |
| Nursing Assistant, Licensed (LNA) | New Hampshire Board of Nursing~Office of Professional Licensure and Certification | 121 South Fruit Street Concord, NH 0330 | (603) 2710284 | deebie.hoos@oolc.....gov | $\begin{aligned} & \text { www.oplc.nh.gov/n } \\ & \hline \text { ursing/ } \\ & \hline \end{aligned}$ | Active | NA - Not displayed |  |  | $\begin{aligned} & \text { Background check } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|l\|l} \substack{\text { pegree } \\ \text { required }} \end{array}$ | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 06/012020 |  |
| Nursing Home Administrator | New Hampshire Board of Nursing Home Administrators~Office of Certification | 121 South Fruit Street Concord, NH 0330 | (603) 2714728 | Penny.taylor@oplc.an..gov | ursing-home | active | NA - Not displayed |  |  | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | State exam required | Work experience required | Stand-alon | 601120 |  |
| Respirator Care Practioner |  Board-Oftice of Protession Licensure and Certifation | 121 South Fruit Street, Suite 303 Concord, NH 0330 | (603) 2718389 | billie.richardson@oplc.nh.go <br> ㄴ | www.oplc.nh.gov/all <br> ied-health/ | ctive | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party <br> exam requir | No experience required | Stand-alone <br> licens | 066012020 |  |

CareerOneStop License Finder Results
We found $\mathbf{5 5 5}$ licenses for Nursing in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | $\begin{aligned} & \text { Active } \\ & \text { Status } \end{aligned}$ | Active Military <br> / Veterans | Certification | Continuing Education | $\begin{aligned} & \text { Criminal } \\ & \text { Record } \\ & \hline \end{aligned}$ | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \end{aligned}$ | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| ADVANCED PRACTICE NURSE (NURSE PRACTITIONER) | $\begin{aligned} & \text { Department of Law and Public } \\ & \text { Safety Division of Consumer } \\ & \text { Affairs } \sim \text { Board of Nursing } \end{aligned}$ | PO Box 45010 Newark, NJ 7101 | (973) 5046503 |  | $\begin{array}{\|l\|} \hline \frac{\mathrm{http}: / / \mathrm{www} . \text { state.ni. }}{\text { us } / \mathrm{lps} / \mathrm{ca} / \text { medical/n }} \\ \hline \text { ursing.htm } \\ \hline \end{array}$ | Active | Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ |  | $\begin{array}{\|l\|l\|l\|l\|l\|l\|l\|} \hline \text { regreque } \\ \text { requir } \end{array}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 222612020 |  |
| HOMEMAKER-HOME HEALTH AIDE | Law and Public Safety~Division of Consum Affairs~Board of Nursing | PO Box 45010 Newark, NJ 7101 | (973) 504650 |  | $\frac{\text { http://www.state.nj. }}{\text { us/lps/ca/medical/n }}$ <br> ursing.htm | Active | NA - Not displayed |  |  |  |  |  |  | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 0212612020 |  |
| $\qquad$ $\begin{aligned} & \text { (LLEN }) \end{aligned}$ | Department of Law and Public Affairs-Board of Nursing | PO Box 45010 Newark, NJ 7101 | (973) 5046503 |  | http://www.state.nj. <br> us/lps/ca/medical/n <br> ursing.htm | Active | - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { Specific type of } \\ & \text { conviction } \\ & \text { prohibited } \\ & \hline \end{aligned}$ | $\begin{array}{\|l\|l} \text { Degree } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | $\begin{aligned} & \begin{array}{l} \text { No experience } \\ \text { required } \end{array} \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 0226612020 |  |
| MEDICATION AIDE | Department of Health and Serior Sevicics-Ofifce of Public Heaith Licensurure Protion Tram Training, and | PO Box 360 <br> Trenton, NJ 8625 | (609) 2924993 |  | https://www.nj.gov/ <br> health/lh/profession <br> als/licensing/ | Active | NA - Not displayed | $\begin{aligned} & \text { Certification } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \text { No continuing } \\ \text { education } \\ \text { requirement to } \\ \text { maintain license } \\ \hline \end{array}$ | No criminal record prohibitions | $\begin{array}{\|l\|l} \hline \begin{array}{l} \text { specific } \\ \text { seurie } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone <br> licens | 2126/2020 |  |
| NURSE AIDE | $\begin{aligned} & \text { Department of Health and Senior } \\ & \text { Services~Office of Public } \\ & \text { Health~Education, Training, and } \\ & \text { Licensure Program } \\ & \hline \end{aligned}$ | PO Box 360 <br> Trenton, NJ 8625 | (609) 2924993 |  | $\frac{\text { https://www.nj.gov/ }}{\text { health/lh/profession }} \frac{\text { als/licensing/ }}{}$ | Active | NA - Not displayed | $\begin{aligned} & \text { Certification } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{array}{\|l\|l} \hline \begin{array}{l} \text { Specifici type of } \\ \text { conviction of } \\ \text { probibitited } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|l} \text { Degree } \\ \text { required } \end{array}$ | Thirdparty <br> exam required | Work experience required |  | 022612020 |  |
| NURSE-MIDWIFE | Department of Law and Public Saffety~Division of Consumer Affairs~Board of Medical Examiners | PO Box 183 <br> Trenton, NJ 8625 | (609) 8267100 |  | $\begin{aligned} & \text { http://www.njconsu } \\ & \text { meraffairs.gov/bme } \end{aligned}$ | Active | NA - Not displayed |  | Continuing education required to maintain license |  | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party | No experience required | Stand-alone <br> licens | 2662020 |  |
| NURIING HOME ADMIIISTRATOR |  | PO Box 360 <br> Trenton, NJ 8625 | (609) 2924993 |  | $\frac{\frac{\text { https://www.nj.gov/ }}{\text { health/lh/profession }}}{\text { als/licensing/ }}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}\right.$ | Third-party | Work experience required |  | 226612020 |  |
| REGISTERED PROFESSIIONAL NURSE (RN) | Department of Law and Public Safety~Division of Consumer Affairs~Board of Nursing | PO Box 45010 Newark, NJ 7101 | (973) 5046503 |  | http://www.state.nj. <br> us/lps/ca/medical/n <br> ursing.htm | Active | NA - Not displayed |  | Continuing education required to maintain license |  | $\begin{array}{\|l\|l\|l\|l\|l\|l\|l\|} \hline \text { regreque } \\ \text { requir } \end{array}$ | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 0212612020 |  |
| SCHOOL NURSE/NON INSTRUCTIONAL | Department of Education~Office of Licensing and Credentials | $\begin{array}{\|l} \text { PO Box } 503 \\ \text { Trenton, NJ } 8625 \end{array}$ | (609) 2922070 | robert.higgins@doe.state.nj. <br> us | $\begin{array}{\|l} \text { https://www.ni.gov/ } \\ \text { education//icense/ } \\ \hline \end{array}$ | Active | - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ |  | $\left\lvert\, \begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}\right.$ | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \\ & \hline \end{aligned}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 2126/2020 |  |
| Certified Nurse Miswives | New Mexico Department of Health, Maternal Health | 2040 South Pacheco Santa Fe, NM 87505 | (505) 4768866 | catherine.avery@state.nm.u <br> s | $\begin{array}{\|l\|} \hline \frac{\text { https://nmhealth.or }}{\mathrm{g} / \mathrm{about} / \mathrm{phd} / \mathrm{fhb} / \mathrm{mw}} \\ \mathrm{p} / \mathrm{l} \\ \hline \end{array}$ | Active | - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | No experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 07708/2021 |  |
| Certified Registered Nurse Anesthetist | New Mexico Board of Nursing | 6301 Indian School NE, Suite 710 Albuquerque, NM 87110 | (505) 8418340 | dofnursin@Qstatenm. |  | Active | NA - Not tisplayed |  |  | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Degriee } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 070812021 |  |
| Clinical Nurse Specialist | New Mexico Board of Nursing | 6301 Indian School NE, Suite 710 Albuquerque, NM 87110 | (505) 8418340 | dofnuring@statenm.us | $\begin{aligned} & \mathrm{http}: / / \mathrm{nmbon} . \mathrm{sks} . \mathrm{co} \\ & \underline{\mathrm{~m} /} \\ & \hline \end{aligned}$ | Active | NA - Not displayed |  | Continuing education required <br> to maintain licens | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { pegree } \\ \text { required } \end{array} \end{array}$ | $\begin{array}{\|l\|} \hline \text { Third-party } \\ \text { exam required } \end{array}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 07/0812021 |  |
| Hemodialsis Technicians | New Mexico Bard of Nursing | 6301 Indian School NE, Suite 710 Albuquerque, NM 87110 | (505) 8418340 | ardofursing@state.n. | $\begin{aligned} & \text { nitp:/nmbon.sks.co } \\ & \hline \underline{m} \\ & \hline \end{aligned}$ | Active | NA - Not displayed |  | $\begin{aligned} & \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \\ & \hline \end{aligned}$ | 070812021 |  |
| ctional Support Providers | New Mexico Public Education Department - Professional <br> Department - Profe Licensure Bureau | $\begin{aligned} & 300 \text { Don Gaspar } \\ & \text { Santa Fe, NM } 87501 \end{aligned}$ | (505) 8275800 | Licensurennit@satae.nm.us | https://webnew.ped <br> state.nm.us/burea <br> us/licensure/ | Active | ayed |  |  | $\begin{array}{\|l} \text { No criminal record } \\ \text { prohibitions } \end{array}$ | $\begin{array}{\|l\|} \begin{array}{l} \text { No educational } \\ \text { requirements } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \text { No exam } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \hline \text { Stand-alone } \\ \text { license } \end{array}$ | 770812021 |  |
| actation Care Provider | New Mexico Board of Nursing | 6301 Indian School NE, Suite 710 Albuquerque, NM 87110 | (505) 8418340 | ardofursing@statenm. | $\frac{\text { htev:/l/mbon.sks.co }}{\underline{m}}$ | Active | NA - Not displayed |  |  |  |  |  |  | Stand-alone license | 770812021 |  |
| ed Midvives | New Mexico Department of Health, Maternal Health | 2040 South Pacheco Santa Fe, NM 87505 | (505) 4768866 | catherine.avery@state.nm.u <br> s | $\begin{array}{\|l\|} \hline \frac{\text { https://nmhealth.or }}{\text { g/about/phd/fhb/mw }} \\ \hline \text { p/ } / \\ \hline \end{array}$ | ctive | NA - Not displayed |  | $\begin{array}{\|l\|l} \text { Continuing } \\ \text { equation required } \\ \text { tominatin } \end{array}$ | No criminal record prohibitions | $\begin{array}{\|l\|l} \text { Degrye } \\ \text { required } \end{array}$ | Third-party exam required | No experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 770812021 |  |
| sed Practical | New Mexico Baard of Nursing | 6301 Indian School NE, Suite 710 Albuquerque, NM 87110 Albuquerque, NM 87110 | (505) 8418340 | ardofursing@state.nm.u |  | Active | Not displayed |  | $\begin{array}{\|l} \hline \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \\ \hline \end{array}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|} \hline \text { Third-party } \\ \text { exam required } \end{array}$ | $\begin{array}{\|l} \begin{array}{l} \text { No experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 07/08/2021 |  |
| Medication Aides | New Mexico Board of Nursing | 6301 Indian School NE, Suite 710 Albuquerque, NM 87110 | (505) 8418340 | Uofursingastate.n. | http://nmbon.sks.co <br> $\underline{m} / \mathrm{l}$ | cative | NA - Not displayed | $\begin{aligned} & \text { Certification } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \\ & \hline \end{aligned}$ | No criminal record prohibitions | $\begin{array}{\|l} \substack{\text { Speatific } \\ \text { coursice } \\ \text { required }} \end{array}$ | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | Work experience required |  | 070882021 |  |
| Practioner | New Mexico Baard of Nursing | 6301 Indian School NE, Suite 710 Albuquerque, NM 87110 Albuquerque, NM 87110 | 505) 8418340 | tordofursingQsatate.n.us | $\begin{aligned} & \mathrm{http}: / / \mathrm{nmbon} . \mathrm{sks} . \mathrm{co} \\ & \mathrm{~m} / \mathrm{m} \\ & \hline \end{aligned}$ | Active | layed |  | Continuing education required <br> to maintain license | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ |  | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | $\begin{aligned} & \text { Worke experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 70882021 |  |
| Nursing Home Facility Administrators License | New Mexico Nursing Home <br> Administrators Board | 2550 Cerrillos Road, Second Floor, P.O. Box 25101 Santa Fe, NM 87505 Santa Fe, NM 87505 | (505) 4764622 | NursingHomeAdminBd@stat | $\left.\frac{\text { http://www.rld.state. }}{\frac{\text { nm.us/boards/Nursi }}{\text { ng Home Administ }}} \right\rvert\,$ | A | NA - Not displayed |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \\ & \hline \end{aligned}$ |  | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party <br> exam requir | Work experience required | Stand-alone license | 070812021 |  |
| egistered Nurse | New Mexico Board of Nursing | 6301 Indian School NE, Suite 710 Albuquerque, NM 87110 Albuquerque, NM 87110 | 505) 8418340 | ardofursing@state.nm. | $\begin{aligned} & \mathrm{http}: / / \mathrm{nmbon} . \mathrm{sks} . \mathrm{co} \\ & \underline{\mathrm{~m} /} \\ & \hline \end{aligned}$ | Active | yed |  | Continuing education required <br> to maintain licen |  | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | $\begin{aligned} & \text { Worke expeiencee } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 710812021 |  |
| Suport Providers | New Mexico Public Education Department - Professiona Licensure Bureau | 300 Don Gaspar <br> Santa Fe, NM 87501 | (505) 8275800 | LicensureUnit@state.nm.us | $\frac{\text { https://webnew.ped }}{\text { state.nm.us/burea }}$ <br> $\frac{\text { us/licensure/ }}{}$ | ctive | NA - Not displayed | $\begin{aligned} & \text { Certification } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \\ & \hline \end{aligned}$ | No criminal record prohibitions | $\begin{array}{\|l} \hline \begin{array}{l} \text { Specific } \\ \text { cousic } \\ \text { required } \end{array} \\ \text { res. } \end{array}$ | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | Work experience required |  | 770812021 |  |
| Certifed Milk Inspector | $\begin{aligned} & \text { NYS Department of Agriculture } \\ & \text { and Markets~Division of Milk } \\ & \text { Control and Dairy Services } \end{aligned}$ | 10B Airline Drive Albany, NY 12235 | (518) 4571772 | Mark.Lansing@agriculture.n <br> y.gov |  | Active | NA - Not displayed | $\begin{array}{\|l} \hline \begin{array}{l} \text { Certification } \\ \text { required } \end{array} \\ \hline \end{array}$ | Continuing education required | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party <br> exam require | Work experience required | Stand-alone <br> licens | 11212021 |  |
| Certified Nurse Aide | NYS Department of Health~Bureau of Professional Credentialing | $\begin{aligned} & 875 \text { Central Avenue } \\ & \text { Albany, NY } 12206 \\ & \hline \end{aligned}$ | (877) 8771827 | $\qquad$ <br> gov | $\begin{aligned} & \text { https://www.health. } \\ & \hline \text { ny.gov/ } \\ & \hline \end{aligned}$ | Active | NA - Not displayed | $\begin{aligned} & \text { Certification } \\ & \text { required } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|l\|} \hline \text { Work exeerience } \\ \text { required } \end{array}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 33012021 |  |
| Certified Ultrasonic Technician | Transportation~Structures~Metal <br> Engineering Division | $\begin{aligned} & 50 \text { Wolf Road, POD 4-3 } \\ & \text { Albany, NY 12232 } \end{aligned}$ <br> Albany, NY 12232 |  | Justin.Burth@odot.ny.gov | $\begin{array}{\|l\|} \hline \text { https://www.dot.ny. } \\ \text { gov/index } \\ \hline \end{array}$ | Active | NA - No |  |  | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ |  |  |  | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 5 51212021 |  |
| Clinical Nurse Specialist | NYS Education <br> Department~Office of the Nursing | 89 Washington Avenue Albany, NY 12234 | (518) 4743817 ext 120 |  | http://www.op.nyse <br> d.gov/prof $/$ | active |  |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \end{aligned}$ | No criminal record prohibitions prohibitions | $\left\lvert\, \begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}\right.$ | Third-party exam require | Work experience required | Stand-alone licens | 12/1412020 |  |


| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> / Veterans | Certification | Continuing Education | Criminal | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \end{aligned}$ | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Licensed Practical Nurse | Department~Office of the Nursing | 89 Washington Avenue Albany, NY 12234 | $\begin{aligned} & (518) 4743817 \\ & \text { ext } 120 \end{aligned}$ |  |  | ctive |  |  | ducation required <br> to maintain license | No criminal record prohibitions | ${ }^{\text {Degree }}$ | Third-party exam required | No experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 1212812020 |  |
| Licensed Psychoanalyst |  | 89 Washington Avenue Albany, NY 12234 | $\begin{aligned} & (518) 4743817 \\ & \text { ext } 450 \end{aligned}$ |  | $\frac{\text { htp://Www.op.nyse }}{\text { d.gov/profi }}$ | cive | Fees are reduced and expedited processing is available for military and spouses, with a temporary license available in the interim |  | No continuing education requirent to maintain license | No criminal record prohibitions | ${ }_{\substack{\text { Degree } \\ \text { required }}}$ | Thirdparty <br> exam required | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 1212812020 |  |
| Long Term Care Ombusman |  | Two Empire State Plaza Albany, NY 12223-1251 | (800) 3429871 | Greg.OIsen@aging. .r.gov | httos//2aing.ny gov | Active | NA - Not displayed |  | $\underset{\substack{\text { Continuing } \\ \text { eutadion required } \\ \text { to mainain } \\ \text { license }}}{ }$ | No criminal record prohibitions | $\begin{array}{\|l\|l\|l\|l\|l\|l\|l\|l\|r\|r\|l\|r\|} \text { requa } \end{array}$ | Third-party <br> exam required | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 05/7712021 |  |
| Medical Physicist in Therapeutic Radiological Physics or Radiation Oncology | $\begin{array}{\|l\|} \text { NYS Education } \\ \text { Dreartrtentoffice of the } \\ \text { Professions-State Commitee for } \\ \text { Medical Physics } \end{array}$ | 89 Washington Avenue Albany, NY 12234 | $\begin{aligned} & (518) 4743817 \\ & \text { ext } 560 \end{aligned}$ |  | hitp//wwoup.nyse | Active | Fees are reduced and expedited processing is available for military and spouses, with a temporary license available in the interim |  | to maintain lired | No criminal record prohibitions | Degree <br> requir | Thirdparty exam required | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 0112512021 |  |
| Mold Worker |  | Harriman State Office Campus, Building 12, Room 161 Albany, NY 1224 | (518) 4857815 | Kirk. Fisheralabor.n.y.pov |  | Active | NA - Not displayed |  |  | No criminal record prohibitions |  |  |  | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 0313012021 |  |
| Nurse Practioner | NYS Education <br> Department~Office of the Nursing | 89 Washington Avenue Albany, NY 12234 | $\left\lvert\, \begin{aligned} & (518) 4773817 \\ & \text { ext } 120 \end{aligned}\right.$ |  | http://www.op.nyse | Active | Fees are reduced and expedited processing is available for military and spouses, with a temporary license available in the interim |  | No continuing education requirent to maintain license | No criminal record prohibitions | ${ }_{\substack{\text { Degree } \\ \text { required }}}$ | Thirdparty <br> exam required | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | ${ }^{020112021}$ |  |
| Nursing Home Administrator | NYS Department of Health-Board of Examiners of Nurring Home Administator- Profestionsional Credentitialing | 875 Central Avenue <br> Albany, NY 12206-1388 | (877) 8771827 | sheila.mcgarvey@health.ny. gov | nttps//www.heath. ny.sov/ | ative | NA - Not displayed |  | education required to maintain licens | No criminal record prohibitions | Degree reauired | $\substack{\text { Thirdparty } \\ \text { exam required }}$ | Work experience required | Stand-alone license | 02/2412021 |  |
| Race official | NYS Gaming Commission | P.O. Box 7500 Schenectady, NY 12301-7500 | (518) 3883300 | $\begin{aligned} & \text { Danielle.Holmes@gaming.ny } \\ & \text { goo } \end{aligned}$ | $\frac{\mathrm{https}: / / \text { www.gaming }}{\frac{\text { ny.gov/horseracing }}{/}}$ | Active | NA - Not displayed |  |  | No criminal record prohibitions |  | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ |  | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 03/0212021 |  |
| Registered Professional Nurse | NYS Education <br> Department~Office of the Nursing | 89 Washington Avenue Albany, NY 12234 | $\begin{aligned} & (518) 4743817 \\ & \text { ext } 120 \end{aligned}$ |  | $\frac{\text { http://www.op.nyse }}{\text { d.gov/prof/ }}$ | ctive | Fees are reduced and expedited processing is available for military and spouses, with a temporary license available in the interim |  | Continuing <br> education required to maintain license | No criminal record prohibitions | Degree <br> requir | State exam <br> required | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 220812021 |  |
| Anesthesilogosit Assistant | $\underset{\substack{\mathrm{NC} \\ \text { Licenseses) }}}{\mathrm{M} \text { eical Board (Occupational }}$ | $\left\lvert\, \begin{aligned} & \text { PRal.igh } 20007 \\ & \text { Raleig, } 27619 \end{aligned}\right.$ | $\begin{aligned} & \text { (919) } 3261109 \\ & \text { ext } 248 \end{aligned}$ | hari.upta@ncmedooard.org | $\frac{\text { https://www.ncmed }}{\frac{\text { board.org/licensure/ }}{\text { licensing }}}$ | Active | NA - Not displayed | $\begin{array}{l}\text { Certification } \\ \text { required }\end{array}$ |  | Background check required | ${ }^{\text {Degriee }}$ | Thirdparty <br> exam required | No experience required | Stand-alone license | 06/2812021 | No physical requirements |
| Certified Nurse Midwife (CNM) | NC Board of Nursing | 4516 Lake Boone Trail Raleigh, NC 27607 |  | ruuns@ncoon.com | https://www.ncbon. com/ | Active | NA - Not tisplayed | Certification required | education required to maintain license | No criminal record prohibitions | ${ }_{\substack{\text { Degree } \\ \text { required }}}$ | $\begin{array}{\|l\|l\|} \hline \text { Thiridparty } \\ \text { exam required } \end{array}$ | No experience required |  | 06/2212021 | No physical requirements |
| Certified Registered Nurse Anesthetist | NC Board of Nursing | 4516 Lake Boone Trail Raleigh, NC 27607 | $\left\lvert\, \begin{array}{\|} (09197823211 \\ \text { ext } 231 \end{array}\right.$ | ruurs@ncoon.com | httos//wwwnccon. | Active | NA - Not displayed | $\begin{aligned} & \text { Certification } \\ & \text { required } \end{aligned}$ | No continuing <br> educuation <br> requirment to <br> maintain license | No criminal record prohibitions | Degree reauired | $\substack{\text { Thirdparty } \\ \text { exam required }}$ | No experience required |  | 06/2212021 | No physial requirements |
| Clirical Nurse Specialist | NC Board of Nursing | 4516 Lake Boone Trail Raleigh, NC 27607 | $\left\lvert\, \begin{array}{\|} (919) 7823211 \\ \text { exx } 231 \end{array}\right.$ | ruurs@ncoon.com |  | etive | NA - Not displayed | Certification required | Contrining <br> eutuation required <br> to mainain icense | No criminal record prohibitions | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Thiridparty } \\ \text { exam required } \end{array}$ | No experience required |  | 0612212021 | No physical requirements |
| Dispensing Nurse Practitioner or Physician Assistant | NC Board of Pharmacy | 6015 Farrington Rd, Ste. 201 Chapel Hill, NC 27517 | $\begin{array}{\|l} \left\lvert\, \begin{array}{l} (919) \\ \text { exx } 208 \\ \hline \end{array} 1050\right. \\ \hline \end{array}$ | mbetzencooporg | mmw.ncoop.org | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ |  | $\begin{array}{\|l} \text { Degree } \\ \text { required } \end{array}$ | $\begin{array}{\|l} \begin{array}{l} \text { No exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \begin{array}{l} \text { Work experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \begin{array}{l} \text { Teed to } \\ \text { business } \end{array} \\ \hline \end{array}$ | 06/212021 |  |
| Medication Aide (See Nurse Aide) | NC Department of Health \& Human Services~Health Service Regulation | 2701 mail Senice Center Ralegh, NC $27699-2701$ | (999) 8553750 | mark.payne@oths.n.c.gov |  | Active | NA - Not tisplayed | Centification required | No continuing <br> education <br> requirement to <br> maintain license | $\begin{aligned} & \text { Specific type of } \\ & \text { conviction } \\ & \text { prohibited } \end{aligned}$ | $\begin{array}{\|l\|l} \text { Spectic } \\ \text { seurfe } \\ \text { reuiried } \end{array}$ | $\substack{\text { State exam } \\ \text { required }}$ | No experience required |  | 06/0212021 | $\underset{\text { Nophysical }}{\text { requirements }}$ |
| Nurse Aide II | NC Board of Nursing | 4516 Lake Boone Trail Raleigh, NC 27607 | $\left\lvert\, \begin{aligned} & \text { (919) } 7823211 \\ & \text { ext } 231 \end{aligned}\right.$ | ruurs@ncoon.com | https://www.ncbon. com/ | Active | NA - Not tisplayed | Certification required | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \end{aligned}$ | No criminal record prohibitions |  | $\underset{\substack{\text { No exam } \\ \text { required }}}{ }$ | No experience required | Stand-alone license | 06/2212021 | No physial requirements |

CareerOneStop License Finder Results
We found 555 licenses for Nursing in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \end{aligned}$ | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Nurse Practioner | NC Board of Nursing | 4516 Lake Boone Trail Raleigh, NC 27607 | (919) 7823211 ext 231 | ruuns@ncoon.com | https://www.ncbon. <br> com/ | Active | NA - Not displayed | Certification required |  | No criminal record prohibitions | $\left\lvert\, \begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}\right.$ | Third-party <br> exam required | No experienc required |  | 06/2212021 | No physial requirements |
| Uursing Home Administrator | NC Board of Examiners for Nursing Home Administrators | $\left\lvert\, \begin{aligned} & 3733 \text { National Drive, Ste } 110 \\ & \text { Raleigh, NC } 27612 \end{aligned}\right.$ | (919) 5714164 | nhaboard@nctenna.org | $\begin{array}{\|l\|} \hline \text { http://www.ncbenha } \\ \hline \text { org } \\ \hline \end{array}$ | Active | Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { Background check } \\ & \text { required } \end{aligned}$ |  | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { Workerexperience } \\ \text { required } \end{array} \end{array}$ | $\begin{aligned} & \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ & \hline \end{aligned}$ | 03171/2021 |  |
| Sursing Pool Licensure | NC Department of Health \& Human Services~Health Service Regulation | 2701 Mail Service Center Raleigh, NC 27699-2701 | (919) 8553750 | mak. payne@uhs.n..gov | $\begin{aligned} & \text { https://info.ncdhhs. } \\ & \text { gov/dhsr/testrules.h } \\ & \mathrm{tm} \\ & \hline \end{aligned}$ | Active | NA - Not displayed |  |  | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { No criminal record } \\ \text { prohibitions } \end{array} \\ \hline \end{array}$ |  | $\begin{aligned} & \text { Noexam } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { No experience } \\ \text { required } \\ \hline \end{array}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 06/0212021 | No physical requirements |
| Physical Therajist | NC Board of Physical Therapy Examiners | 8300 Health Park, Suite 233 Raleigh, NC 27615 | (919) 4906393 | karney@ncctoard.org | https://www.ncptbo ard.org/index.html | ative | NA - Not displayed |  | $\begin{aligned} & \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ & \hline \end{aligned}$ | Background check required | Degree | Third-party <br> exam requir | No experienc required |  | 03/112021 | No physical requirements |
| Physician Assistant | NC Medical Board (Occupational License's) | $\left\lvert\, \begin{aligned} & \text { p.o. Box } 20007 \\ & \text { Raleigh, NC } 27619 \end{aligned}\right.$ | $\begin{array}{\|l\|} \hline \text { (919) } 3261109 \\ \text { ext } 248 \end{array}$ | hari.gupta@ncmedoard.org | $\begin{aligned} & \text { https://www.ncmed } \\ & \frac{\text { board.org/licensure/ }}{\text { licensing }} \\ & \hline \end{aligned}$ | ative | NA - Not displayed | $\begin{array}{\|l} \hline \text { Certification } \\ \text { required } \\ \hline \end{array}$ | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Background check } \\ \text { required } \end{array}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|} \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \text { No experience } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \\ & \hline \end{aligned}$ | 05/18/2021 | $\begin{array}{\|l} \begin{array}{l} \text { No physical } \\ \text { requirements } \end{array} \end{array}$ |
| Practical Nurse | NC Board of Nursing | $\begin{aligned} & 4516 \text { Lake Boone Trail } \\ & \text { Raleigh, NC } 27607 \end{aligned}$ | $\begin{array}{\|l\|} \hline(919) 7823211 \\ \text { ext } 231 \end{array}$ | ruurs@ncoon.com | httos//www.ncoon, | Active | Not displayed |  | $\begin{aligned} & \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ & \hline \end{aligned}$ | $\begin{aligned} & \begin{array}{l} \text { Background check } \\ \text { required } \end{array} \\ & \hline \end{aligned}$ | $\begin{array}{\|l} \text { Degree } \\ \text { pequired } \end{array}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { No experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 06/2212021 | $\begin{aligned} & \begin{array}{l} \text { Nop physical } \\ \text { requirements } \end{array} \end{aligned}$ |
| Registered Nurse | NC Board of Nursing | $\begin{aligned} & 4516 \text { Lake Boone Trail } \\ & \text { Raleigh, NC } 27607 \end{aligned}$ | $\begin{array}{\|l} \hline(919) 7823211 \\ \text { ext } 231 \end{array}$ | tuunsQancoon.com | $\begin{aligned} & \text { https://www.ncbon. } \\ & \underline{\text { com/ }} \\ & \hline \end{aligned}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { Background check } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|l\|} \substack{\text { pegriee } \\ \text { required }} \end{array}$ | Third-party exam required | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 06/2212021 | $\begin{array}{\|l} \text { No physical } \\ \text { requirements } \end{array}$ |
| Temporary Nursing Home <br> Administrator Licens | NC Board of Examiners for Nursing Home Administrators | 3733 National Drive, Ste 110 Raleigh, NC 27612 | (919) 5714164 | nhaboard@ncbenha.erg | http://www.ncbenha | Active | NA - Not displayed |  |  | Background check required | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | State exam required | Work experience required | Preliminary/t emporary license | 03/1912021 |  |
| Advanced Practice Registered Nurses (APRN) | ND Board of Nursing | 919 7th St S Ste 504 Bismarck, ND 58504 | (701) 328977 |  |  | etive | NA - Not displayed | Certification required | Continuing eenuation requred to manital license | Background check required | $\left\lvert\, \begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}\right.$ | Third-party <br> exam requir | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Secondary license (another license is a prere | 05/2512021 | No physial requirements |
| Licensed Pratical Nurses (LPN) | ND Board of Nursing | 919 7th St S Ste 504 Bismarck, ND 58504 Bismarck, ND 58504 | (701) 328977 |  |  | Active | NA - Not displayed |  | $\begin{array}{\|l\|l} \hline \begin{array}{l} \text { Contitiuing } \\ \text { educaition required } \\ \text { to maintain licensen } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Background check } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \text { Degree } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|} \hline \text { Third-party } \\ \text { exam required } \end{array}$ | $\begin{array}{\|l} \begin{array}{l} \text { No experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 05/2512021 | $\begin{aligned} & \text { No physical } \\ & \text { requirements } \end{aligned}$ |
| Nursing Home Administators | ND State Board of Examiners For Nursing Home Administrators | 1900 N 11th St Bismarck, ND 58501-1914 | (701) 2224867 |  | http://www.ndnha.o <br> 理 | ctive | NA - Not displayed |  | Continuing edouction required to maintain license | Background check required | Degree required |  | No experience required | Stand-alone <br> licens | 05/2512021 | No physical requirements |
| Registered Nurses (R) | ND Bo | 919 7th St S Ste 504 Bismarck, ND 58504 Bismarck, ND 58504 | (701) 328977 |  | hthps//www.ndbon. | Active | NA - Not displayed |  | $\begin{array}{\|l\|l} \hline \text { Contitiuing } \\ \text { educaition required } \\ \text { to maintain licensen } \end{array}$ | $\begin{aligned} & \text { Background check } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \text { pegree } \\ \text { required } \end{array}$ | $\begin{array}{\|l} \text { Third-party } \\ \text { exam required } \end{array}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { No experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ & \hline \end{aligned}$ | 05/2512021 | $\begin{aligned} & \begin{array}{l} \text { No physical } \\ \text { requirements } \end{array} \\ & \hline \end{aligned}$ |
| Specialty Practice Registered Nurses | No Board of Nursing | 919 7th St S Ste 504 Bismarck, ND 58504 | (701) 328977 |  | https::/www.ndbon. <br> org/ | ative | NA - Not displayed | Certification required | Continuing educalon required to minitain license | Background check required | Degree required | Third-party exam require | No experien required | Secondary liconser linener incone is a prerequisiste | 05/2512021 | No physical requirements |
| Dental Hygienist | $\begin{aligned} & \text { Medical Profession Licensing } \\ & \text { Board~Northern Mariana Islands } \end{aligned}$ | $\begin{aligned} & \text { PO Box } 409 \text { CK } \\ & \text { Saipan, MP } 96950 \\ & \hline \end{aligned}$ | (670)2348950 |  |  | Active | NA - Not displayed |  |  | No criminal record prohibitions | $\begin{array}{\|l\|l\|l\|l\|l\|l\|l\|l\|crr\|c\|} \substack{\text { reaird }} \end{array}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { State exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 011012010 |  |
| Midwie | Commonwealth Board of Nurse Islands | $\begin{aligned} & \text { PO Box } 1458 \\ & \text { Saipan, MP } 96950 \end{aligned}$ | (670) 2348950 |  |  | Ative | - - Not displayed |  |  | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l\|l\|l\|l\|l\|l\|l\|} \substack{\text { reguired }} \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ |  | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 010112010 |  |
| Nurse, Licensed Practical | Commonwealth Board of Nurse Examiners~Northern Mariana Islands | $\begin{aligned} & \text { PO Box } 1458 \\ & \text { Saipan, MP } 96950 \end{aligned}$ | (670) 2348950 |  |  | Active | NA - Not displayed |  |  | $\begin{array}{\|l\|} \hline \text { No criminal record } \\ \text { prohibitions } \end{array}$ | $\begin{array}{\|l} \text { pegree } \\ \text { required } \end{array}$ | $\substack{\text { Thirdparty } \\ \text { exam required }}$ |  | Stand-alone license | 010112010 |  |
| Radiologic TechnologistTechnician | Medical Profession Licensing Board $\sim$ Northern Mariana Islands | PO Box 409 CK Saipan, MP 96950 | (670) 2348950 |  |  | Active | NA - Not displayed |  |  | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l} \text { Degree } \\ \text { Preaured } \end{array}$ |  | Work experience <br> required | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 0110112010 |  |
| Registered Nurse/Advanced Practice Nurse | Commonwealth Board of Nurse $\sim$ Northern Mariana Islands | $\begin{aligned} & \text { PO Box } 1458 \\ & \text { Saipan, MP } 96950 \end{aligned}$ | (670) 2348950 |  |  | Active | IA - Not tisplayed |  |  | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ |  | Third-party exam required | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ & \hline \end{aligned}$ | 011012010 |  |
| Clinical Nurse Specialists | There is some indication that this license exists in Ohio, but it has not yet been confirmed by state experts |  |  |  |  | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { educuation required } \\ & \text { to maintain license } \end{aligned}$ |  | Degree | Third-party exam required | No experience required <br> require | Stand-alone license | D10112010 |  |
| Censed Practical Nurse (LPN) | $\bigcirc$ Board of Nursing | 17 S . High Street, Suite 660 Columbus, OH 43215-3466 | (614) 4663947 | Iicensure@urssing.ohio.gov | www.nursing.ohio.g <br> OV | Ative | NA - Not displayed |  | $\begin{array}{\|l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array}$ | $\begin{aligned} & \text { Specific type of } \\ & \text { conviction } \\ & \text { prohibited } \end{aligned}$ | $\begin{array}{\|l} \text { Degree } \\ \text { Prequired } \end{array}$ | $\begin{array}{l}\text { Third-party } \\ \text { exam required }\end{array}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { No experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 101/1312020 |  |
| se Anesthelists | There is some indication that this license exists in Ohio, but it has not yet been confirmed by state experts |  |  |  |  | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { educaion required } \\ & \text { to maintain license } \end{aligned}$ |  | Degree required | Third-party exam require | Work experience required | Stand-alone license <br> licens | 010112010 |  |
| Nurse Midwives | There is some indication that this license exists in Ohio, but it has not yet been confirmed by state experts |  |  |  |  | ctive | NA - Not displayed |  | Continuing <br> education required <br> to maintain license |  | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party <br> exam requir | No experience | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 010012010 |  |
| Wurse Practioners | $\qquad$ |  |  |  |  | Active | NA - Not dis |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ |  | Degree | Thid-party | Work experience required | Standalane | 110112010 |  |
| Nursing Home Administrator | Ohio Department of Aging~Board of Executives of Long-Term Services \& Supports | $\begin{aligned} & 246 \mathrm{~N} \text {. High Street, 1st Floor } \\ & \text { Columbus, OH } 43215-2406 \end{aligned}$ | (614) 4665114 | Dveley@age.ohio.gov | www.beltss.ohio.go <br> $\underline{\square}$ | Active | NA - Not displayed |  |  | $\begin{array}{\|l\|} \hline \text { No criminal record } \\ \text { prohibitions } \end{array}$ | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}$ | Third-party exam required | $\begin{array}{\|l} \hline \text { Work experience } \\ \text { required } \end{array}$ | Stand-alone <br> licens | 101/1312020 |  |
| xistered | ard of Nursing | 17 S. High Street, Suite 660 Columbus, OH 43215-3466 | (614) 4663947 | Iicensure@ursing.o.tio.gov | www.nursing.ohio.g | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record <br> prohibitions | $\begin{array}{\|l\|l\|} \hline \text { pegroe } \\ \text { required } \end{array}$ | Third-party exam required | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 101/12020 |  |
| State Tested Nurse Aide | Ohio Department of Aging-Board of Executives of Long-Term Services \& Supports | 246 N. High Street, 1st Floor Columbus, OH 43215-2406 | (614) 4665114 | Dveley@age.ohio.gov | www.beltss.ohio.go <br> $\underline{v}$ | ctive | Fees are reduced <br> and a temporary <br> license available in <br> the interim | Certification <br> require | $\begin{aligned} & \text { Continuming } \\ & \text { educaing } \\ & \text { to mainarain required } \\ & \text { to license } \end{aligned}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Specififi type of } \\ \text { conviction of } \\ \text { prohibiteded } \end{array} \\ \hline \end{array}$ | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party <br> exam requir | Work experience required | Stand-alone licens | 10/1312020 |  |

CareerOneStop License Finder Results
We found 555 licenses for Nursing in United States.

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \\ & \hline \end{aligned}$ | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Advanced Unicensed Assistant | Okatoma Board of Nursing | $\begin{array}{\|l} 2915 \text { N. Classen Blvd., Suite } 524 \\ \text { Oklahoma City, OK } 73106 \end{array}$ | (405) 9621809 | Jacke.Wardanusing.ok.go | http://nursing.ok.go <br> v | Ative | - Not displayed | $\begin{aligned} & \text { Certification } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ |  |  | State exam required | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 05/10/2021 |  |
| Alarm Monitoring Company <br> Manager | Department of Labor~Alarm \& Lock Smith Division | 3017 N. OKtiles. Suite 100 Okanoma city Ok 73105 | (405) 5216100 | ames.buck@labor.ok.gov |  | Active | NA - Not displayed | $\begin{array}{\|l\|l} \text { 4, Cerification } \\ \text { requirad } \end{array}$ |  | No criminal record prohibitions | No educational <br> requirements | State exam required | Work experience required | Stand-alone <br> license | 071/42020 |  |
| Certified Nursing Home Assistant Administrator (CAA) | Oklahoma State Board Examiners for Long-Term Care Administrators | $\begin{aligned} & \text { 2401 N. W. 23rd, Suite 2H } \\ & \text { Oklahoma City, OK } 73107 \end{aligned}$ | (405) 5221616 | azthomsasosbeltca.o.gov | $\begin{array}{\|l\|} \hline \text { https://www.ok.gov/ } \\ \hline \text { osbeltcal } \\ \hline \end{array}$ | Active | NA - Not displayed |  | $\begin{array}{\|l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Background check } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 0510412 | $\begin{aligned} & \text { No physical } \\ & \text { requirements } \end{aligned}$ |
| Dieftian, Licensed | State Board of Medical Licensure and Supervision | 101 NE 51st St. Oklahoma City, OK 73105 | (405) 962140 | Ititchell@okmedicalbard.or | hta//wowo oknedic | Active | - Not disp |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \\ & \hline \end{aligned}$ | No criminal record prohibitions <br> prohibitions | Degree required | Third-party <br> exam requi | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 061251220 |  |
| Multistate (MSL) Registered Nurse (LPN) license | Okahoma Board of Nursing | $\begin{aligned} & 2915 \text { N. Classen Blvd., Suite } 524 \\ & \text { Oklahoma City, OK } 73106 \end{aligned}$ Oklahoma City, OK 73106 | (405) 9621809 | Jacke.Ward@nursing.ok.90 | $\begin{array}{\|l\|} \hline \text { http://nursing.ok.go } \\ \hline \mathrm{v} \text { l } \\ \hline \end{array}$ | Active | NA - Not displayed |  | $\begin{aligned} & \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ & \hline \end{aligned}$ |  | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party exam required | $\begin{array}{\|l} \hline \begin{array}{l} \text { No experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Preliminary/t } \\ & \text { emporary } \\ & \text { license } \end{aligned}$ | 05/10/2021 |  |
| Nurse Anesthetist, Certified Registered | OKlahoma Board of Nursing | 2915 N. Classen Blvd., Suite 524 Oklahoma City, OK 73106 | 405) 9621809 | Unursing.o.g.go | htip:/I/ursing.ok. 90 | Active | - Not displayed | $\begin{aligned} & \text { Certification } \\ & \text { required } \end{aligned}$ | Continuing education required to maintain license |  | Degree | Third-party <br> exam require | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ |  | 05/10/2021 |  |
| Nurse Call Manager | De | 3017 N Stiles, Suite 100 Oklahoma City, OK 73105-5212 | (405) 5216100 | Peagy.Beaty@omes. ok.oov | httos//mww.ok.gov | Active | yed |  |  | No criminal record prohibitions |  |  |  | Stand-alone license <br> licen | 07/142020 |  |
| Nurse Call Salssperson | Department of Labor | 3017 . Stiles. Suite 100 100 | (405) 5216100 | Peagy.Baetyomes. ok.gov | ttos//www.ok.gov\| | Active | NA - Not displayed |  |  | No coiminal record |  |  |  |  | 07/1412020 |  |
| Nurse Call Technician | Department of Lab | 3017N. Sites, Suite 100 | (405) 5216100 | Pegyy.Beaty@omes.ok.gov | httos://wwv.okgoov | Active | NA - Not displayed |  |  | (nocrininal record |  |  |  |  | 071/1/1220 |  |
| Nurse Practioner, Certified | OKahoma Bard of Nursing | 2915 N. Classen Blvd., Suite 524 Oklahoma City, OK 73106 | (405) 9621809 | Jackye.Ward@nursing.ok.go <br> - | http://nursing.ok.go <br> v/ | Active | NA - Not tisplayed | Certification required | Continuing education required to maintain license | Specific type of conviction prohibited | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party <br> exam require | No experience required |  | 05/10/2021 |  |
| Nurse Specialis, Clinical | Okahoma Board of Nursing | 2915 N. Classen Blvd., Suite 524 Oklahoma City, OK 73106 | (405) 9621809 | Jackye.Ward@nursing.ok.go <br> ㄴ | $\frac{\text { http://nursing.ok.go }}{\text { vil }}$ | Active | NA - Not tisplayed | $\begin{aligned} & \text { Certification } \\ & \text { required } \end{aligned}$ | Continuing education required to maintain license | Specific type of conviction prohibited | Degree | Third-party <br> exam require | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ |  | 05/10/2021 |  |
| Nurse, Licensed Practical | Okahoma Board of Nursing | 2915 N. Classen Blvd., Suite 524 Oklanoma City, OK 73106 | 405) 9621809 | Jackye.Ward@nursing.ok.go | http://nursing.ok.go <br> VI | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | Specific type of <br> conviction <br> prohibite | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party exam required | $\begin{aligned} & \text { Nooxperience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 05/10/2021 |  |
| , Registered | Okahoma Board of Nursing | $2915 \text { N. Classen Blvd., Suite } 524$ Oklahoma City, OK 73106 | (405) 9621809 | Jackye.Ward@nursing.ok.go <br> v | $\begin{array}{\|l\|} \hline \text { http:/Inursing.ok.go } \\ \hline \underline{\text { l }} \\ \hline \end{array}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ |  | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party exam required | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 05/10/2021 |  |
| rse-Miswife, Certified | OKlahoma Bard of Nursing | 2915 N. Classen Blvd., Suite 524 Oklahoma City, OK 73106 | 405) 9621809 | Jacke. Ward@nursing.ok. 90 | $\frac{\text { http://nursing.ok.go }}{\text { lu }}$ | Active | NA | $\begin{array}{l\|l} \text { 4 Cerification } \\ \text { requirad } \end{array}$ | Continuing education required to maintain license | Specific type of conviction prohibited | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | ${ }_{\text {Third-pary }}^{\text {exam required }}$ | $\begin{aligned} & \text { No experier } \\ & \text { required } \end{aligned}$ |  | 05/1012021 |  |
| Nursing Home Administrator (NHA) | Oklahoma State Board of Examiners for Long-Term Care Administrators | 2401 N. W. 23rd, Suite 2 H Oklahoma City, OK 73107 | (405) 5221616 | gzthomas@osseltca.o.g.gov | https://www.ok.gov/ <br> osbeltca/ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | Background check reutred | Degree requir | $\square$ | $\substack{\text { No experience } \\ \text { required }}$ | $\begin{array}{l}\text { Stand-alone } \\ \text { license }\end{array}$ | 05/042021 | No physical requirements |
| Ocuupational Therapist | State Board of Medical Licensure and Supervision | $\begin{aligned} & 101 \text { NE 51st St. } \\ & \text { Oklahoma City, OK } 73105 \end{aligned}$ | 100 | tmitchell@okmedicalboard.or | $\begin{aligned} & \mathrm{http}: / / \mathrm{www.okmedic} \\ & \hline \text { alboard.org/ } \\ & \hline \end{aligned}$ | Active | NA - Not displayed | $\begin{aligned} & \text { Certification } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l} \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \\ \hline \end{array}$ | Third-party exam required | $\begin{aligned} & \text { Work exereience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 06/2512020 |  |
| Ocuupational Therapist Assistant | State Board of Medical Licensure and Supervision | $\begin{aligned} & 101 \text { NE 51st St. } \\ & \text { Oklahoma City, OK } 73105 \end{aligned}$ | (405) 9621400 | tmitchell@okmedicalboard.or <br> g | $\begin{array}{\|l\|} \hline \text { http://www.okmedic } \\ \text { alboard.org/ } \\ \hline \end{array}$ | Active | -Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record <br> prohibitions | $\left\lvert\, \begin{array}{l\|l} \text { Degree } \\ \text { required } \end{array}\right.$ | Third-party exam required | $\begin{aligned} & \text { Work experience } \\ & \hline \text { Trequired } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 0612512020 |  |
| Hysical Th | State Board of Medical Licensure | $\begin{aligned} & \begin{array}{l} 101 \text { NE } 51 \text { st St. } \\ \text { Oklahoma City, OK } 73105 \end{array} \end{aligned}$ | (405) 9621400 | tmitchell@okmedicalboard.or <br> q | $\begin{aligned} & \text { http://www.okmedic } \\ & \hline \text { alboard.org/ } \\ & \hline \end{aligned}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party exam required | $\begin{array}{\|l} \hline \begin{array}{l} \text { No experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 06/2512020 |  |
| Physical Therapist Assistant | State Board of Medical Licensure and Supervision | 101 NE 51 st St. OKlahoma City, OK 73105 | (405) 9621400 | tmitchell@okmedicalboard.or <br> g | $\begin{aligned} & \text { hitp://www.okmedic } \\ & \text { aboard.orgl } \\ & \hline \end{aligned}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record prohibitions | $\begin{array}{\|l\|l} \hline \text { Degree } \\ \text { required } \end{array}$ | State exam required |  | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 06/25/2020 |  |
| Clinical Nurse Specialist (CNS) | Oregon State Board of Nursing | 17938 SW Upper Boones Ferry Rd Portland, OR 97224-7012 |  |  |  | Active | NA - Not displayed |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \\ & \hline \end{aligned}$ | No criminal record prohibitions prohibitions | Degree | Third-party <br> exam require | Work experience required | Stand-alone Stand licens | 04/042018 |  |
| Clinical Nurse Specialist Re-Entry \& Limited License | Oregon State Board of Nursing | 17938 SW Upper Boones Ferry <br> Rd <br> Portland, OR 97224-7012 |  |  | $\begin{aligned} & \text { https://www.oregon } \\ & \frac{\text { gov/OSBN/Pages/i }}{\text { ndex.aspx }} \end{aligned}$ | ative | NA - Not displayed |  |  | No criminal record <br> prohibitions | Degree required | Thirdpary exam reuired | Work experience required | Stand-alone <br> icense | 0410420 |  |
| CNA 1, CNA 2 or CMA Training Program Instructor Approval Application | Oregon State Board of Nursing | 17938 SW Upper Boones Ferry Rd Portland, OR 97224-7012 |  |  |  | Active | NA - Not displayed | $\begin{array}{\|l} \hline \begin{array}{l} \text { Certification } \\ \text { required } \end{array} \\ \hline \end{array}$ |  | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party exam required | $\begin{aligned} & \text { Work experience } \\ & \hline \text { Trequired } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 2404042018 |  |
| CRNA (Certified Registered Nurse Anesthetists) | Oregon State Board of Nursing | 17938 SW Upper Boones Ferry <br> Rd Portland, OR 97224-7012 |  |  | $\begin{aligned} & \frac{\text { https://www.oregon }}{\text { gov/OSBN/Pages/i }} \\ & \text { ndex.aspx } \\ & \hline \end{aligned}$ | active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \\ & \hline \end{aligned}$ | Degree required | Third-party exam required | $\begin{array}{\|l} \hline \text { Work experience } \\ \text { required } \end{array}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 040412018 |  |
| CRNA Re-Entry and Limited License Application License Application | Oregon State Board of Nursing | 17938 SW Upper Boones Ferry Rd Portland, OR 97224-7012 |  |  |  | Active | Statisplay |  | $\begin{array}{\|l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array}$ |  | $\begin{array}{\|l} \hline \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|} \hline \text { Third-party } \\ \text { exam required } \\ \hline \end{array}$ | $\begin{aligned} & \text { Work experience } \\ & \text { Hequired } \end{aligned}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 04/0420 |  |
| $\begin{aligned} & \text { Electrician, Limited Energy } \\ & \text { Technician Class A (LEA) } \\ & \text { Apprentice } \end{aligned}$ | Bureau of Labor and Industries | $\begin{aligned} & \text { 800 NE Oregon St, Suite } 1045 \\ & \text { Portland, OR } 97232 \end{aligned}$ |  |  | $\begin{aligned} & \frac{\text { https://www.oregon }}{\text { gov/BOLI/pages/in }} \\ & \frac{\text { dex.aspx }}{} \end{aligned}$ | Active | NA - Not displayed |  |  | No criminal record <br> prohibitions | No educational requirements | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | Work experience required |  | 040412018 |  |
| International RN Seeking Short- <br> Term Educational Experience in <br> Oreqon | Oregon State Bard of Nursing | 17938 SW Upper Boones Ferry <br> Rd Portland, OR 97224-7012 |  |  | $\begin{array}{\|l} \frac{\text { https://www.oregon }}{. g o v / O S B N / P a g e s / i} \\ \hline \text { ndex.aspx } \\ \hline \end{array}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Contituing } \\ & \text { educaion required } \\ & \text { edo maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|l\|} \substack{\text { Pelifininaryyt } \\ \text { liciensense }} \\ \hline \end{array}$ | 0410420018 |  |
|  | regon State Baard of Nursing | 17938 SW Upper Boones Ferry Rd |  |  | $\frac{\text { https://www.oregon }}{\text { gov/OSBN/Pages/i }}$ | Active | Not displayed |  | ${ }^{\text {Continuing }}$ eduation required | No coininal record | ${ }_{\text {Degree }}^{\text {required }}$ |  | ${ }^{\text {Workerexerience }}$ | Preifininayt | 04/2 |  |

CareerOneStop License Finder Results

## We found 555 licenses for Nursing in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | $\begin{aligned} & \text { Active } \\ & \text { Status } \end{aligned}$ | Active Military <br> I Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \\ & \hline \end{aligned}$ | $\begin{aligned} & \begin{array}{l} \text { License } \\ \text { Updated } \end{array} \\ & \hline \end{aligned}$ | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Medication Aides, Cetrifed | Oregon State Board of Nursing | $\begin{aligned} & \begin{array}{l} 17938 \text { SW Upper Boones Ferry } \\ \text { Ro } \\ \text { Portland. OR 97224-7012 } \end{array} \end{aligned}$ |  |  | $\left\lvert\, \begin{aligned} & \frac{\text { https://www.oregon }}{\text { gov/OSBN/Pages/i }} \\ & \text { ndex.aspx } \end{aligned}\right.,$ | Active | NA - Not displayed | $\begin{aligned} & \text { Certification } \\ & \text { required } \\ & \hline \end{aligned}$ | $\begin{array}{\|l\|l} \hline \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{aligned} & \begin{array}{l} \text { Spedric } \\ \text { course } \\ \text { reauried } \end{array} \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ |  | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 041042018 |  |
| Midwife, Direct Entry | Oregon Heath Licensing Agency | Too Summer St NE \#320 Saiem, $\mathrm{OR} 97301-1287$ |  |  |  | edive | NA - Not displayed |  | $\begin{array}{l\|l} \text { No continuing } \\ \text { education } \\ \text { requirement to } \\ \text { maintain license } \end{array}$ | No criminal record prohibitions | ${ }_{\text {Pegree }}^{\text {required }}$ | Third-party <br> exam requi | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 04/042018 |  |
| Natural Childbirth Certificate (Naturopathic) | Oregon Board of Naturopathic Medicine | 80 NE Oregon St Ste 407 Portland, OR 97232 |  |  |  | Active | NA - Not displayed |  | $\begin{array}{\|l} \hline \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l} \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \\ \hline \end{array}$ | Third-party exam required | $\begin{array}{\|l\|l} \hline \text { Work experience } \\ \text { freuired } \end{array}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 040412018 |  |
| Nurse Practitioner Re-Entry \& Limited License | Oregon State Bard of Nursing | 17938 SW Upper Boones Ferry Rd Portland, OR 97224-7012 |  |  | $\begin{array}{\|l\|} \hline \frac{\text { https://www.oregon }}{\text { gov/OSBN/Pages/i }} \\ \hline \text { ndex.aspx } \\ \hline \end{array}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party exam require | $\begin{array}{\|l\|l\|} \hline \text { Workerexperience } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 04/042018 |  |
| Nurse Practitioner, Additional Specialty Category | Oregon State Bard of Nursing | 17938 SW Upper Boones Ferry Rd Portland, OR 97224-7012 |  |  | $\begin{array}{\|l\|} \frac{\text { https://www.oregon }}{\text { gov/OSBN/Pages/i }} \\ \text { ndex.aspx } \end{array}$ | Active | NA - Not displayed |  | $\begin{array}{\|l} \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \end{array}$ | Third-party exam required | $\begin{aligned} & \begin{array}{l} \text { Work experience } \\ \text { Jrequired } \end{array} \\ & \hline \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 040412018 |  |
| Nurse Practitioners | Oregon State Board of Nussing | 17938 SW Upper Boones Ferry 17938 Rd Portla Portland, OR 97224-7012 |  |  | $\frac{\text { https://www.oregon }}{\text {.gov/OSBN/Pages/i }}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record prohibitions | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \end{array}$ | Third-party exam required | $\begin{array}{\|l\|l\|} \hline \text { Workerexperience } \\ \hline \text { required } \end{array}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 040412018 |  |
| Nurse Practitioners Authorzation | DCBS - Workers' Compensation Division - Licenses | $\begin{aligned} & \text { PO Box } 14480 \\ & \text { Salem, OR } 97309-0405 \end{aligned}$ |  |  | $\begin{aligned} & \text { https://wcd.oregon. } \\ & \hline \mathrm{gov/Pages/index.as} \\ & \mathrm{px} \\ & \hline \end{aligned}$ | Active | NA - Not displayed |  |  | No criminal record prohibitions | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \end{array}$ | Third-party exam required | $\begin{array}{\|l} \hline \text { Work experience } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 040412018 |  |
| Nurse, Retired Status | Oregon State Bard of Nursing | 17938 SW Upper Boones Ferry <br> Portland, OR 97224-7012 |  |  | $\left\lvert\, \begin{array}{\|l} \frac{\mathrm{https}: / / \text { www.oregon }}{\text { gov/OSBN/Pages/i }} \\ \frac{\text { ndex.aspx }}{} \end{array}\right.,$ | Active | NA - Not displayed |  | $\begin{array}{\|l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l\|l\|l\|l} \text { pegriee } \\ \text { required } \end{array}$ | Third-party exam required | $\begin{array}{\|l\|l\|} \substack{\text { Noexperience } \\ \text { required }} \end{array}$ | Stand-alone <br> licens | 040412018 |  |
| Nurses, Licensed Practical | Oregon State Board of Nursing | 17938 SW Upper Boones Ferry Rd Portland, OR 97224-7012 |  |  |  | Active | NA - Not displayed |  | $\begin{array}{\|l\|} \hline \text { No continuing } \\ \text { education } \\ \text { requirement to } \\ \text { maintain license } \\ \hline \end{array}$ | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party exam required | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | ${ }^{4} 10412018$ |  |
| rses, Registered | Oregon State Board of Nursing | 17938 SW Upper Boones Ferry Rd <br> Portland, OR 97224-7012 |  |  | $\begin{array}{\|l\|} \hline \frac{\text { https://www.oregon }}{\text { gov/OSBN/Pages/i }} \\ \text { ndex.aspx } \end{array},$ | Active | Not display |  | $\begin{array}{\|l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l\|l\|l\|l} \text { pegree } \\ \text { required } \end{array}$ | Third-party exam required | $\begin{array}{\|l\|l\|} \substack{\text { Noexperience } \\ \text { required }} \\ \hline \end{array}$ | Stand-alone <br> licens | 040412018 |  |
| Nurses, Registered and Licensed Practical, Re-entry | Oregon State Board of Nursing | 17938 SW Upper Boones Ferry Rd Portland, OR 97224-7012 |  |  |  | Ative | NA - Not displayed |  | $\begin{array}{\|l\|} \hline \text { No continuing } \\ \text { education } \\ \text { requirement to } \\ \text { maintain license } \\ \hline \end{array}$ | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party exam required | $\begin{array}{\|l\|l\|} \hline \text { Nooexperience } \\ \text { required } \end{array}$ | Stand-alone <br> licens | 044042018 |  |
| Nursing Assistants, Certified (CNA 1) | Oregon State Board | 17938 SW Upper Boones Ferry Rd <br> Portland, OR 97224-7012 |  |  | $\begin{array}{\|l\|} \hline \text { https://www.oregon } \\ \hline \text { gov/OSBN/Pages/i } \\ \text { ndex.aspx } \\ \hline \end{array}$ | Active | yed |  | $\begin{array}{\|l} \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Degriee } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 04/042018 |  |
| Nursing Assistants, Certified (CNA <br> 2) | Oregon State Board of Nursing | 17938 SW Upper Boones Ferry Rd Portland. OR 97224-7012 |  |  |  | Active | NA - Not displayed |  |  | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}$ | Third-party exam required | $\begin{aligned} & \text { Work exerience } \\ & \hline \text { freuired } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 040412018 |  |
| Nursing Home Administrator | Oregon Heath Licensing Agency | 700 Summer St NE \#320 Salem, OR 97301-1287 |  |  | $\frac{\text { https://www.oregon }}{\text { gov/oha/ph/hlo/pag }}$ <br> es/index.aspx | Active | NA - Not displayed |  |  | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \\ \hline \end{array}$ | Third-party exam required | $\begin{aligned} & \text { Work experience } \\ & \hline \text { Jrequired } \end{aligned}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 04/042018 |  |
| Nursing Home Administrator - AIT Registration | Oregon Heath Licensing Agency | Ton Summer St NE \#320 Salem, OR $97301-1287$ |  |  |  | Active | NA - Not displayed |  | Continuing <br> education required <br> to maintain license | No criminal record prohibitions | $\left\lvert\, \begin{gathered} \text { Specific } \\ \text { cours } \\ \text { required } \end{gathered}\right.$ | Third-party exam required | Work experience required |  | 044042018 |  |
| Nursing Home Administrator - <br> Preceptor | Oregon Health Licensing Agency | $\begin{aligned} & 700 \text { Summer St NE \#320 } \\ & \text { Salem, OR 97301-1287 } \end{aligned}$ |  |  | $\frac{\text { https://www.oregon }}{\text { gov/oha/ph/hlo/pag }}$ <br> es/index.aspx | Active | NA - Not displayed |  |  | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l} \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \\ \hline \end{array}$ | Third-party <br> exam required | $\begin{aligned} & \text { Work experience } \\ & \hline \text { Irequired } \end{aligned}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 040412018 |  |
| Nursing Home Administrator - <br> Provisional License | egon Healt Licensing Agency | 700 Summer St NE \#320 Salem, OR 97301-1287 |  |  |  | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party exam required | $\begin{aligned} & \text { Current } \\ & \begin{array}{l} \text { Curronyment in } \\ \text { field required } \end{array} \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { Preliminary/t } \\ & \text { emporary } \\ & \text { license } \end{aligned}$ | 040442018 |  |
| School Nurse | $\begin{array}{\|l} \text { Oregon Teacher Standards and } \\ \text { Practices Commission } \end{array}$ | $\begin{gathered} \begin{array}{c} 250 \text { Division St NE } \\ \text { Salem, OR } 97301-1012 \end{array} \\ \hline \end{gathered}$ |  |  | $\begin{array}{\|l\|} \hline \text { https://www.oregon } \\ \hline \text { gov/tspc/Pages/ind } \\ \hline \text { ex.aspx } \\ \hline \end{array}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l} \text { Degree } \\ \text { required } \end{array}$ | Third-party exam required | $\begin{array}{l\|l} \text { No experience } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|} \hline \text { Stand-alone } \\ \text { license } \end{array}$ | 0440412018 |  |
| Centified Registered Nurse Practitioner | Department of State~Bureau of Professional \& Occupati Affairs~Nursing Board | P.O. Box 2649 Harrisburg, PA 17105-2649 | (833) 3672762 |  |  | Ative | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party <br> exam requi | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 031112021 |  |
| Licensed Dieftitian-Nutritionist | Department of State~Bureau of Professional \& Occupat Affairs~Nursing Board | P.O. Box 2649 Harrisburg, PA 17105-2649 | (833) 3672762 |  |  | Active | NA - Not displayed |  |  |  | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party <br> exam require | Work experience required | Stand-alone <br> licens | 03/112021 |  |
| Licensed Practical Nurse | Department of State~Bureau of Professional \& Occupat Affairs $\sim$ Nursing Board | P.O. Box 2649 Harrisburg, PA 17105-2649 | (833) 3672762 |  |  | Active | NA - Not displayed |  |  |  | $\left\lvert\, \begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}\right.$ | ${ }_{\substack{\text { Thid-party } \\ \text { exam required }}}$ | Work experience required | Stand-alone <br> licens | ${ }^{331112021}$ |  |
| Massage Therapist | Department of State-Bureau of Professional \& Occupational Affairs~Massage Therapy Board | P.O. Box 2649 Harrisburg, PA 17105-2649 | ${ }^{(717)} 7837155$ |  |  | A | NA - Not displayed |  | $\left\lvert\, \begin{aligned} & \text { continuing } \\ & \text { eductuintired } \\ & \text { tomian min iciense } \end{aligned}\right.$ | No criminal record prohibitions <br> prohibitions | $\left\lvert\, \begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}\right.$ | Third-party <br> exam requir | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 03/11/2021 |  |
| Nurse-Midwife License | Department of State~Bureau of Affairs~Medicine Board | P.O. Box 2649 Harrisburg, PA 17105-2649 | (717) 7831400 |  |  | ctive | NA - Not displayed |  |  | No criminal record prohibitions | ${ }_{\substack{\text { Degree } \\ \text { required }}}$ | Third-party <br> exam required | No experience required | Stand-alone <br> licens | 03/11/2021 |  |

CareerOneStop License Finder Results
We found 555 licenses for Nursing in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> / Veterans | Certification | Continuing Education | $\begin{aligned} & \text { Criminal } \\ & \text { Record } \\ & \hline \end{aligned}$ | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \\ & \hline \end{aligned}$ | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Nursing Home Administrator | $\begin{aligned} & \text { Department of State-Bureau of } \\ & \text { Porfessional \& Occupational } \\ & \text { Affaiss.Norsing Home } \\ & \text { Amministrators Board } \end{aligned}$ | P.O. Box 2649 Harrisburg, PA 17105-2649 | (717) 7837155 |  | $\frac{\text { https://www.dos.pa. }}{\text { gov/ProfessionalLic }}$ <br> $\frac{\text { ensing/BoardsCom }}{\text { missions/NursingH }}$ <br> $\frac{\text { omeAdministrators/ }}{\text { Pages/default.aspx }}$ <br> Pas. | Active | NA - Not displayed |  | $\begin{array}{\|l\|l} \text { continuing } \\ \text { equation required } \\ \text { tominatin } \end{array}$ | No criminal record prohibitions | Degree <br> requir | Third-party exam require | Work experience required | Stand-alone license | 03/11/2021 |  |
| Registered Professional Nurse | Department of State~Bureau of Professional \& Occupati Affairs~Nursing Board | P.O. Box 2649 Harrisburg, PA 17105-2649 | (833) 3672762 |  |  | Active | NA - Not displayed |  | Continuing <br> eutuacior equired <br> to mainatin license | No criminal record prohibitions | Degree reauried | Third-party exam require | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Stand-alone license | 03/112021 |  |
| Advanced Practice Nurse |  |  |  |  |  | alive | NA - Not displayed | $\begin{aligned} & \text { Certification } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|l} \text { continuing } \\ \text { edudurin required } \\ \text { to mintain } \end{array}$ | $\begin{aligned} & \text { Soentifit tpe of } \\ & \text { cononition } \\ & \text { probibited } \end{aligned}$ | ${ }_{\substack{\text { Degree } \\ \text { required }}}$ |  | Work experience required | Undetermine <br> d | 07/1912019 |  |
| Licensed Practical Nurse |  |  |  |  |  | Active | NA - Not displayed |  |  | $\left\lvert\, \begin{aligned} & \text { Specificitype of } \\ & \text { conviction of } \\ & \text { prohibitied } \end{aligned}\right.$ | $\begin{array}{\|l\|l} \substack{\text { Specelifie } \\ \text { course } \\ \text { required }} \end{array}$ |  |  | Stand-alone license | 07/1912019 |  |
| Nurse |  |  |  |  | http://www.salud.go <br> v.pr/Dept-de- <br> Salud/Pages/Unida <br> $\frac{\text { des- }}{\text { Operacionales/Secr }}$ <br> etaria-Auxiliar-de- <br> Servicios-Medicos- <br> y-Enfermeria.aspx | efive | NA - Not displayed |  |  |  | ${ }_{\substack{\text { Degree } \\ \text { required }}}$ | Third-party exam require | No experience required | Stand-alone license | 07/1912019 |  |
| Nurse Anesthetist | $\begin{aligned} & \text { RI Department of Health~Health } \\ & \text { Professions Regulation } \\ & \hline \end{aligned}$ | 3 Capitol Hill, Room 104 Providence, RI 02908 | (401) 2222828 |  | $\begin{aligned} & \text { hitpo//ww.health.ri } \\ & \text { goovicenses } \\ & \hline \end{aligned}$ | Active | NA - Not displayed |  | $\begin{array}{\|l} \hline \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \text { No criminal record } \\ \text { prohibitions } \end{array}$ | $\begin{array}{\|l} \text { Degree } \\ \text { Peguired } \end{array}$ | Third-party <br> exam required | $\begin{aligned} & \text { Work experience } \\ & \text { frequired } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 101012019 |  |
| Nurse Practioner | $\begin{aligned} & \text { RI Department of Health~Health } \\ & \text { Professions Regulation } \end{aligned}$ | 3 Capitol Hill, Room 104 Providence, RI 02908 Providence, RI 02908 | (401) 2222828 |  | $\begin{array}{\|l} \hline \text { http://www.health.ri } \\ \hline \text { gov/licenses/ } \\ \hline \end{array}$ | active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{array}{\|l} \text { No criminal record } \\ \text { prohibitions } \end{array}$ | $\begin{array}{\|l} \text { Degree } \\ \text { required } \end{array}$ | Third-party exam required | $\begin{aligned} & \text { Work experience } \\ & \text { frequired } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 101012019 |  |
| Nurse, Licensed Pratical | $\begin{aligned} & \text { RI Department of Health~Health } \\ & \text { Professions Regulation } \end{aligned}$ | 3 Capitol Hill, Room 104 Providence, RI 02908 | (401) 2222828 |  | $\begin{aligned} & \text { hitp://www.health.ri } \\ & \text { gov/licenses } \\ & \hline \end{aligned}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \end{array}$ | $\begin{array}{\|l\|l} \hline \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 101012019 |  |
| Nurse, Registered | $\begin{aligned} & \text { RI Department of Health~Health } \\ & \text { Professions Regulation } \end{aligned}$ | 3 Capitol Hill, Room 104 Providence, RI 02908 | (401) 2222828 |  | http://www.health.ri <br> gov/licenses/ | ctive | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { No criminal record } \\ \text { prohibitions } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}$ | Third-party exam required | $\begin{array}{\|l} \hline \text { Work experience } \\ \text { required } \end{array}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 101012019 |  |
| Nurs-Midwife | RI Department of Health~Health Professions Regulation | 3 Capitol Hill, Room 104 Providence, RI 02908 | (401) 2222828 |  | $\begin{aligned} & \text { http://www.health.ri } \\ & \text {.gov/licenses/ } \end{aligned}$ | Active | NA - Not displayed |  |  | No criminal record <br> prohibitions | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}$ | Third-party exam required | $\begin{array}{\|l} \hline \text { No experience } \\ \text { required } \\ \hline \end{array}$ | $\begin{array}{\|l} \hline \text { Stand-alone } \\ \text { license } \end{array}$ | 101012019 |  |
| Nursing Assistant (Aide) | $\begin{aligned} & \text { RI Department of Health~Health } \\ & \text { Professions Regulation } \end{aligned}$ | 3 Capitol Hill, Room 104 Providence, RI 02908 | (401) 2222828 |  | $\begin{aligned} & \text { http://www.health.ri } \\ & \hline \text { gov/licenses/ } \end{aligned}$ | ative | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ |  | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}$ | Third-party exam required | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 101012019 |  |
| Nursing Home Administrator | $\begin{aligned} & \text { RI Department of Health~Health } \\ & \text { Professions Regulation } \end{aligned}$ | 3 Capitol Hill, Room 104 Providence, RI 02908 Providence, RI 02908 | (401) 2222828 |  | http://www.health.ri <br> gov/licenses/ | Active | NA - Not displayed |  |  | No criminal record <br> prohibitions | Degree <br> required | Third-party exam required | $\begin{array}{\|l} \text { Work experience } \\ \text { required } \end{array}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 100112019 |  |
|  | Rid Department of Heath-Health |  | (4011)222 2828 |  | $\begin{aligned} & \text { http://www.health.ri } \\ & \hline \text { gov/licenses/ } \end{aligned}$ | Active | NA - Not displayed |  |  | $\begin{array}{\|l} \text { No criminal record } \\ \text { prohibitions } \end{array}$ |  |  |  |  | 101012019 |  |
| School Nurse-Teacher | RI Department of Elementary and Secondary Eduction-Offy of Educator Quality and Cortification | 255 Westminster St Providence, RI 02903-3400 | (401) 2228808 |  |  | ctive | NA - Not displayed |  | Continuing <br> education required to maintain license | No criminal record prohibitions | Degree required | Third-party exam require | Work experience required | Stand-alone license | 10/0112019 |  |
| Teachers, Education Administrators, School Nurses | RI Department of Elementary and Secondary Education~Office of Educator Quality and Certification | 255 Westminster St <br> Providence, RI 02903-3400 | (401) 2228808 |  |  | ctive | NA - Not displayed |  |  | No criminal record prohibitions |  |  |  | $\begin{aligned} & \text { Standalane } \\ & \text { license } \end{aligned}$ | 10/0112019 |  |
| Wildife Renabilitator |  | 277 Great Neck Rd West Kingston, RI 02891 | (401)7890281 |  | $\begin{aligned} & \text { http://www.dem.ri.g } \\ & \begin{array}{l} \text { ov/programs/fish- } \\ \text { wildlife/ } \end{array} \end{aligned}$ | Active | NA - Not displayed |  |  |  | $\begin{array}{\|l\|} \hline \text { No educational } \\ \text { requirements } \end{array}$ | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { No experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 101012019 |  |
| Advanced Practice Registered Nurse |  | 110 Centerview Drive Kingstree Bldg. Suite 202, PO Box 12367 Columbia, SC 29211-2367 | (803) 8964515 | Nancy.murbhy@llis.s.gov | http://www.Ilr.state. <br> sc.us/POL/Nursing/ | ctive | A temporary license is evivialabe to Initary and spouses until formal icense approval |  | Continuing <br> eeturation equired <br> to maintan license |  | ${ }_{\substack{\text { Degree } \\ \text { reauired }}}$ | Third-party exam require | Work experience required | Stand-alone license | 06/18/2013 |  |
| Clinical Nurse Specialists | $\begin{aligned} & \text { There is some indication that this } \\ & \begin{array}{l} \text { licene exist } \\ \text { lis South Coralina, } \\ \text { but thas not ey ben confimed } \\ \text { by state experts } \end{array} \\ & \hline \end{aligned}$ |  |  |  |  | Active | NA - Not |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ |  | ${ }_{\substack{\text { Degree } \\ \text { required }}}$ | State exam required | No experience required | Stand-alone license | 0110120010 |  |
| Licensed Practical Nuse | SC Board of Nursing | 110 Centeriew Drive Kingstree Bldg. Suite 202, PO Box 12367 Columbia, SC 29211-2367 | (803) 8964515 | Nancy.murbhy@llis. c.gov $^{\text {a }}$ | $\frac{\text { http://www.Ilr.state. }}{\text { sc.us/POL/Nursing/ }}$ | Active |  |  | Continuing eduction to maninainin icense | No criminal record prohibitions prohibitions | Degree <br> required | Third-party <br> exam requi | $\begin{aligned} & \text { No experien } \\ & \text { required } \end{aligned}$ |  | 06/1812013 |  |

CareerOneStop License Finder Results
We found 555 licenses for Nursing in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | $\begin{aligned} & \text { Active } \\ & \text { Status } \end{aligned}$ | Active Military $I$ Veterans | Certification | Continuing Education | $\begin{aligned} & \text { Criminal } \\ & \text { Record } \\ & \hline \end{aligned}$ | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { License } \\ & \text { Updated } \end{aligned}$ | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Nurse Volunteer | SC Board of Nursing | 110 Centeriew Drive Kingstree Bldg. Suite 202 . PO Box 12367 Bldg. Suite 202, PO Box 1236 Columbia, SC 29211-2367 | (803) 89645 | Nancy.murphy@llis. c.gov $^{\text {a }}$ | $\frac{\text { http://www.llr.state. }}{\text { sc.us/POL/Nursing/ }}$ | Active |  |  | Continuing education required to maintain license |  | ${ }^{\text {Degree }}$ | Thirdparty <br> exam required | No experience required | Stand-alone <br> licens | 06/18/2013 |  |
| Nursing Home Administrator | SC Board of Long Term Heath Care Administrators | 110 Centerview Drive, Kingstree Bldg, Suite 306, PO Box 11329 Bldq., Suite 306, P2 Box Columbia, SC $29211-1329$ | (803) 8964544 | bundric@llirsc.gov | http://www.IIr. state. <br> sc.us/POL/longter <br> mhealthcare/ | Active |  |  |  |  | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party | Work experience required | Stand-alone <br> licens | 06/1812013 |  |
| Registered Nurse | SC Board f Nuusing | 110 Centerview Drive Kingstree Bldg. Suite 202, PO Box 12367 Columbia, SC 29211-2367 | (803) 8964515 | Nancy.murphy@ll.s.c.gov | http://www.Ilr.state. sc.us/POL/Nursing/ | Active |  |  | Continuing education required to maintain license |  | ${ }_{\substack{\text { Degree } \\ \text { required }}}^{\substack{\text {. } \\ \text {. }}}$ | Third-party exam required | No experience required | Stand-alone <br> licens | 06/1812013 |  |
| Reseller | SC Liquefied Petroleum Gas Board | 141 Monticello Trail, PO Box 11419 <br> Columbia, SC 29211-1419 | (803) 8969802 | yencer@lirsc.og | http://www.IIronline. <br> com/POL/LPGas/ | ative |  |  |  |  | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party | No experience required | ${ }_{\text {Ster }}^{\text {Stand-alone }}$ | 06/1812013 |  |
| Certifed Nurse Midwife | South Dakota Board of Nursing | 4305 S Louise Ave Ste 201 <br> Sioux Falls, SD 57106-3115 | (605) 3622760 | Gloria.Damgaard@state.sd.u | $\frac{\text { http://doh.sd.gov/Bo }}{\frac{\mathrm{ards} / \mathrm{Nursing} /}{}}$ | Active | NA - Not displayed |  |  | No criminal record prohibitions | ${ }_{\substack{\text { Degree } \\ \text { required }}}$ | Third-party <br> exam require | No experience required | Stand-alone <br> licens | 9123/2019 |  |
| Certified Nurse Practitioner | South Dakota Board of Nursing | 4305 S Louise Ave Ste 201 Sioux Falls, SD 57106-311 | (605) 3622760 | a.Damgardestatesd.u | hatp/I/doh.sd.goviso | Active | A- Not displayed |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \\ & \hline \end{aligned}$ | No criminal record prohibitions | $\begin{array}{\|l\|l} \text { Degree } \\ \text { required } \end{array}$ | Third-party | Work experience required | Stand-alone <br> licens | 99123/2019 |  |
| Certified Registered Nurse Anesthetist | South Dakota Board of Nursing | 4305 S Louise Ave Ste 201 <br> Sioux Falls, SD 57106-311 | (605) 3622780 | Sloria Dampard@state.sd.u | $\frac{\mathrm{http}: / / \text { doh.sd.gov/Bo }}{\text { ards/Nursing/ }}$ | ctive | NA - Not tisplayed |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \\ & \hline \end{aligned}$ | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party <br> exam requir | Work experience required | Stand-alone <br> licens | 912312019 |  |
| Clinical Nurse Specialist | South Dakota Board of Nursing | 4305 S Louise Ave Ste 201 Sioux Falls, SD 57106-311 | (605) 3622760 | Sloria Damgard@statesd.u | hatp/IIdoh.sdgovibo | Active | NA - Not displayed |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \\ & \hline \end{aligned}$ | No criminal record prohibitions | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Thirdparty <br> exam required | No experienc required | Stand-alone <br> licens | 9923/2019 |  |
| Dialysis Technician | South Dakota Board of Nursing | 4305 S Louise Ave Ste 201 Sioux Falls, SD 57106-3115 | (605) 3622780 | Gloria.Damgaard@state.sd.u <br> s | http://doh.sd.gov/Bo | cative | NA - Not displayed |  | $\begin{aligned} & \begin{array}{l} \text { No continuing } \\ \text { education } \\ \text { requirement to } \\ \text { maintain license } \end{array} \\ & \hline \end{aligned}$ | No criminal record prohibitions | Degree <br> require | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone <br> licens | 9123/2019 |  |
| Mediciation Aide | South Dakta Board of Nursing | 4305 S Louise Ave Ste 201 Sioux Falls, SD 57106-3115 | (605) 3622760 | Gloria.Damgaard@state.sd.u | $\begin{array}{\|l\|} \hline \text { http://doh.sd.gov/Bo } \\ \hline \text { ards/Nursing/ } \\ \hline \end{array}$ | Active | yed | $\begin{aligned} & \text { Certification } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ |  | $\begin{aligned} & \text { State exam } \\ & \text { required }\end{aligned}$ | Work experience required | Stand-alone <br> license | 09/23/2019 |  |
| Nurse, Licensed Practical | Sout Dakta Board of Nursing | 4305 S Louise Ave Ste 201 Sioux Falls, SD 57106-3115 | (605) 3622780 | Gloria.Damgaard@state.sd.u | $\frac{\mathrm{http}: / / \text { doh.sd.gov/Bo }}{\text { ards/Nursing/ }}$ | ctive | NA - Not displayed |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \\ & \hline \end{aligned}$ | No criminal record prohibitions | $\begin{array}{\|l\|l} \text { Degree } \\ \text { required } \end{array}$ | Third-party <br> exam required | No experience required | Stand-alone licens | 9123/2019 |  |
| Nurse, Registered | South Dakota Board of Nursing | 4305 S Louise Ave Ste 201 Sioux Falls, SD 57106-3115 | (05) 3622760 | Sloria Damgard@statesd.u | $\begin{array}{\|l\|} \mathrm{http}: / / \text { doh.sd.gov/Bo } \\ \hline \mathrm{ards} / \mathrm{Nursing} / \\ \hline \end{array}$ | Active | NA - Not displayed |  | Continuing education required to maintain license | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \\ & \hline \end{aligned}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 9123/2019 |  |
| Nurses Aide | South Dakota Board of Nursing | 4305 S Louise Ave Ste 201 Sioux Falls, SD 57106-3115 | (605) 3622760 | Gloria.Damgaard@state.sd.u <br> S |  | A | NA - Not displayed | $\begin{aligned} & \text { Certification } \\ & \text { required } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \\ & \hline \end{aligned}$ | $\begin{array}{\|l\|l\|} \substack{\text { Felony convicions } \\ \text { prohbibted }} \end{array}$ | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 09123/2019 |  |
| Nursing Facilit Administator | South Dakota Board of Nursing Facility Administrators | PO Box 340, 1351 N Harrison Ave Pierre, SD 57501 | (605) 2241721 | $\begin{aligned} & \text { sdnf@@midwestsolutionssd. } \\ & \text { com } \\ & \hline \text { com } \\ & \hline \end{aligned}$ | $\frac{\text { http://doh.sd.gov/Bo }}{\text { ards/NursingFacility }}$ | Active | ayed |  | Continuing education required to maintain licen | No criminal record prohibitions <br> prohibitions |  | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 9/23/2019 |  |
| ADVaNced Practice REGISTERED NURSE | Department of <br> Health~Department of Health~Counsel of CertProfessional Midwivery | 665 Mainstream Drive, 2nd Floor Nashville, TN 37243 | (615) 5324384 |  |  | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}\right.$ | Thirdparty <br> exam required | Work experience required | Stand-alone <br> licens | 991212018 |  |
| Clinical Nurse Specialists | Department of Health~Board of Medical Examiners~Committee on Medical Doctors | 665 Mainstream Drive, 2nd Floor Nashville, TN 37243-1010 | (615) 5323202 |  |  | Active | NA - Not displayed |  | Continuing education required to maintain licen |  | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { No exam } \\ & \text { required } \end{aligned}$ | No experience required | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 010112010 |  |
| LICENSED PRACTICAL NURSE | Department of Health~Division of Health Related Boards~Board of Nursing | 665 Mainstream Drive 2nd floor Nashville, TN 37243 | (615) 5327212 |  |  | Active | NA - Not displayed |  |  | No criminal record prohibitions | Degree required | $\substack{\text { Third-party } \\ \text { exam required }}$ | No experience required | Stand-alone <br> licens | 911212018 |  |
| Medication Aide | Department of Health~Division of Health Related Boards~Board of Nursing | 665 Mainstream Drive 2nd floor Nashville, TN 37243 | (615) 5327212 |  |  | Active | NA - Not displayed | $\begin{aligned} & \text { Certification } \\ & \text { required } \end{aligned}$ | Continuing education required to maintain licen |  |  | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 10/13/2020 |  |
| MIDWIFE | Department of Health~Department of Health~Counsel of Certified Professional Midwivery | 665 Mainstream Drive, 2nd Floor Nashville, TN 37243 | (615) 5324384 |  |  | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record prohibitions | Degree required | $\begin{aligned} & \text { State exam } \\ & \text { required }\end{aligned}$ | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 9911212018 |  |
| NURSE AIDE | Department of Health~Division of Health Related Boards~Board for Licensing Health Care Facilities | 665 Mainstream Drive, 2nd Floor Nashville, TN 37243 | (615) 5325771 |  |  | Ative |  | $\begin{aligned} & \text { Certification } \\ & \text { required } \end{aligned}$ | education required to maintain license | $\begin{aligned} & \text { spenfifictoppe of } \\ & \text { porovition } \\ & \text { probitiod } \end{aligned}$ | $\begin{aligned} & \text { specific } \\ & \begin{array}{c} \text { couriced } \\ \text { required } \end{array} \end{aligned}$ | State exam require | Work experience required |  | 9/12/2018 |  |
| NURSING HOME ADMINISTRATOR | Department of Health~Division of Nursing Home Administrators | 665 Mainstream Drive, 2nd Floor Nashville, TN 37243 | (615) 7413807 |  |  | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { State exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 0911212018 |  |
| REGISTERED NURSE | Department of Health~Division Health Related Boards~Board of Nursing | 665 Mainstream Drive 2nd floor Nashville, TN 37243 Nashville, TN 37243 | (615) 5327212 |  |  | Active | N/A - Not displayed |  | Continuing education required to maintain licens | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ |  | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \\ & \hline \end{aligned}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 9/12/2018 |  |


| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> / Veterans | Certification | $\begin{aligned} & \text { Continuing } \\ & \text { Education } \end{aligned}$ | Criminal Record | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \end{aligned}$ | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| REGISTERED NURSE FIRST ASSISTANT | Department of Health~Division of Health Re Nursing | 665 Mainstream Drive 2nd floor Nashville, TN 37243 | (615) 5327212 |  |  | Active | NA - Not displayed | Certification <br> required | Continuing education required to maintain license |  |  |  |  |  | 10/1312020 |  |
| SPECIAL TRAINING DO | Department of Health~Division of Health Related Boards~B Osteopathic Examination | $\begin{aligned} & 665 \text { Mainstream Drive 2nd floor } \\ & \text { Nashville, TN } 37243 \text {-1010 } \\ & \hline \end{aligned}$ | (615) 5323202 |  |  | dive | NA - Not displayed | $\begin{array}{\|l} \begin{array}{l} \text { Certification } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \\ & \hline \end{aligned}$ |  | $\begin{array}{\|l} \text { Degree } \\ \text { Pequired } \end{array}$ | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ |  | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 10/1312020 |  |
| $\begin{aligned} & \text { VETERINARY MEDICAL } \\ & \text { TECHNICIAN } \end{aligned}$ | Department of Health~Division of Veterinary Medical Examiners | $\begin{aligned} & 665 \text { Mainstream Drive 2nd floor } \\ & \text { Nashville, TN } 37243 \end{aligned}$ | (615) 5323202 |  |  | Active | A - Not displayed |  | $\begin{array}{\|l} \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Degriee } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 09/1212018 |  |
| MASSAGE THERAPIST | Texas Department of Licensing and Regulation | PO Box 12157 Austin. TX 78711 | (512) 4636599 |  | hitps://mww.talr.tex | Active | NA - Not displayed |  | Continuing education required to maintain license | Specific type of conviction prohibited | $\begin{array}{\|l} \hline \begin{array}{l} \text { Specticie } \\ \text { cousse } \\ \text { required } \end{array} \end{array}$ |  | Work experience required | Stand-alone <br> licens | 102712020 |  |
| MIDWIFE, DIRECT ENTRY | Texas Department of Licensing and Regulation | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { PO Box } 12157 \\ \text { Aussin, TX } 787111 \end{array} \\ \hline \end{array}$ | (512) 4636599 |  | https://www.tdlr.tex | Active | NA - Not displyyed | $\begin{array}{\|l\|} \hline \text { Certification } \\ \text { required } \\ \hline \end{array}$ | $\begin{array}{\|c} \text { continuing } \\ \text { entuation equired } \\ \text { toum } \end{array}$ | No criminal record prohibitions | $\begin{array}{\|l\|l} \text { Degrie } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { Work exeerience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 1012712020 |  |
| NURSE, ADVANCED PRACTICE REGISTERED (APRN) | Texas Board of Nursing | $\begin{aligned} & 333 \text { Guadalupe, Tower 3, Suite } \\ & 460 \\ & \text { Austin, TX 78701-3944 } \end{aligned}$ | (512) 3057400 | webmaster@bon.texas.gov | $\begin{array}{\|l\|} \hline \text { https:/mww.bon.tex } \\ \hline \mathrm{as.gov/2} \\ \hline \end{array}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ |  | ${ }^{\text {Degree }}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 1012712020 |  |
| NURSE, LICENSED VOCATIONAL (LVN) | Texas Board of Nursing | 333 Guadalupe, Tower 3, Suite 460 Austin, TX 78701-3944 | (512) 3057400 | ebmasterabon.texas.gov | $\begin{array}{\|l\|} \hline \text { https } / / / \mathrm{mww} \text { bon.tex } \\ \text { as.gov/ } \\ \hline \end{array}$ | ative | N/A - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { Specific type of } \\ & \text { conviction } \\ & \text { prohibited } \end{aligned}$ | $\begin{array}{\|l} \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \\ & \hline \end{aligned}$ | 1012712020 |  |
| nURSE, REGIITERED (RN) | Texas Board of Nussing | $\begin{aligned} & 333 \text { Guadalupe, Tower 3, Suite } \\ & 460 \\ & \text { Austin, TX 78701-3944 } \end{aligned}$ | (512) 3057400 | webmaster@bon.texas.gov | $\begin{aligned} & \text { https://www.bon.tex } \\ & \text { as.gov/ } \end{aligned}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | Specific type of conviction prohibited | ${ }_{c}^{\text {Degree }}$ required | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | Work experience required | Stand-alone license | 1012712020 |  |
| NURSING FACIIITY ADMINISTRATOR | Texas Health and Human Services Commission-Licensing Credentialing and Regulation | PO Box 13247 <br> Austin, TX 78711-3247 | (512) 4246500 |  |  | Active | NA - Not displayed |  | Continuing <br> ducation required <br> o maintain licen | $\begin{aligned} & \text { Specific type of } \\ & \text { conviction } \\ & \text { prohibited } \end{aligned}$ |  |  | Work experience required |  | 1012712020 |  |
| OCCUPATIONAL THERAPIST | Executive Council of Physical Therapy and Occupational Therapy Examiners | $\begin{aligned} & \text { 333 Guadape Street, Tower 2, }, \\ & \text { Sute 10 } \\ & \text { Austin, TX X } 78701-3942 \end{aligned}$ | (512) 3056900 |  | $\frac{\text { https://www.ptot.tex }}{\text { as.gov/page/home }}$ | Active |  | Certification <br> required | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | $\begin{array}{\|l\|l} \hline \begin{array}{l} \text { Both state and } \\ \text { thirdparaty } \\ \text { reand } \\ \text { reutred } \end{array} \\ \hline \end{array}$ | Work experience required <br> required | Stand-alone <br> licens | 1012712020 |  |
| Pharmacist | Texas State Board of Pharmacy | $\begin{aligned} & \begin{array}{l} 333 \text { GGadalupe Street, Tower 3, } \\ \text { Suite 500 } \\ \text { Austin, TX } 78701 \end{array} \end{aligned}$ | (512) 3058000 |  | hitps://mww.oharm 2cot.exas.g.ovinifoci stlicenselink.asp | Active | NA - Not displayed |  | education required <br> to maintain license | $\begin{array}{\|l\|l} \hline \begin{array}{l} \text { Specifict type of } \\ \text { conviction } \\ \text { prohibited } \end{array} \\ \hline \end{array}$ | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Thirdparty <br> exam required | Work experience required | license | 1012712020 |  |
| SEX OFFENDER TREATMENT PROVIDER | Texas Department of State Health Services | Po Box 193347 Austin, TX 78714.9347 | (512)7767111 | customer.service@dshs.texa s.gov | hths://dshs. texas.s | ative | Expedited processing is available for military and spouses, licenses from other states may be recognized |  | Contrining <br> enutation required <br> to mainatin icense |  | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party <br> exam requir | Work experience required | Stand-alone <br> licens | 1012712020 |  |
| SURGICAL ASSIITANT | Texas Medical Board | Po Box 2029 Austi, TX $78768-2029$ | (512) 3057010 | verificeotmb.state.tus | $\frac{\text { http://www.tmb.stat }}{\text { e.tx.us/page/licensi }}$ ng | Active | NA - Not displayed |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \end{aligned}$ |  | No educational requirements | No exam required | No experience required | Stand-alone <br> licens | 102712020 |  |
| advanced practice REGISTERED NURSE | Utah Department of Commerece~Division of Occupational \& Professiona Licensing | 160 East 300 South, PO Box 146741 <br> Salt Lake City, UT 84114 -6741 | (801) 5306628 | OOPLWebeutah.gov | https://dopl.utah.go <br> vi | Active |  |  | Contrining <br> eutuation required <br> to mainain icense | No criminal record prohibitions | Degree reauired | $\substack{\text { Thirdparty } \\ \text { exam required }}$ | Work experience required | Stand-alone <br> licens | $11 / 0420019$ |  |
| LICEnsed practical nurse | Utah Department of Commerece~Division of Occupational \& Professiona Licensing | 160 East 300 South, PO Box 146741 <br> Salt Lake City, UT 84114-6741 | (801) 5306628 | DopLWeb@utah.gov | $\underline{\text { hthe:/Idoplutah.go }}$ | ative |  |  | Continuing education required to maintain license | $\begin{aligned} & \text { Specific type of } \\ & \text { conviction } \\ & \text { prohibited } \end{aligned}$ | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party | No experienc required | Stand-alone <br> licens | 1110412019 |  |
| NURSE ANESTHETIST | Utah Department of Commerece~Division of Occupational \& Professiona Licensing Licensing | $\begin{array}{\|l} 160 \text { East } 300 \text { South, PO Box } \\ 146741 \\ \text { Salt Lake City, UT } 84114-6741 \end{array}$ | (801) 5306628 | DopLWeb@uth .jov | https://dopl.utah.go <br> vl | ative |  |  |  | No criminal record prohibitions | Degree required | Third-party exam required | Work experience required | Stand-alone <br> licens | 1110412019 |  |
| NURSE MIDWIFE | Utah Department of <br> Commerece~Division of Occupational \& Professiona Licensing | 160 East 300 South, PO Box 146741 <br> Salt Lake City, UT 84114-6741 | (801) 5306628 |  | https://dopl.utah.go <br> vi | Active |  |  |  | No criminal record prohibitions | Degree required | Third-party exam required | No experience <br> required | Stand-alone <br> licens | 110412019 |  |
| RECREATIONAL THERAPIST | Utah Department of Commerece~Division of Occupational \& Professiona Licensing | 160 East 300 South, PO Box 146741 <br> Salt Lake City, UT 84114-6741 | (801) 5306628 | DopLWeb@utah.gov | https://dopl.utah.go | Active |  |  |  | No criminal record prohibitions |  |  |  | ${ }_{\text {Sta }}^{\text {Stand-alone }}$ | $11 / 042009$ |  |
| REGISTERED NURSE | Utah Department of Commerece~Division of Occupational \& Professiona Licensing | 160 East 300 South, PO Box 146741 <br> Salt Lake City, UT 84114-6741 | (801) 5306628 | DoplWeb@utah .ov | https://dopl.utah.go <br> vi | ctive |  |  | No continuing education requirement to maintain license | No criminal record prohibitions | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party exam required | No experience <br> required | Stand-alone <br> licens | 1110412019 |  |
| ator | Vermont Agency of Education~Educator Licensing | 219 North Main Street, Suite 402 Barre, VT 05641 | 802) 4791700 | aoe.licensinginfo@vermont.g <br> ov | $\frac{\text { https://education.ve }}{\text { rmont.gov/educator- }}$ <br> licensure | Active | NA - Not displayed |  | $\begin{array}{\|l\|l} \hline \text { Contituuing } \\ \text { educaion required } \\ \text { to maintain licensense } \end{array}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Background check } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Third-party } \\ \text { exam required } \end{array}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \\ & \hline \end{aligned}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 0211912020 | No physical requirements |
| vife | Vermont Secretary of State~Office of Professional Regulation~Midwife Licensing | 89 Main Street, 3rd floor Montpelier, VT 05620 |  | corev.joungQuemont.gov | $\begin{array}{\|l\|} \hline \text { https://sos.vermont. } \\ \text { gov/midwives/ } \\ \hline \end{array}$ | Active | NA - Not displayed | $\begin{aligned} & \text { Certification } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ & \hline \end{aligned}$ | $\begin{array}{\|l} \text { Felony convictions } \\ \text { prohibited } \end{array}$ | $\begin{aligned} & \text { No educational } \\ & \text { requirements } \end{aligned}$ | $\begin{aligned} & \text { No exam } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \\ & \hline \end{aligned}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 0211912020 | No physical requirements |
| se, Advance Pratice (APRN) | Vermont Secretary of State-Offico of Profsional Regulation- Board of Nursing APRN | 89 Main Street, 3rd floor Montpelier, VT 05620 |  | kristin.donnelly@vermont.go <br> - | https://sos.vermont. $\frac{\text { gov/nursing/advanc }}{\text { ed-practice-aprns/ }}$ | Active | NA - Not displayed | Certification required |  | Felony convictions prohibited | Degree required | $\left\lvert\, \begin{aligned} & \text { Noo exam } \\ & \text { required } \end{aligned}\right.$ | Work experience required |  | 021912020 | ${ }_{\text {N }}^{\substack{\text { Nophysical } \\ \text { reurements }}}$ |


| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> I veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \end{aligned}$ | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Nurse, Licensed Pratical (LPN) |  | 89 Main Street, 3rd floor Montpelier, VT 05620 |  |  | hates/I/Sos.vermont | Active | NA - Not displayed |  | No continuing education requirement to maintain license | Felony convictions prohibited | Degree reauired | Thirdparty <br> exam required | No experience required | Stand-alone <br> licens | 221912020 | No physical <br> requirements |
| Nurse, Registered (RN) | Vermont Secretary of <br> State~Office of Professional <br> Regulation~Board of Nursing - RN | 89 Main Street, 3rd floor Montpelier, VT 05620 |  | michelle.avoie@vermontso | https://sos.vermont. $\frac{\text { gov/nursing/rn- }}{\text { international/ }}$ | Active | NA - Not displayed |  | No continuing education requirement to maintain license | Felony convictions prohibited | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party | No experienc required |  | 021912020 | No physical requirements |
| Nursing Assistant, Licensed (LNA/MNA) | Vermont Secretary of State-Officof rof rosional Resulation-Board of Nursing | 89 Main Street, 3rd floor Montpelier, VT 05620 |  | kristin.donnelly@vermont.go <br> v | https://sos.vermont | Active | NA - Not displa |  | No continuing education requirement to maintain license | Felony convictions prohibited | $\left\lvert\, \begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}\right.$ | State exam required | No experience required | Stand-alone <br> licens | 221912020 | No physical requirements |
| Nursing Home Administrator | Vermont Secretary of State~Office of Professional Regulation~Nursing Home Administrators Licensing | 89 Main Street, 3rd floor Montpelier, VT 05620 |  | danielle.rubalcaba@vermont gov | https://sos.vermont <br> gov/nursing-home- <br> administrators/ | Active | A - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | Felony convictions prohibited | $\begin{array}{\|l\|l} \hline \begin{array}{l} \text { specific } \\ \text { seurie } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|} \hline \text { Both state and } \\ \text { third-party } \\ \text { exams } \\ \text { required } \\ \hline \end{array}$ | No experience requied |  | 021912020 | No physical requirements |
| Respiratory Care Practioner | Vermont Secretary of State~Office of Professional Regulation~Respiratory Care Practitioner Licensing | 89 Main Street, 3rd floor <br> Montpelier, VT 05620 |  | bittany.uton@vermont.gov | https://sos.vermont. <br> gov/respiratory-care <br> practitioners/ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | Felony convictions prohibited | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party <br> exam requir | No experience required | Stand-alone <br> licens | 2/192020 | No physical requirements |
| Counselor, Certified Substance Abuse | $\begin{aligned} & \text { Department of Health } \\ & \text { Professions~Board of } \\ & \text { Professional Counselors } \end{aligned}$ | 6606 West Broad Street, 4th Floor Richmond, VA 23230-1717 | (804) 6629908 |  |  | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\left\lvert\, \begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}\right.$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ | $\left\lvert\, \begin{aligned} & \text { Worke exeerience } \\ & \text { required } \end{aligned}\right.$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 551292014 |  |
| Interns and Residents in hospitals | Department of Health Professions~Board of Medicine | 6606 West Broad Street, 4th Floor Richmond, VA 23230-1717 | 804) 6629908 |  |  | Active | NA - Not displayed |  | Continuing education required to maintain licens | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { No criminal record } \\ \text { prohibitions } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 512920014 |  |
| P Authorized to Prescribe | Department of Health Professions~Board of Nursing | 6606 West Broad Street, 4th Floor Richmond, VA 23230-1717 | 662998 |  |  | Active | NA - Not displayed |  | education required <br> to maintain licens | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 05/2921014 |  |
| Massage Therapist | $\begin{aligned} & \text { Department of Health } \\ & \text { Professions } \sim \text { Board of Nursing } \end{aligned}$ | 6606 West Broad Street, 4th Floor Richmond, VA 23230-1717 | 804)6629908 |  |  | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ |  | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Torkerexeerience } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 05129212014 |  |
| Nurs | $\begin{aligned} & \text { Department of Health } \\ & \text { Professions~Board of Nursing } \end{aligned}$ | 6606 West Broad Street, 4th Floor Richmond, VA 23230-1717 | 908 |  |  | Active | NA - Not displayed | $\begin{array}{\|l} \text { Certification } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ |  | $\begin{array}{\|l} \hline \begin{array}{l} \text { State exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { Work experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | S2922014 |  |
| Nurse Midivives | There is some indication that this license exists in Virginia, but it has not yet been confirmed by state experts |  |  |  |  | Active | Not dis |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \\ & \hline \end{aligned}$ |  | $\left\lvert\, \begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}\right.$ | Thirdparty <br> exam required | No experience required | Stand-alone <br> licens | 1012010 |  |
| Nurse Practioner, Licensed | Department of Health Professions~Board of Nursing | 6606 West Broad Street, 4th Floor Richmond, VA 23230-1717 | (804) 6629908 |  |  | Active | - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l} \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Work experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 05/29212014 |  |
| Nurse Specialist, Clinical | Department of Health <br> Professions~Board of Nursing | 6606 West Broad Street, 4th Floor Richmond, VA 23230-1717 | 804)6629908 |  |  | Active | NA - Not displa |  | to maintain license | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}\right.$ | Thirdparty <br> exam required | No experience required |  | 0512921214 |  |
| Nurse, Licensed Practical | Department of Health <br> Professions~Board of Nursing | 6606 West Broad Street, 4th Floor Richmond, VA 23230-1717 | 804) 6629908 |  |  | Active | - Not displayed |  |  | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}\right.$ |  | Affidavit or referral required | Stand-alone license | 51292014 |  |
| Registered Nurse | Department of Health Professions~Board of Nursing | 6606 West Broad Street, 4th Floor Richmond, VA 23230-1717 | 804) 6629908 |  |  | Active | dotisplayed |  | ${ }^{\text {Continuing }}$ encuration requied to maintain licens | $\begin{array}{\|l} \hline \begin{array}{l} \text { No criminal record } \\ \text { prohibitions } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 55/292014 |  |
| $\begin{array}{\|l} \text { Advanced Registered Nurse } \\ \text { Practitioner } \\ \hline \end{array}$ | Dep | 101 Israel Rd SE Tumwater, WA 98501 | ${ }^{(360)} 2364700$ | $\begin{aligned} & \text { customerservice@cpaboard. } \\ & \hline \text { wa.gov } \\ & \hline \end{aligned}$ | htip://www.doh.wa. gov | Active | It dis |  | Continuing education required to maintain license | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 6/3012016 |  |
| Chemical Dependency Professional | Department of Health | 101 Israel Rd SE Tumwater, WA 98501 | (360) 2364700 | customerservice@cpaboard. <br> wa.gov | http///www.doh.wa. gov | ctive | Expedited processing is and spouses |  | No continuing educacion requirent to maintain license | No criminal record prohibitions | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\substack{\text { Thirdparty } \\ \text { exam required }}$ | Work experience required | Stand-alone licens | 6/3012016 |  |
| Clinical Nurse Specialists | There is some indication that this license exists in Washington, but it has not yet been confirmed by state experts |  |  |  |  | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ |  | $\left\lvert\, \begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}\right.$ | ${ }_{\text {Statat exam }}^{\text {required }}$ | Noexperience requied |  | 10112010 |  |
| Educaiona staff asociate | $\begin{array}{\|l} \text { Office of Superintendent of Public } \\ \text { Instruction } \\ \hline \end{array}$ | $\begin{aligned} & \text { 600 Washington SI SE } \\ & \text { Olympia, WA } 98504 \end{aligned}$ | (360) 7256372 |  | $\begin{aligned} & \text { http://www.k12.wa. } \\ & \hline \text { us/certification } \\ & \hline \end{aligned}$ | ctive | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ |  | $\begin{array}{\|l\|l} \text { pegree } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | No experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 6/3022016 |  |
| Licensed Practical Nurse | Department of Health | 101 Israel Rd SE Tumwater, WA 98501 | 50) 2364700 | $\begin{aligned} & \text { customerservice@cpaboard. } \\ & \underline{\text { wa.gov }} \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { http://www.doh.wa. } \\ & \text { gov } \\ & \hline \end{aligned}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{array}{\|l} \text { No criminal record } \\ \text { prohibitions } \end{array}$ | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { pegree } \\ \text { required } \end{array} \end{array}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \\ & \hline \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { No experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 6/3012016 |  |
| wife | Department of Health | 101 Israel Rd SE Tumwater, WA 98501 | (360) 2364700 | customerservice@cpaboard. wa.gov lit | http://www.doh.wa. gov | Active | NA - Not displayed |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \\ & \hline \end{aligned}$ | No criminal record prohibitions | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ |  | No experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 66/3012016 |  |
| Nurse | Department of Health | 101 Israel Rd SE Tumwater, WA 98501 | 400 | $\begin{aligned} & \text { customerservice@cpaboard. } \\ & \hline \text { wa.gov } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { http://www.doh.wa. } \\ & \text { gov } \\ & \hline \end{aligned}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|} \text { Third-party } \\ \text { exam required } \\ \hline \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { No experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 6/302016 |  |
| Nurse Anesterists | There is some indication that this license exists in Washington, but it has not yet been confirmed by state experts |  |  |  |  | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ |  | ${ }_{\substack{\text { Degree } \\ \text { required }}}$ | ${ }^{\text {Thirdoparty }}$ (exam required | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 0110120010 |  |
| ssing Assistant | Depa | 101 Israel Rd SE Tumwater, WA 98501 | (360) 2364700 | $\begin{aligned} & \text { customerservice@cpaboard. } \\ & \hline \underline{\text { wa.gov }} \\ & \hline \end{aligned}$ | http://www.doh.wa. | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{array}{\|l} \text { Background check } \\ \text { required } \end{array}$ |  | $\begin{array}{\|l} \begin{array}{l} \text { State exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { No experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ & \hline \end{aligned}$ | 6/3012016 |  |
| sing Home Administrator | Department of Health | 101 Israel Rd SE Tumwater, WA 98501 | ${ }^{(360)} 2364700$ | customerservice@cpaboard. | http://www.doh.wa. <br> gov | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | Background check required | $\begin{array}{\|l\|l} \text { Degriee } \\ \text { required } \end{array}$ | Third-party | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 6/301201 |  |

CareerOneStop License Finder Results
We found 555 licenses for Nursing in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | $\begin{aligned} & \text { Active } \\ & \text { Status } \end{aligned}$ | Active Military <br> / Veterans | Certification | Continuing Education | $\begin{aligned} & \text { Criminal } \\ & \text { Record } \\ & \hline \end{aligned}$ | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \\ & \hline \end{aligned}$ | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Nursing Pool | Department of Heath | 101 Israel Rd SE Tumwater, WA 98501 | (360) 2364700 | customerservice@cpaboard <br> wa.gov <br> wis. | $\frac{\text { http://www.doh.wa. }}{\text { gov }}$ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ |  | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party <br> exam require | No experience required |  | 06/3012016 |  |
| Nursing Technician | Department of Health | 101 Israel Rd SE Tumwater, WA 98501 | (360) 2364700 | customerservice@cpaboard. wa.gov | htel/www.doh.wa | Active | NA - Not displayed | Certification required | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \end{aligned}$ | No criminal record prohibitions | $\begin{array}{\|l\|l} \text { Spectic } \\ \text { seurie } \\ \text { reuiried } \end{array}$ | State exam required | Work experience required |  | 06/3012016 |  |
| citial | Department of | 101 Israel Rd SE Tumwater, WA 98501 | (360) 2364700 | $\begin{aligned} & \text { customerservice@cpaboard. } \\ & \underline{\text { wa.gov }} \\ & \hline \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { http://www.doh.wa. } \\ \hline \text { gov } \\ \hline \end{array}$ | Active | NA - Not displayed |  | $\begin{array}{\|l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \\ \hline \end{array}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Degriee } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | $\begin{aligned} & \begin{array}{l} \text { No experience } \\ \text { required } \end{array} \\ & \hline \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { Stand-alone } \\ \text { license } \end{array}$ | 06/3012016 |  |
| Registered Nurse | Department of Health | 101 Israel Rd SE Tumwater, WA 98501 | (360) 236 | $\begin{aligned} & \text { customerservice@cpaboard. } \\ & \text { wa.gov } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { http://www.doh.wa. } \\ & \text { gov } \\ & \hline \end{aligned}$ | Active | spla |  | Continuing education required to maintain license | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { No criminal record } \\ \text { prohibitions } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|l} \text { Degree } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \text { No experience } \\ \text { required } \end{array}$ | $\begin{array}{\|l} \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 6/3012016 |  |
| Clinical Nurse Speciaisis | There is some indication that this license exists in West Virginia, but it has not yet been confirmed by state experts |  |  |  |  | Active | NA - Not dis |  | Continuing education required to maintain license |  | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party | No experience <br> required | ${ }^{\text {Standalane }}$ | 1/01/2010 |  |
| Licensed Practical Nurse | West Virginia Board of Nurses | 101 Dee Drive Charleston, WV 25301 |  |  |  | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l\|l} \text { pegree } \\ \text { required } \end{array}$ | Third-party exam required | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 010012010 |  |
| Nurse Anesthetist | West Virginia Board of <br> Examiners~for Registered Nurses | 101 Dee Drive <br> Charleston, WV 25311-1620 |  |  |  | Active | NA - Not dis |  | Continiung enduction required to maintain license | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}\right.$ |  | Work experience required |  | 1012010 |  |
| Nurse Practioners | There is some indication that this license exists in West Virginia, but it has not yet been confirmed by state experts |  |  |  |  |  | NA - Not displayed |  | Continuing education required to maintain license |  | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party <br> exam required | Work experience required | Stand-alone <br> licens | 110112010 |  |
| selMidwife | West Virginia Board of <br> Examiners~for Registered Nurses | 101 Dee Drive <br> Charleston, WV 25311-1620 |  |  |  | Active | A - Not dis |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ |  | No experience <br> required |  | 10172010 |  |
| Nursing Home Administrator | West Virginia Nursing Home Administrators Board | 236 Capitol Street Charleston, WV 25301 |  |  |  | Active | NA - Not displayed |  | Continuing education required to maintain license | $\begin{array}{\|l} \hline \begin{array}{l} \text { No criminal record } \\ \text { prochibitions } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \begin{array}{l} \text { State exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \begin{array}{l} \text { Work exeerience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 10112010 |  |
| Occupational Therapist | West Virginia Board of Occupational Therapy | $\begin{aligned} & 119 \text { South Price Street } \\ & \text { Kingwood, WV } 26537 \end{aligned}$ | (304) 3290480 |  |  | Active | NA - Not displayed | $\begin{array}{\|l\|l} \hline \text { Certification } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Continuing } \\ & \text { educaion required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ |  | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 0112010 |  |
| Registered Nurse | West Virginia Board of <br> Examiners~for Registered Nurses | 101 Dee Drive <br> Charleston, WV 25311-1620 |  |  |  | Active | NA - Not displa |  | Continuing edocataon required to maintain license | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}\right.$ |  | No experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 1/01/2010 |  |
| School Nurse | West Virginia Department of Preparation | State Capitol Complex, Building 6 Roon Chareseston, WV 25305 |  |  |  | Active | NA - Not displayed |  | $\begin{array}{\|l\|} \hline \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \\ \hline \end{array}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | $\begin{aligned} & \begin{array}{l} \text { No experience } \\ \text { required } \end{array} \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 11012010 |  |
| ADVANCED PRACTICE NURSE PRESCRIBER | WI Department of Safety and <br> Professional Services~Division of <br> Professional Credential <br> Processing | 1400 E. Washington Ave., P.O. Box 8935 Madison, WI 53708-8935 | (608) 2662112 | dsps@wisconsin.gov | https://dsps.wi.gov/ <br> Pages/Professions/ <br> Default.aspx | Active | NA - Not displayed | require | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}\right.$ | Third-party | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 1210112020 |  |
| HOME HEALTH AIDE | WI Dept of Health <br> Services~Division of Public Health | 1 W. Wilson Street, P.O. Box 2659 Madison, WI 53701-2659 | (608) 2668018 |  | $\|$https://datcp.wi.gov/ <br> Pages/Programs S <br> ervices/foodmanag <br> er.aspx | cative | NA - Not displayed | Certification equire |  | No criminal record prohibitions |  | ${ }_{\text {Statat exam }}^{\text {required }}$ |  |  | 120112020 |  |
| HOSPICE AIDE | WI Dept of Health <br> Services~Division of Public Health | $\begin{aligned} & 1 \text { W. Wilson Street, P.O. Box } 2659 \\ & \text { Madison, WI 53701-2659 } \end{aligned}$ | 08) 2668018 |  | $\|$$\frac{\text { https://datcp.wi.gov/ }}{\text { Pages/Programs S }}$ <br> ervices/foodmanag <br> er.aspx | Active | NA - Not displayed | Certification require | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \\ & \hline \end{aligned}$ | $\begin{array}{\|l\|l} \hline \begin{array}{l} \text { Specific type of } \\ \text { conviction of } \\ \text { prohibited } \end{array} \end{array}$ | Specific reusised requied | Third-party exam require | No experience required | Stand-alone license license | 120112020 |  |
| LICENSED PRACTICAL NURSE | $\begin{array}{\|l\|} \hline \text { WI Department of Safety and } \\ \text { Professional Services~Division of } \\ \text { Professional Credential } \\ \text { Processing } \\ \hline \end{array}$ | 1400 E. Wastington Ave. P.O. <br> Box 8935 Madison, WI 53708-8935 | (608) 2662112 | dsps@wisconsin.gov | https://dsps.wi.gov/ <br> Pages/Professions/ <br> Default.aspx | Active | NA - Not displayed |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \end{aligned}$ | $\begin{aligned} & \begin{array}{l} \text { Speafifit type of } \\ \text { poronition } \\ \text { probitied } \end{array} \\ & \hline \end{aligned}$ | $\left\lvert\, \begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}\right.$ | Third-party exam require | No experien required | Stand-alo license | 120112020 |  |
| NURSE, MIDWIFE | WI Department of Safety and <br> Professional Services~Division of <br> Professional Credential <br> Processing |  Madison, W1 57708-8935 | (608) 2662112 | dsps@wisconsin.gov | $\begin{aligned} & \frac{\text { https://dsps.wi.gov/ }}{\text { Pages/Professions/ }} \\ & \hline \text { Default.aspx } \end{aligned}$ | Active | NA - Not displayed | Certification required | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \end{aligned}$ | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}\right.$ | Third-party exam required | No experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 1220112020 |  |
| NURSES AIDE | ${ }_{\text {WI Pepto of Healt }}^{\text {Services-Divisio of Public Health }}$ | 1 W. Wilson Street, P.O. Box 2659 Madison, WI 53701-2659 | (608) 2668018 |  | $\|$$\frac{\text { https://datcp.wi.gov/ }}{\text { Pages/Programs S }}$ <br> ervices/foodmanag <br> er.aspx | Active | $\begin{aligned} & \text { Fees are reduced } \\ & \text { for military and } \\ & \text { spouses } \end{aligned}$ | Certification required | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{array}{\|l\|l} \hline \begin{array}{l} \text { Specifici type of } \\ \text { conviciop of } \\ \text { probibitioded } \end{array} \\ \hline \end{array}$ |  | ${ }_{\text {a }}^{\substack{\text { Third.party } \\ \text { exam required }}}$ | No experience required |  | 120112020 |  |
| NURIING HOME ADMIISTRATOR | WI Department of Safety and <br> Professional Services~Division of <br> Professional Credential <br> Processing | 1400 E. Washington Ave., P.O. Box 8935 Box 8935 <br> Madison, WI 53708-8935 | (608) 2662112 | dsps@wisconsingov | https://dsps.wi.gov/ <br> Pages/Professions/ <br> Default.aspx | ctive | NA - Not displayed |  |  | No criminal record prohibitions | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party <br> exam require | No experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 1220112020 |  |
| REGIITERED NURSE | WI Department of Safety and <br> Professional Services~Division of <br> Professional Credential <br> Processing |  | (608) 2662112 | dsps@wisconsin.gov | $\begin{array}{\|l\|} \hline \text { https://dsps.wi.gov/ } \\ \hline \text { Pages/Professions } / \\ \hline \text { Default.aspx } \\ \hline \end{array}$ | Active | A - Not dis |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No criminal record prohibitions | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Thir-party <br> exam required | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ |  | 1210212020 |  |
| SCHOOL COUNSELOR | Wisconsin Department of Public Instruction (WDPI)~Division Libraries and Technology | 125 S. Webster St., PO Box 7841 Madison, WI 53707-7841 | (608) 2662413 | teresa howe@dpiwi.gov | $\begin{aligned} & \text { http://dpi.wi.gov/pld/ } \\ & \hline \text { certification } \\ & \hline \end{aligned}$ | Active |  |  |  | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party exam required |  | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 1210112020 |  |
| SCHOOL NURSE | Wisconsin Department of Public Instruction (WDPI)~Division for Libraries and Technology | 125 S. Webster St., PO Box 7841 Madison, WI 53707-7841 | (508)2662413 | teresa howe@dol | $\begin{array}{\|l\|} \hline \text { http://dpi.wi.gov/pld/ } \\ \hline \text { certification } \\ \hline \end{array}$ | A | NA - Not displayed |  | $\begin{aligned} & \begin{array}{l} \text { Contituing } \\ \text { educaion required } \\ \text { to maintain licensese } \end{array} \end{aligned}$ | $\begin{aligned} & \text { No criminal record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Degrien } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam required } \end{aligned}$ | $\begin{aligned} & \begin{array}{l} \text { No experience } \\ \text { required } \end{array} \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 12/1512020 |  |
| SCHOOL PSYCHOLOIST | $\begin{aligned} & \text { Wisconsin Department of Public } \\ & \text { Instruction (WDPI)~Division for } \\ & \text { Libraries and Technology } \end{aligned}$ | 125 S. Webster St., PO Box 7841 Madison, WI 53707-7841 | 608)2662413 | esa howe@diwiwigov | $\begin{array}{\|l\|} \hline \text { hitp:/Idpi.w.i.gov/plold } \\ \hline \text { certification } \\ \hline \end{array}$ | Active | NA - Not displa |  |  | $\begin{array}{\|l\|} \text { No criminal record } \\ \text { prohibitions } \end{array}$ | $\begin{array}{\|l} \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \\ \hline \end{array}$ | Third-party <br> exam requir |  | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 1210212020 |  |
| SCHOOL SOCIAL WORKER | $\begin{aligned} & \text { Wisconsin Department of Public } \\ & \text { Instruction (WDPI)~Division for } \\ & \text { Libraries and Technology } \\ & \hline \end{aligned}$ | $\xrightarrow{\substack{\text { 125s. Webster St. Po Bo } \\ \text { Madison, Wi } 53707-7841}}$ | 2413 | teresa howe@ddiwi.i.gov | $\begin{array}{\|l\|} \hline \text { http://dpi.wi.gov/pld/ } \\ \hline \text { certification } \\ \hline \end{array}$ | Active | St displa |  | $\begin{array}{\|l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array}$ | $\begin{array}{\|l\|l\|} \substack{\text { No criminar record } \\ \text { prohbibitions }} \end{array}$ | $\begin{array}{\|l\|l\|l\|l\|l\|l\|l\|} \hline \text { Pequired } \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \begin{array}{l} \text { No experien } \\ \text { required } \end{array} \\ & \hline \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 211512020 |  |

CareerOneStop License Finder Results
We found 555 licenses for Nursing in United States.

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military | Certification | $\begin{aligned} & \text { Continuing } \\ & \text { Education } \end{aligned}$ | Criminal <br> Record | Education | Exa | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { License } \\ & \text { Updated } \end{aligned}$ | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| WASTE <br> TRANSPORTERS/HAULERS |  | 101 S. Webster, P.O. Box 7921 Madison, WI 53707-7921 | (608) 2662621 | udith gifford@wisconsin gov | $\frac{\text { http://dnr.wi.gov/top }}{\text { ic/wells/licenses.ht }}$ <br> ml | Active | NA - Not displayed |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \end{aligned}$ | No criminal record prohibitions | No educational requirements | No exam required | No experience required | Stand-alone <br> license | $121 / 1512020$ | No physical requirements |
| ADVANCED PRACTICE REGISTERED NURSE | WYOMING STATE BOARD OF NURSING~Attn: Cynthia LaBonde, MN, RN, Executive Director | 130 HOBBS AVENUE STE. B CHEYENNE, WY 82002 | (307) 7777601 | bon-wnursingawwo.gov | http://nursing- online.state.wy.us/ | Active | NA - Not displayed | Certification required | Continuing education required to maintain license | Background check required | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party <br> exam requir | Work experience required | Sicoconday <br> licnene <br> linater <br> license is a | 101/82017 |  |
| CERTIFIED MEDICATION ASSISTANT | WYOMING STATE BOARD OF NURSING~Attn: Cynthia LaBonde, MN, RN, Executive Director | 130 hobbs avenue, ste. B CHEYENNE, WY 82002 | (307) 7777601 | bon-wnursingQwo.gov | http://nursing- online.state.wy.us/ | active | NA - Not displayed |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \end{aligned}$ | Background check required | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party <br> exam require | No experience required | Stand-alone <br> license | 10/18/2017 |  |
| Clincal Nurse Specialists | There is some indication that this license exists in Wyoming, but it has not yet been confirmed by state experts |  |  |  |  | Ative | NA - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ |  | ${ }_{\substack{\text { Degree } \\ \text { required }}}^{\text {der }}$ | ${ }_{\text {Statae exam }}^{\text {required }}$ | No experience <br> required | (tand-alone | 1011201 |  |
| LICEnsed Practical nurse | WYOMING STATE BOARD OF NURSING~Attn: Cynthia Director | 130 hobbs avenue, ste. b CHEYENNE, WY 82002 | (307) 7777601 | bon-wnursing@wo.gov | http://nursing- <br> online.state.wy.us/ | ative | NA - Not displayed |  | No continuing <br> education <br> requirement to <br> maintain license | Background check required | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party exam required | No experience required | Stand-alone <br> license | 10/18/2017 |  |
| MIDWIFE | BOARD OF MIDWIFERY~ATTN MAXINE HERNANDEZ | 2001 CAPITOL AVENUE EMERSON BUILDING, RM 104 CHEYENNE, WY 82002 | (307) 7773628 | Maxine.Hernandez1@wyo.g | http://midwifery.wyo gov/ | Active | NA - Not displayed | $\begin{aligned} & \text { Certification } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \end{aligned}$ | $\begin{aligned} & \text { Specific type of } \\ & \text { conviction } \\ & \text { prohibited } \end{aligned}$ | $\left\lvert\, \begin{aligned} & \text { Degriee } \\ & \text { required } \end{aligned}\right.$ | ${ }_{\text {Statae exam }}$ required | No experience required | Standalane | 10/1812017 |  |
| Nursing AssistantNurse Aide | WYOMING STATE BOARD OF NURSING~Attn: Cynthia Director | 130 HobBS AVENUE, STE. B CHEYENNE, WY 82002 | (307) 7777601 | bon-wnursingQwpo.gov | $\frac{\text { http://nursing- }}{\text { online.state.wy.us }}$ | Active | NA - Not displayed | Centificaion required | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \end{aligned}$ | Background check required | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party exam require | Work exeerience reauired | Stand-alone <br> licens | 101/182017 |  |
| $\begin{aligned} & \begin{array}{l} \text { NURSING HOME } \\ \text { ADMINISTRATOR } \end{array} \end{aligned}$ | BOARD OF NURSING HOME Spires | 6101 YELLOWSTONE RD, STE 501 CHEYENNE, WY 82002 | (307) 7777815 | vicki spires@uvo.gov | http:///nha.state.wy. us/ | Ative | NA - Not displayed |  | $\begin{aligned} & \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { Specific type of } \\ & \text { conviction } \\ & \text { prohibited } \\ & \hline \end{aligned}$ | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | $\begin{array}{\|l\|} \hline \text { Third-party } \\ \text { exam required } \end{array}$ | $\begin{aligned} & \text { Work experience } \\ & \text { required } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 10/182017 |  |
| REGISTERED NURSE | WYOMNG STATE BOARD OF NURIING-Attr: Cynthia LaBonde, MN, RN, Executive Director | 130 HOBBS AVENUE, STE. B CHEYENNE, WY 82002 | (307) 7777601 | bor-wnursing@wo.gov | http://nursing- online.state.wy.us/ | active | NA - Not displayed |  | $\begin{aligned} & \text { Contituung } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | Background check required | ${ }_{\substack{\text { Degree } \\ \text { required }}}^{\substack{\text { and } \\ \hline}}$ | Third-party exam require | No experience reaured | Stand-alone <br> license | 10/1812017 |  |

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# CareerOneStop License Finder Results 

## We found $\mathbf{3 8}$ licenses for Opticians, Dispensing in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / <br> Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License Type | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Optician |  | P.O. Box 110806 Juneau, AK $9981-0806$ | $\underset{\text { ext } 0}{(907)} 4652588$ | thomas.bay@alaska.gov | https://mm.commerce.ala <br> sks. <br> skov/w.c/cobp/Professi <br> onalicensing/Dispensing <br> Opticians.aspx | Active | NA - Not displayed |  | Continuing education required license |  | No educational requirements | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exeam } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { requirecd } \end{aligned}$ | Stand-alone <br> license | 09/112018 |  |
| Dispensing Optician | Opticians Dispensing, Board of | 1400 W Washington, Suite <br> 230 <br> Phoenix, AZ 85007 | (602) 5428158 | suppor@do. az.gov | nttos://elicense.az.oov/ | Active |  |  | Continuing education required to maintain icense | $\begin{array}{\|l\|l} \begin{array}{l} \text { Noc criminal } \\ \text { record } \\ \text { prohibibionons } \end{array} \end{array}$ | Degree required | State exam required | $\begin{array}{\|l\|l} \text { Work } \\ \text { Wexperience } \\ \text { required } \end{array}$ | Stand-alone <br> license | 09/112013 |  |
| Dispensing Optician | Arkansas State Board of Dispensing Opticians | P.O. Box 627 Helena, AR 72342 | (870) 5722847 |  | http://www.abdo.arkansas. <br> gov | ctive | A temporary license is available to military and spouses until forma approval |  | Continuing education required to maintain license | $\begin{aligned} & \text { Nocriminal } \\ & \text { recororiblion } \\ & \text { prohibitions } \end{aligned}$ | No educational requirements | State exam required | $\begin{array}{\|l\|} \text { Work } \\ \text { experience } \\ \text { required } \end{array}$ | Stand-alone license | 09123/2019 |  |
| Dispensing Optician Apprentice | Arkansas State Board of Dispensing Opticians | Po. Box 627 Helena, AR 72342 | (870) 5722847 |  |  | ctive | A temporary license <br> is availabe to <br> miltary <br> intita and spouses <br> unt formal license <br> approval |  | Continuing education required to maintain license | $\begin{aligned} & \text { Nocriminal } \\ & \text { recororiblion } \\ & \text { probibitions } \end{aligned}$ | No educational <br> requirements | State exam required | $\begin{array}{\|l\|} \text { Work } \\ \text { experience } \\ \text { required } \end{array}$ | Preliminary/tempo rary license | 09123/2019 |  |
| Contact Lens Dispenser | Department of Consumer Affairs~Board of Optometry | 2450 Del Paso Road, Suite 105 Sacramento, CA 95834 | (991) 5757170 | optometr@dca.ca.gov | htps:/mmw.optometry.ca. | Active | NA - Not displayed |  | No continuing eaduction reauirent to maintain ilicense | $\begin{array}{\|l\|l\|} \text { No criminal } \\ \text { record } \\ \text { pororibibitions } \end{array}$ | No educational <br> requirements | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exemp } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Work } \\ & \text { Wexperinee } \\ & \text { required } \end{aligned}$ | Stand-alone | 070992021 |  |
| Spectacle Lens Dispenser | $\begin{aligned} & \text { Department of Consumer } \\ & \text { Affairs~Board of } \\ & \text { Optometry } \end{aligned}$ | 2450 Del Paso Road, Suite 105 Sacramento, CA 95834 | (991) 5757170 | optometr@dca.ca.gov | https://mwn.optometry.ca. | Active | NA - Not displayed |  | $\begin{array}{\|l} \begin{array}{l} \text { No contituing } \\ \text { education } \\ \text { requirement to } \\ \text { maintain license } \end{array} \\ \hline \end{array}$ | No criminal record prohibitions | No educational <br> requirements | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exem } \\ \text { required } \end{array}$ | $\begin{array}{\|l} \hline \text { Work } \\ \text { experience } \\ \text { required } \end{array}$ | Stand-alone <br> license | 07092/2021 |  |
| Opicician | Department of Public Health~H Systems <br> Branch~Practitioner <br> Licensing \& Investigations <br> Section | 410 Capitol Avenue, <br> P.O.Box 340308 <br> Hartford, CT 06134-0308 | (860) 5097603 | olpo.dph@po.state.ct.us |  | tive | NA - Not displayed |  | Continuing education required to maintain license license |  | Degree required | $\begin{array}{\|l\|l\|} \substack{\text { Third-party } \\ \text { exem } \\ \text { requirird }} \end{array}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 03/09/2021 |  |
| Optician Apprentice | Department of Publi Health~Health Care Systems <br> titioner Licensing \& Investigations Section Section $\qquad$ | 410 Capitol Avenue, <br> P.O.Box 340308 <br> Hartford, CT 06134-0308 | (880) 5097603 | olpo.dph@opostate.ctus | umw.dph.state.ct.uslicens | ative | NA - Not displayed |  | Continuing education required license |  | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exeam } \\ \text { required } \end{array}$ | $\left\lvert\, \begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}\right.$ | Preliminary/tempo rary license | 03/09/2021 |  |
| Optician | FL Department of Quality Assuion of Medical Quality Assurance | 4042 Bald Cypress Way Tallahassee, FI 32399-3250 | (850) 4880595 |  | mmw.don.state.f.lus | Active | NA - Not displayed |  | $\begin{aligned} & \begin{array}{l} \text { Continuing education } \\ \text { required to maintain } \\ \text { license } \end{array} \\ & \hline \end{aligned}$ |  | Degree required |  | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Work } \\ \text { experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | license | 022512020 |  |
| Dispensing Optician | Georgia State Board o Dispensing Opticians | 237 Coliseum Drive <br> Macon, GA 31217-3858 | (478) 2072440 |  | htps./Isos.ga.govinindex.p hollicensing | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing education } \\ & \text { required to maintain } \\ & \text { license } \end{aligned}$ |  | Degree required | $\begin{aligned} & \text { Third-party } \\ & \text { exeam } \\ & \text { frequired } \end{aligned}$ | $\begin{aligned} & \text { Work } \\ & \text { experince } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 1012412019 |  |
| Dispensing Optician Apprentice | Georgia State Board of Dispensing Opticians | 237 Coliseum Drive Macon, GA 31217-3858 | (478) 2072440 |  | $\left\lvert\, \begin{aligned} & \text { hthps:/Isos.ga.govinindex.p } \\ & \text { hoplicensing } \\ & \hline \end{aligned}\right.$ | Active | NA - Not displayed |  |  |  | Degree required |  | $\begin{aligned} & \text { Werurk } \\ & \begin{array}{l} \text { Wexperince } \\ \text { fequired } \end{array} \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { Preliminary/tempo } \\ & \text { rary license } \end{aligned}$ | 101242019 |  |
| Dispensing Opfician | Hawaii State Dept. of Commerce \& Consumer Vocational Licensing Division~Dispensing Optician Program | P. o. Box $3469,[335$ <br>  Honolulu, HI 96801 | ${ }^{(888)} 5883000$ | optician@dcca.hawai.gov | $\left\|\begin{array}{l}\text { http://cca..hawaii.gov/pv/p } \\ \text { roprams/dispensingopticia } \\ \text { n/ }\end{array}\right\|$ | Active | NA - Not displayed |  | No contining <br> ecuction <br> reaciiren tion <br> maintain license | $\begin{array}{\|l\|l\|l} \text { No criminal } \\ \text { recorid } \\ \text { pronibitions } \end{array}$ | Degree required | $\begin{aligned} & \text { Third-party } \\ & \text { exam } \end{aligned}$ required |  | Stand-alone <br> license | 10/0902019 |  |

# CareerOneStop License Finder Results 

## We found $\mathbf{3 8}$ licenses for Opticians, Dispensing in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | $\begin{aligned} & \text { Active } \\ & \text { Status } \end{aligned}$ | Active Military / Veterans | Certification | Continuing Education | $\begin{aligned} & \text { Criminal } \\ & \text { Record } \\ & \hline \end{aligned}$ | Education | Exam | Experience | License Type | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| MAIL-ORDER OPHTHALMIC PROVIDER | Illinois Department of Financial and Professiona Regulation | 320 West Washington Springfield, IL 62786 | (217) 7828556 |  | httos://mwwidfor.com/ | Active | N/A - Not displayed |  | No continuing <br> education <br> requirement to <br> maintain license |  | No educational <br> requirements | $\begin{array}{\|l\|l} \text { No exam } \\ \text { required } \end{array}$ | No experience required | Stand-alone <br> licens | $10122 / 2014$ |  |
| Apprentice Ophthalmic Dispenser | Professional Licensing~Board of Ophthalmic Dispensers | 500 Mero Street, 2 SC 32 Frankfort, KY 40601 | ${ }_{(1502)}^{(58828810}$ | BOD@k.gov |  | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing education } \\ & \text { required to maintain } \\ & \text { license } \\ & \hline \end{aligned}$ |  | Degree requir | $\begin{array}{\|l\|l\|l\|l\|l\|l\|l\|l\|l\|l\|l\|l} \text { Therty } \\ \text { requiried } \end{array}$ | Work <br> experience <br> required | Preliminary/tempo rary license | 10/13/2020 |  |
| Ophhalmic Dispenser | Department of Professional sing-Board of Ophthalmic Dispensers | 500 Mero Street, 2 SC 32 Frankfort, KY 40601 | $\left.\right\|_{\text {(502) } 78288} ^{\text {ext } 228}$ | BOD@k.g.gov | http://bod.ky.gov/Pages/d <br> efault.aspx | Active | N/A - Not displayed |  | Continuing education required to maintain icense | $\begin{array}{\|l\|l} \text { no criminal } \\ \begin{array}{l} \text { eroord } \\ \text { peribition } \end{array} \end{array}$ | Degree required | $\left\lvert\, \begin{aligned} & \text { Both state } \\ & \text { and thicd } \\ & \text { partyexams } \\ & \text { required } \end{aligned}\right.$ | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone Stand-a license | 10/13/2020 |  |
| DISPENSING OPTICIAN |  | $\begin{aligned} & 1000 \text { Washington Street, } \\ & \text { Suit } 711 \\ & \text { Boston, MA } 02114 \end{aligned}$ | (617) 7273074 |  | $\frac{\text { http://mw.mass.gov/ocab }}{\text { rlicenseeldpl-boards/dol }}$ | Active | N/A - Not displayed |  | Continuing education license | $\begin{aligned} & n \\ & \begin{array}{l} \text { No criminal } \\ \text { erocrd } \\ \text { prohibitionons } \end{array} \end{aligned}$ | Degree required | State exam required | No experience required | Stand-alone license | 05090/2018 |  |
| Opicician | $\begin{aligned} & \text { Board of Dispensing } \\ & \text { Opticians } \end{aligned}$ | $\begin{aligned} & \text { 4790 Caughlin Pkwy \#241 } \\ & \text { Reno, 89519-0907 } \\ & \hline \end{aligned}$ | (775) 6890132 | @nvopticians. ord | ntto:Ilvodo.nv.gov | Active | N/A - Not displayed |  | $\begin{aligned} & \text { Continuing education } \\ & \text { required to maintain } \\ & \text { license } \end{aligned}$ | $\begin{aligned} & n \begin{array}{l} \text { No coriminal } \\ \text { roceroridition } \\ \text { proribitions } \end{array} \end{aligned}$ | $\begin{aligned} & \text { speaific course } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exeamiod } \\ & \text { frequired } \end{aligned}$ | $\begin{array}{\|c} \begin{array}{c} \text { Work } \\ \text { exereniece } \\ \text { required } \end{array} \end{array}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 01/14/2016 |  |
| Ophthalmic Dispenser | New Hampshire Office of <br> Professional Licensure <br> and Certification | $\begin{aligned} & 121 \text { South Fruit Street } \\ & \text { Concord, NH } 0330 \\ & \hline \end{aligned}$ | (603) 2712152 | sohthalmic@oplc.nh.gov |  | Active | N/A - Not displayed |  | $\begin{aligned} & \text { Continuing education } \\ & \text { required to maintain } \\ & \text { license } \\ & \hline \end{aligned}$ |  | No educational requirements | $\begin{array}{\|l} \text { Noexam } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 061012020 |  |
| OPhthalmic technician | Department of Law and Public Safety~Division of Consumer Affairs~Board Ophthalmic Disp Ophthalmic Dispensers Technicians | PO Box 45011 Newark, NJ 7101 | (973) 5046435 |  | https://mmuv.niconsumeraff airs.gov/oph/Pages/defaul taspx | - | N/A - Not displayed |  | Continuing education required to maintain license |  | Specific course required | State exam required | $\begin{array}{\|l\|l} \begin{array}{l} \text { Work } \\ \text { expeirence } \\ \text { requirecd } \end{array} \end{array}$ | Stand-alone <br> license | 02126/2020 |  |
| OPHTHALMIC, DISPENSER (Optician) | Department of Law and Public Safety~Division of of Examiners of Ophthalmic Dispensers and Ophthalmic Technicians | PO Box 45011 <br> Newark, NJ 7101 | (973) 5046435 |  |  | - | N/A - Not displayed |  | Continuing education required to maintain license | $\boldsymbol{n} \left\lvert\, \begin{aligned} & \begin{array}{l} \text { No cimininal } \\ \text { record } \\ \text { probibitionons } \end{array} \end{aligned}\right.$ | Specific course required | State exam required | $\begin{array}{\|l\|l} \begin{array}{l} \text { Work } \\ \text { expeirence } \\ \text { requirecd } \end{array} \end{array}$ | Stand-alon <br> icense | 02126/2020 |  |
| Nurse Practioner | NYS Education <br> Department~Office of the Professions~State Board for Nursing | 89 Washington Avenue Albany, NY 12234 | ${ }_{(51814}^{\text {ext } 120} 43817$ |  | http://www.op.nysed.gov/p rof | ctive | and expedited processing is and spouses, with temporary license interim |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \end{aligned}$ | $\begin{aligned} & \text { No ciminal } \\ & \begin{array}{l} \text { Nerord } \\ \text { proobibition } \end{array} \end{aligned}$ | Degree required | $\begin{array}{\|l\|l} \text { Third-party } \\ \text { examp } \\ \text { erequired } \end{array}$ | $\begin{aligned} & \begin{array}{l} \text { Work } \\ \text { experinese } \\ \text { required } \end{array} \end{aligned}$ | Stand-alone license | 020112021 |  |
| Apprentice Opicician Registration | NC Board of Opticians | P.O. Box 6758 Raleigh, NC 27628-6758 | (919) 4201390 | shodgin@copticiansboard.or <br> g | http://mww.ncopticiansboa rd.orgal | ctive | NA - Not displayed | Certification required | $\begin{array}{\|l} \begin{array}{l} \text { No continuing } \\ \text { ecucation } \\ \text { requirent to } \\ \text { maintain license } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|l\|} \text { No o criminal } \\ \text { reord } \\ \text { prohibitions } \end{array}$ | No educational requirements | No exam <br> required | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Preliminary/tempo rary license | 06/28/2021 | $\begin{aligned} & \text { No physical } \\ & \text { requirements } \end{aligned}$ |
| Inter Optician Registration | NC Board of Opticians | P.O. Box 6758 Raleigh, NC 27628-6758 | (919) 4201390 | shodgin@copticiansboard.or <br> g | $\frac{\text { http://www.ncopticiansboa }}{\text { rd.org/ }}$ | A | NA - Not displayed |  | $\begin{array}{\|l\|l} \text { No continuing } \\ \text { education } \\ \text { equairement to } \\ \text { requiren ticense } \\ \text { mainal nicen } \end{array}$ | No criminal <br> record <br> proribibitions |  | ${ }_{\text {No exam }}^{\substack{\text { required }}}$ | $\begin{array}{\|l\|l} \begin{array}{l} \text { Work } \\ \text { experines } \\ \text { requirecd } \end{array} \end{array}$ | Preliminary/tempo rary license | 05/26/2021 | No physical requirements |
| Licensed Dispensing Optician | NC Board of Opticians | $\begin{aligned} & \text { P.o. Box } 6758 \\ & \text { Raleigh, NC 27628-6758 } \end{aligned}$ | (919) 4201390 | shodgin@copticiansboard.or <br> g | http://www.ncopticiansboa <br> rd.org/ | A | N/A - Not displayed | $\begin{aligned} & \text { Certification } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Continuing education } \\ & \text { required to maintain } \\ & \text { license } \end{aligned}$ | $\begin{array}{l}\text { Background } \\ \text { check required }\end{array}$ | $\begin{aligned} & \substack{\text { speecific course } \\ \text { required }} \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { Third-party } \\ & \text { Cexami } \\ & \text { frequired } \end{aligned}$ | $\begin{array}{\|c} \begin{array}{l} \text { Work } \\ \text { exeperience } \\ \text { required } \end{array} \end{array}$ | Stand-alone license | 5/26/2 | $\begin{aligned} & \text { No physical } \\ & \text { requirements } \end{aligned}$ |
| Ophthalmologist Privilege | NC Department of Revenue~Taxpayer Assistance | 4701 Atlantic Avenue, Ste. 118 Raleigh, NC 27604 | (919) 7070880 | Privilege license@ncdor.gov | https://www.ncdor.gov/tax es-forms/privilege-license tax | - | N/A - Not displayed |  | Continuing education required license |  | Degree required | No exam required | $\begin{array}{\|l\|l} \hline \begin{array}{l} \text { Work } \\ \text { experience } \\ \text { required } \end{array} \end{array}$ | Secondary license (another license is a prerequisite | 05/042021 |  |
| Optician in Charge (OIC) Registration | Board of Opticians | $\begin{array}{\|l\|l} \begin{array}{l} \text { P.O. Box } 6758 \\ \text { Raleigh, NC 27628-6758 } \end{array} \\ \hline \end{array}$ | 19) 4201390 | shodgin@copticiansboard.or <br> g | http://wmw.ncopticiansboa <br> rd.org/ | Active | N/A - Not displayed |  | $\begin{aligned} & \text { Continuing education } \\ & \text { required to maintain } \\ & \text { license } \end{aligned}$ | $\begin{aligned} & \text { n No criminal } \\ & \text { record } \\ & \text { rorohibitions } \end{aligned}$ | $\begin{aligned} & \text { No educational } \\ & \text { requirements } \end{aligned}$ | $\begin{array}{\|l} \text { Noexam } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Register with licensing agency | 5/26612021 | $\begin{aligned} & \text { No physical } \\ & \text { requirements } \end{aligned}$ |

# CareerOneStop License Finder Results 

## We found $\mathbf{3 8}$ licenses for Opticians, Dispensing in United State

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License Type | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Optical Dispenser | Ohio Vision Professionals Board |  | (614) 4669709 | oord@vision.ohio.gov | mwwvision.ohio.gov | Active | N/A - Not displayed |  | $\begin{aligned} & \text { Continuing education } \\ & \text { required to maintain } \\ & \text { license } \end{aligned}$ | $\begin{aligned} & \text { No c oriminal } \\ & \text { record } \\ & \text { proribibions } \end{aligned}$ | Degree required | $\begin{aligned} & \substack{\text { Third-party } \\ \text { exam } \\ \text { required }} \end{aligned}$ | Work required | Stand-alone license | 10/1312020 |  |
| Optician | Ohio Vision Professionals Board | 77 S. High Street, Suite 1670 Columbus, OH 43215 | (614) 4669709 | oard@vision.ohio.gov | mwwvision.ohio.gov | Active | N/A - Not displayed |  | $\begin{aligned} & \text { Continuing education } \\ & \text { required to maintain } \\ & \text { license } \end{aligned}$ |  | Degree required |  | $\begin{aligned} & \text { Work } \\ & \text { experience } \end{aligned}$ required | Stand-alone license | 10/1312020 |  |
| Optician | $\left\lvert\, \begin{aligned} & \text { Puerto Rico Department of } \\ & \text { Heatth-Office of } \\ & \text { Regulations \& Certification } \\ & \text { of Healthn } \\ & \text { Professionals } \end{aligned}\right.$ |  |  |  | https://casetext.com/statut e/laws-of-puerto-rico/title-and-professionalcolleges/chapter-89-board <br> of-examiners-of-opticians | Active | N/A - Not displayed |  |  | $\left\lvert\, \begin{aligned} & \text { Felony } \\ & \text { convictions } \\ & \text { prohibited } \end{aligned}\right.$ | Degree required | State exam <br> required | No experience required | Stand-alone <br> license | 07/1912019 | No physical requirements |
| Optician | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { RI Department of } \\ \text { Heatun-tealth } \\ \text { Reofessions } \end{array} \\ \text { Requation } \end{array}$ | 3 Capitol Hill, Room 104 Providence, RI 02908 | $(401) 2222828$ |  | http://mw.health.ri.gov/ic <br> enses/ | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing education } \\ & \text { required to maintain } \\ & \text { license } \end{aligned}$ | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | Workexperienc <br> reaured | Stand-alone | 10/0112019 |  |
| Contact Lens Dispensers | SC Board of Examiners in Opticianty | 110 Centerview Drive <br> Kingstree Bldg. Suite 202 PO Box 11329 <br> Columbia, SC 29211-1329 | (803) 8964881 | combsa@lirsc.gov | http://mum.II.state.sc.us/P | ctive | $\begin{array}{\|l} \text { A temporary license } \\ \text { is avaiiable to } \\ \text { military and spouses } \\ \text { untiformal icense } \\ \text { approval lion } \end{array}$ |  | Continuing education license |  | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exeam } \\ \text { required } \end{array}$ | Work experience required | Stand-alone <br> license | 06618/2013 |  |
| Opicians | SC Board of Examiners in Opticianry | 10 Centerview Drive <br> Kingstree Bldg. Suite 202 PO Box 11329 <br> Columbia, SC 29211-1329 | (803) 8964881 | combsa@lirsc.gov | http://mum.II.state.sc.us/P | ctive |  |  | Continuing education equired to maintain icense |  | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exeam } \\ \text { required } \end{array}$ | Work <br> experience <br> required | Stand-alone | 06618/2013 |  |
| Registered Apprenices | SC Board of Examiners in Opticiany | 110 Centerview Drive <br> Kingstree Bldg. Suite 202 PO Box 11329 <br> Columbia, SC 29211-1329 | (803) 8964881 | combsa@lirsc.gov | http://mwu.ll.state.sc.us/P | ctive |  |  | Continuing education required to maintain icense |  | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exeam } \\ \text { required } \end{array}$ | Work <br> experience <br> required | Preliminary/tempo rary license | 06/18/2013 |  |
| dISPENSIING OPTICIANS | Dealth~Division of Health Related Boards~Board of Dispensing Optician | 665 Mainstream Drive 2nd floor <br> Nashville, TN 37243 | (615) 7415735 |  |  | Active | NA - Not displayed |  | $\begin{aligned} & \text { Continuing education } \\ & \text { repuirene tomaintain } \\ & \text { license } \end{aligned}$ | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohbibitions } \end{aligned}$ | Degree required | State exam required | Work <br> experience <br> required | license | 09112/2018 |  |
| Optician |  | 89 Main Street, 3rd floor Montpelier, VT 05620 |  | corev.youngQvermont.gov | https://sos.vermont.gov/o | ctive | NA - Not displayed |  | No cuntinuing <br> edecuarion to <br> reauriem to <br> maintain license | $\left\lvert\, \begin{aligned} & \text { Felony } \\ & \text { convicions } \\ & \text { porobibited } \end{aligned}\right.$ | Degree required | $\begin{aligned} & \text { Third-party } \\ & \text { exeam } \\ & \text { required } \end{aligned}$ | Work <br> experience <br> required | Stand-alone <br> license | 02/1912020 | No physical requirements |
| Optician | Department of Professional Regulation $\sim$ Bal Opticians | 3600 West Broad Street <br> Richmond, VA 23230-4917 | (804) 3678505 |  |  | Active | NA - Not displayed |  | Continuing education equired to maintain icense | Specific type of conviction prohibited | Degree required | State exam required | Work experience required | Stand-alone <br> license | 055/2912014 |  |
| rist | Department of Heath | 101 Israel Rd SE Tumwater, WA 98501 | (360) 2364700 | customerservice@cpaboard. <br> wa.gov | http://www.doh.wa.gov | Active | N/A - Not displayed |  | Continining educution licicuinse to maintain | Background check required | Degree required | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | Work experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 066/302016 |  |
| tician | Department of Health | 101 Israel Rd SE Tumwater, WA 98501 | (360) 2364700 | customerservice@cpaboard. wa.gov | http://www.doh.wa.gov | Activ | N/A - Not displayed |  | Continining educution lecicuirese to maintian license | $\begin{array}{\|l} \begin{array}{l} \text { No coriminalal } \\ \text { recororibion } \\ \text { proribitions } \end{array} \end{array}$ | Degree required | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Worn } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone license | 0663012016 |  |

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CareerOneStop License Finder Results

## We found $\mathbf{3 8}$ licenses for Opticians, Dispensing in United States



To request changes or additions to the information above, please contact the Analyst Resource Center directly at arc.deed@state.mn.us or 651-259-7398.

CareerOneStop License Finder Results
We found 71 licenses for Respiratory Therapists in United States.

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / <br> Veterans | Certification | Continuing Education | $\begin{aligned} & \text { Criminal } \\ & \text { Record } \end{aligned}$ | Education | Exam | Experie <br> nce | $\begin{aligned} & \text { License } \\ & \text { Type } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { License } \\ & \text { Updated } \end{aligned}$ | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Licensed Respiratory Therapist | Alabama State Board of Respiratory Therapist | $\begin{aligned} & \text { P.O. Box } 241386{ }_{2}^{3} \text { Montgom, AL } 36124 \end{aligned}$ | (334) 3962332 | board@asbrt.alabama.gov | $\frac{\text { www.asbrt.alabama.g }}{\text { ov }}$ | Active | N/A - Not displayed |  |  |  |  |  |  | ${ }^{\text {Stand-alone }}$ | 10/31/2020 |  |
| Respiratory Therapist (License) | Respiratory Care Examiners, Board of | 1400 West Washington Street, Suite 200 Phoenix, AZ 85007 | (602) 5425995 |  | 年to:/mww.r.s.state.az | Active | $\begin{aligned} & \text { Licenses from other } \\ & \text { states may be } \\ & \text { secognied for miltary } \\ & \text { and spouses } \end{aligned}$ |  | Continuing education required to maintain license o maintain licens | No crimina record prohibition | Degree reauried | Third-party exam required | $\begin{array}{\|l\|l\|} \hline \text { Affidavit or or or } \\ \text { Hequired } \\ \text { requir } \end{array}$ | Stand-alone license | 09/11/2013 |  |
| Respiratory Therapist | Arkansas State Medical Board | 1401 West Capitol Ave Suite 340 Little Rock, AR 72201 2936 | (501) 2961802 | support@medicalboard. org | http://www.armedical | Active | A temporary license is <br> avaiable to <br> and spousesilary <br> formal iliessentil <br> approval |  | Continuing <br> education required <br> to maintain licens | Background <br> check required | Degree reauried | Third-party exam required | $\left\lvert\, \begin{aligned} & \text { No } \\ & \text { experience } \\ & \text { required } \end{aligned}\right.$ | license | 09123/2019 |  |
| Respiratory Care Practitioner | Department of Consumer Affairs~Respiratory Care Board of California | 3750 Rosin Court, Suite <br> 100 <br> Sacramento, CA 95834 | (916) 9992190 | rcbinfo@dca.ca.gov | https://www.rcb.ca.go w | Active | NA - Not displayed |  | Continuing education required to maintain license | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Degree reaured | $T_{\text {exam required }}^{\text {Thir-part }}$ | $\begin{array}{\|l\|l} \hline \begin{array}{l} \text { Work } \\ \text { experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\int_{\text {en }}^{\text {Stand-alone }}$ | 07/09/2021 |  |
| Registered Pyschotherapist | Department of Regulatory Agencies~Division of Professions $\&$ Occupations- - ooard of Mental Health | 1560 Broadway Suite 880 Denver, CO 80202 | (303) 8947766 |  | $\frac{\text { http://www.dora.state }}{\text {.co.us/Mental-Health/ }}$ | ative | Military and spouses are exempt from licensure <br> requirements |  | Continuing education required to maintain license | No crimina record prohibitions | Degree required | State exam required | Work expenience required required | Stand-alone <br> license | 070112021 |  |
| Respiratory Therapist | Department of Regulatory <br> Agencies~Division of <br> Professions $\&$ <br> Occupations-2espiratory <br> Therapy Licensure Office | $\begin{array}{\|l\|l\|} 1560 \text { Broadway Suite } \\ \text { 1340 } \\ \text { Denver, co } 802022 \end{array}$ | (303) 8942440 |  |  | efive | Military and spouses are exempt from icensure requirements |  | Continuing <br> education required <br> to maintain license | No criminal record prohibitions | Degree required | Third-party exam required exam required | $\begin{array}{\|l\|l} \text { No } \\ \text { Nexperience } \\ \text { required } \end{array}$ | Stand-alone license | 0701/2021 |  |
| Respiratory Care Practitioner | Department of Public Health~H Systems <br> Branch~Practitione Licensing \& Investigations Section | $\begin{array}{\|l\|l} \text { 410 Capitol Avenue, } \\ \text { P.O.Bor } 340308 \\ \text { SHartford, CT } 06134-0308 \end{array}$ | (860) 5097603 | olpc.dph@po.state.ct.us | www.dph.state.ct.us/ <br> m | Active | NA - Not displayed |  | Continuing <br> education required <br> to maintain licens | $\begin{array}{\|l\|l} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array}$ | Degree required | Third-party exam required | $\left\lvert\, \begin{aligned} & \text { No } \\ & \text { experience } \\ & \text { required } \end{aligned}\right.$ | Stand-alone <br> license | 03/09/2021 |  |
| Respiratory Care Practitioner Temporary Permit | Department of Public Health~H Systems <br> Branch~Practitione Licensing \& Investigations Section | 410 Capitol Avenue, <br> P.O.Box 340308 <br> Hartford, CT 06134-0308 | (860) 5097603 | olpc.dph@po.state.ct.us | www.dph.state.ct.us/l icensurelicensure.ht m | ve | N/ - Not displayed |  | Continuing <br> education required <br> to maintain licens | No criminal record prohibitions | Specific course required | Third-party exam required exam required | $\begin{array}{\|l\|l\|} \hline \text { No } \\ \text { experience } \\ \text { required } \end{array}$ | $\left\lvert\, \begin{aligned} & \text { Preliminarylte } \\ & \text { epporary } \\ & \text { license } \end{aligned}\right.$ | 03/09/2021 |  |
| Respiratory Care Practioner | Board of Medical Licensure and Discipline~Division of Professional Regulation | Cannon Builiding, 861 Siver Siver Lake Blval. STE. Dover, DE 19904-2467 | (302) 7444500 |  |  | Active | A temporary license is avaiiable to military and spouses until formal license approval |  | Continuing education required to maintain licens | No criminal record prohibitions | Degree required | Third-party exam required | $\begin{array}{\|l} \text { No } \\ \text { Nexperince } \\ \text { required } \end{array}$ | license | 10/24/2018 |  |
| RESPIRATORY CARE | Government of the Distric <br> of Columbia~Department <br> of Health~Health <br> Regulation Administration | 825 North Capitol Street, NE, Suite 222 Washington, 20002 | (202) 4424330 |  |  | Active | N/ - Not displayed |  | Continuing <br> education required <br> to maintain licens | No criminal recorm probibitions | Degree regured | Third-party exam required | $\begin{array}{\|l\|l} \text { No } \\ \text { experience } \\ \text { required } \end{array}$ | Stand-alone <br> license | 06/23/2016 |  |
| Certifed Respiratory Therapist | FL Department o Health~Division of Medical Quality Assurance | 4042 Bald Cypress Way Tallahassee, Fl $123399-$ 4 Tallah 3250 | (850) 4880595 |  | www.doh.state.f.lus! | Active | N/ - Not displayed |  | Continuing education required to maintain license o maintain licens | No criminal record prohibitions | Degree reguried | State exam <br> required | $\begin{array}{\|l\|l\|} \hline \text { No } \\ \text { experience } \\ \text { required } \end{array}$ | Stand-alone license | 02/25/2020 |  |
| Registered Respiratory Therapist | $\begin{aligned} & \text { FLDepartment of } \\ & \text { Health-Division of } \\ & \text { Medical Quality } \end{aligned}$ Assurance | $\begin{array}{\|l\|l} \text { 4042 Bald Cypress Way } \\ \text { TTalanassee, F13239- } \\ 32250 \end{array}$ | (850) 4880595 |  | www.doh.state.flus! | Active | N/ - Not displayed |  | Continuing education required | $\begin{aligned} & \text { Nocriminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Degree regured | State exam required | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { No } \\ \text { experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | Stand-alone <br> licens | 02/25/2020 |  |
| Respiratory Care Professional | Georgia Composite Medical Board | $\begin{aligned} & \text { 2 Peachtree Street, } \\ & \text { N.W,. 36th Floor } \\ & \text { Atlanta, GA } 30303-3465 \end{aligned}$ | 404)656 3913 | medbd@dch.ga.gov | $\left\lvert\, \begin{array}{l\|l\|} \hline \text { htpp:l/medicaliboard.a } \\ \hline \text { eorgi..gov } \end{array}\right.$ | Active | N/ - Not displayed |  | Continuing educuation required to maintain license | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Degree regured | Third-party exam required | $\begin{aligned} & \hline N o \\ & \text { experience } \end{aligned}$ Irequired | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 10/24/20 |  |

## CareerOneStop License Finder Results

## We found 71 licenses for Respiratory Therapists in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experie nce | License Type | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Respiratory Therapist | Hawaii State Dept. of Commerce \& Consume Affairs~Professional and Vocational Licensing Therapist Program | P. O. Box $3669,[335$ Merchant St., Rm. 301, Honolulu Hi. 968131 Honolulu, HI 96801 | (808) 5863000 | 九@dcca.hawai.gov | $\begin{aligned} & \begin{array}{l} \text { httpp:/cca.hawaii.gov/ } \\ \text { pv//rograms/respirat } \\ \text { ory/ } \end{array} . \end{aligned}$ | Active | N/A - Not displayed | Certification <br> required | No continuing education requirement to maintain licens | $\begin{array}{\|l\|l} \text { No criminal } \\ \text { record } \\ \text { prohibition } \end{array}$ | Degree reauired | Third-party exam required | $\left.\begin{aligned} & \text { No } \\ & \text { experience } \\ & \text { required } \end{aligned} \right\rvert\,$ | Stand-alone <br> license | 10/09/2019 |  |
| Respiratory Therapists | Board of Professional <br> Counselors and Marriage <br> \& Family <br> Therapist $\sim$ Idaho Bureau <br> of Occupational Licenses | $\left\|\begin{array}{l} 700 \mathrm{w} \text {. State St, PO Box } \\ \text { B3720 } \\ \text { Boise, ID 83720-0063 } \end{array}\right\|$ | (208) 3343233 | cou@ibol.idaho.gov | http://ibol.idaho.gov/I BOL | Active | N/A - Not displayed |  | Continuing education required to maintain license to maintain licens | $\begin{array}{\|l\|l} \text { No criminal } \\ \text { record } \\ \text { prohibition } \end{array}$ | Degree reauried | State exam <br> required | $\left.\begin{aligned} & \text { No } \\ & \text { experience } \\ & \text { required } \end{aligned} \right\rvert\,$ | Stand-alone <br> license | 01101/2010 |  |
| Respiratory Care Practitioner | Illinois Department of <br> Financial and Professional Regulation | 320 West Washington Springfield, IL 62786 | (217) 7828556 |  |  | Active | N/A - Not displayed |  |  |  |  |  |  | $\begin{array}{\|l\|l} \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 07/19/2019 |  |
| Respiratory Care Practitioner | Indiana Professional Licensing Agency Aespiratory Care Committee | $\begin{array}{\|l\|l} 402 \text { West Washington } \\ \text { Stret, Room Wo72 } \\ \text { Indianapolis, IN } 46204 \\ \hline \end{array}$ | (317) 2348800 | pla14@plai.i.gov | htpp://www.in.gov/plal rep.htm | Active | N/A - Not displayed |  | Continuing education required to maintain license | Any conviction is prohibited | Degree reaured | Third-party exam required | $\left\lvert\, \begin{aligned} & \text { No } \\ & \text { experience } \\ & \text { required } \end{aligned}\right.$ | Stand-alone license | 05/06/2021 |  |
| Student Temp RCP | Indiana Professional Licensing Agency-Respiratory Care Committee | 402 West Washington Street, Room W072 Indianapolis, IN 46204 | (317) 2348800 | pla14@plai.i.gov | htpp///www.in.gov/plal rcp.htm | ctive | N/A - Not displayed |  | Continuing education required to maintain licens | Specific type of conviction prohibited $\qquad$ | Degree required | State exam required | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { No } \\ \text { experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \begin{array}{l} \text { Preliminarylte } \\ \text { mporary } \\ \text { license } \end{array} \\ & \hline \end{aligned}$ | 05/06/2021 |  |
| Temporary RCP Permit | Indiana Professional Licenisg Agency-Resspiratory Care Committee | 402 West Washington <br> Street, Room WOT2 <br> Indianapolis, IN 46204 | (317) 2348800 | pla14@plai.in.gov | http://www.in.gov/plal rep.htm | Active | N/A - Not displayed |  | Continuing <br> education required <br> to maintain licens | No criminal <br> record <br> prohibitions | Degree reaurired | State exam required | $\begin{array}{l}\text { No } \\ \text { experience } \\ \text { required }\end{array}$ | $\begin{aligned} & \text { Preliminarylte } \\ & \begin{array}{l} \text { lporary } \\ \text { license } \end{array} \\ & \hline \end{aligned}$ | 05/10/2021 |  |
| Respiratory Care Practitioner | Iowa Board of Respiratory Care and <br> Polysomnography~lowa Department of Public Health~Bureau of Professional Licensure | 321 E 12 th Street, Lucas Building <br> Des Moines, IA 503190075 | (515) 2810254 | PLPublic@idph.iowa.gov | $\begin{aligned} & \text { hitp:///idph.iowa.gov/Li } \\ & \left.\begin{array}{l} \text { censure/liowa-Board- } \\ \text { of-Respiratory-Care } \end{array} \right\rvert\, \end{aligned}$ | ctive | NA - Not displayed |  | Continuing education required to maintain licens | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Degree reauired | Third-party exam required | $\left.\begin{aligned} & \text { No } \\ & \text { experience } \\ & \text { required } \end{aligned} \right\rvert\,$ | Stand-alone <br> license | 10/12/2020 |  |
| Respiratory Therapist (RT) | Kansas State Board of Healing Arts | $\begin{aligned} & \text { 800 SW Jackson, Lower } \\ & \text { Level Suite A } \\ & \text { Topeka, KS } 66612 \end{aligned}$ | (785) 2967413 | KSBHA Licensing@k.gov | http:/www.ksbha.org | Active | N/A - Not displayed |  | Continuing <br> education required <br> to maintain license | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { rochibitions } \end{aligned}$ | Degree reauried | Third-party exam required | No experience required | Stand-alone <br> license | 11/12/2019 |  |
| Licensed Respiratory Therapist | Commonwealth of Kentucky~Board of Respiratory Care | 2365 Harrodsburg Rd., B350 Lexington, KY 40504- 3386 | (859) 2462747 | Tamara.McDaniel@kr.gov | $\left\lvert\, \begin{aligned} & \frac{\text { htpp://kbrc.ky.gov/Pa }}{\text { ges/default.aspx }} \end{aligned}\right.$ | Active | NA - Not displayed |  | Continuing <br> education required <br> to maintain license | No criminal record prohibitions | Degree reauried | Third-party exam required | No <br> experience <br> required | Stand-alone <br> license | 10/13/2020 |  |
| Licensed Student Respiratory Therapist | Commonwealth of Kentucky~Board of Respiratory Care | 2365 Harrodsburg Rd.,Bexind <br> Lexinton, kY 40504- <br> 3386 | (859) 2462747 | Tamara.McDaniel@ky.gov | $\frac{\text { https://kbrc.ky.gov/Pa }}{\text { ges/default.aspx }}$ | ctive | N/A - Not displayed |  | Continuing <br> education required <br> to maintain licens | $\begin{array}{\|l\|l\|} \text { No criminal } \\ \text { record } \\ \text { proribibitions } \end{array}$ | Degree reauried | Third-party exam required | No experience required | Stand-alone <br> license | 10/13/2020 |  |
| Temporary Respiratory Therapist License | Commonwealth of Kentucky~Board of Respiratory Care | 2365 Harrodsburg Rd., <br> B350 <br> Lexington, KY $40504-$ <br> 3386 | (859) 2462747 | Tamara.McDanie@@kr.gov | $\frac{\text { https://kbrc.kv.gov/Pa }}{\text { ges/default.aspx }}$ | ctive | N/A - Not displayed |  | Continuing education required to maintain license | No criminal record prohibitions | Degree reaurired | State exam required | No experience required | $\begin{aligned} & \text { Preliminary/te } \\ & \text { mporary } \\ & \text { license } \end{aligned}$ | 10/13/2020 |  |
| Respiratory Therapist | Louisiana State Board of Medical Examiners-Board of Medical Examiners | 630 Camp Street <br> New Orleans, LA 70130 | $\begin{aligned} & (504) 5686820 \\ & \text { ext } 115 \end{aligned}$ | Isbme@Isbme.la.gov | htp://www.louisianab | Active | N/A - Not displayed |  | Continuing education required to maintain license | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Degree reauried | Third-party exam required | № experience required | Stand-alone <br> license | 06/08/2021 |  |
| Respiratory Care Associate | Maine Department of <br> Professional \& Financial <br> Regulation-Office of <br> Profssional and <br> Occupational Regulation | Gardiner Annex/ 76 Northern Ave, 35 State House Station Augusta, ME 04333-0035 | (207) 6248603 |  | https://www.maine.qo <br> V/pfrf//professionallicen <br> singlindex.shtm\| | Active | N/A - Not displayed |  | No continuing <br> education <br> requirement to <br> maintain license | No criminal record prohibitions | Degree required |  |  | Stand-alone license | 08/21/2020 |  |
| Respiratory Care Technician | Maine Department of <br> Professional \& Financial <br> RegulationoOffice of <br> Professional and Professional and | Gardiner Annex 76 Northern Ave, 35 State House Station Augusta, ME 04333-0035 | (207) 6248603 |  | $\begin{aligned} & \text { https:///www.maine.go } \\ & \begin{array}{l} \text { V/pfr/professionalicen } \\ \text { sing/index.sstmil } \end{array} \end{aligned}$ | Active | N/A - Not displayed |  | No continuing education equirement to maintain licens | Background check required | Degree reauried | State exam required | $\begin{aligned} & \text { No } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 082112020 | No physical requirements |

## CareerOneStop License Finder Results

We found 71 licenses for Respiratory Therapists in United States.

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experie nce | License Type | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Respiratory Care Technician, Temporary | Maine Department of <br> Professional \& Firancial <br> Refulation~Office of <br> Professional and <br> Occupational Regulation | Gardiner Annex/ 76 Northern Ave, 35 State House Station Augusta, ME 04333-0035 | (207) 6248003 |  | https://www.maine.go <br> $\begin{array}{l}\text { V/Pfrf/professionallicen } \\ \text { sing/index.shtmI }\end{array}$ | Active | NA - Not displayed |  | No continuing education requirement to maintain license | Background check required | Degree reaured | No exam required | $\begin{array}{\|l} \text { Nox } \\ \text { experience } \\ \text { required } \end{array}$ | $\left\lvert\, \begin{aligned} & \text { Preliminaryyte } \\ & \text { mporary } \\ & \text { license } \end{aligned}\right.$ | 08/21/2020 | $\begin{aligned} & \text { No physical } \\ & \text { requirements } \end{aligned}$ |
| Respiratory Care Therapist |  | Gardiner Annex 76 Norther Ave, 35 State Hous Station Augusta, ME $04333-0035$ | (207) 6248003 |  | https:///www.maine.go <br> V/pfr//rofessionallicen <br> sing/index.shtm! | Active | NA - Not displayed |  | No continuing ecucation requirent to maintain license | Background check required | Degree required | State exam required | $\begin{aligned} & \left.\begin{array}{l} \text { No } \\ \text { experience } \\ \text { required } \end{array} \right\rvert\, \end{aligned}$ | Stand-alone license | 08/21/2020 | No physical requirements |
| Respiratory Care, Trainee | Maine Department of <br> Profssioal \& Financial <br> Regulation- Office of <br> Professional and <br> Occupational Regulation | Gardiner Annex/ 76 Northern Ave, 35 State House Station Augusta, ME 04333-0035 | (207) 6248003 |  | $\left\lvert\, \begin{aligned} & \text { hitps://www.maine.go } \\ & \begin{array}{l} \text { v/pfrf/professionalilicen } \\ \text { sing/index.shtml } \end{array} \end{aligned}\right.$ | Active | N/A - Not displayed |  | No continuing education requirement to maintain license | Background <br> check required | No educational requirements | No exam required | Affidavit or referral require | $\left\|\begin{array}{l} \text { Preliminary/te } \\ \text { mporary } \\ \text { license } \end{array}\right\|$ | 08821/2020 | No physical requirements |
| RESPIRATORY THERAPIST | Maryland State Dept. of Health \& Mental Hygiene~Board of Respiratory Therapy | 4201 Patterson Ave Baltimore, MD 21215 | (410) 7644723 |  | http://www.dhmh.stat e.md.us/boardsahs | ctive | Expedited processing s available for military and spouses |  | Continuing <br> education required <br> to maintain license | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { No criminal } \\ \text { record } \\ \text { prohibions } \end{array} \\ \hline \end{array}$ | Degree reaured | Both state and third-party exams required | Work experience required | Stand-alone <br> license | 10/13/2020 |  |
| RESPIRATORY THERAPIST | Board of Registration in Respiratory Care | 239 Causeway St. Boston, MA 02114 | (800) 4140168 |  |  | Active | N/A - Not displayed |  | Continuing <br> education required <br> o maintain license | No crimina record prohibitions | Degree required | Third-party exam required | $\begin{aligned} & \text { No } \\ & \text { experience } \\ & \text { reauired } \end{aligned}$ | Stand-alone <br> licens | 05/09/2018 |  |
| Respiratory Theraist | Michigan Department of Licensing and Regulatory Afrais -Bureau of Professional Licensing | P.O. Box 30670 Lansing, M1 48909 | (517) 2410099 | oplhelp@michican.gov |  | Active | NA - Not displayed |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \end{aligned}$ | No criminal record prohibitions | Degree required | Third-party exam required | $\begin{array}{\|l} \text { No } \\ \text { experience } \\ \text { required } \end{array}$ | license | 02/25/2020 |  |
| Respiratory Theraist (RT) License | Minnesota Board of Medical Practitioners | 2829 University Ave. S.E., Suite 500 University Park Plaza Minneapolis, MN 55414- 3246 | (612)6172130 | medical.board@state.mn.us | htpp//www.bmp.state. <br> mn.us/ | etive | NA - Not displayed |  | Contitiung educuation required to maintain license | No crimina record prohibitions | Degree required | Third-party exam required | $\begin{aligned} & \text { No } \\ & \text { experience } \\ & \text { reauired } \end{aligned}$ | Stand-alone <br> licens | 10/16/2018 |  |
| Respiratory Care Practitioner | MS State Dept. o Health~Office of Licensure~Professiona Licensure Division | P.O. Box 1700 Jackson, MS 39215-1700 | (601) 3647360 | MSDHProflicensure@msdh. ms.gov | https://msdh.ms.gov/ <br> $\begin{array}{l}\text { msdhsitel } \\ \text { 82.htatic } / 30,0 .\end{array}$ | Active | NA - Not displayed | Certification <br> required | $\begin{array}{\|l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array}$ | $\begin{aligned} & \text { Noo criminal } \\ & \text { record } \\ & \text { rorobibitions } \end{aligned}$ | Specific course required | Third-party exam required | $\begin{aligned} & \text { No } \\ & \text { experience } \\ & \text { required } \\ & \hline \end{aligned}$ | license | 07/01/2019 | No physical requirements |
| Respiratory Care Practitioners | Division Of Professional Registration~Missouri State Board for Respiratory Care | 3605 Missouri Boulevard, P.O. Box 1335 Jefferson City, M 65102- 1335 1335 | (573) 5225864 ext 8007352966 | cp@pr.mo.gov | http://pr.mo.gov/respi ratorycare.asp | Active | N/A - Not displayed |  | Continuing <br> education required <br> o maintain license | Background check required | Degree reauired | Third-party exam required | $\begin{aligned} & \text { No } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 09911/2018 |  |
| Respiratory Care Practitioners Respiratory Care Practitioner | Board of Respiratory Care Practitioners | 301 South Park, 4th Floor, PO Box 200513 Helena, MT 59620-0513 | (406) 8412369 | dilibsdrcp@mt.gov | $\frac{\text { http:/Iboards. bsd.dili. }}{\text { mit.goviccp }}$ | Active | N/A - Not displayed |  | $\begin{aligned} & \text { Contining } \\ & \text { educuation required } \\ & \text { to maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { rpohbibitions } \end{aligned}$ | Degree reaured | Third-party exam required | experience required | Stand-alone <br> license | 09/11/2018 |  |
| Respiratory Care Practitioner | Nebraska Dept. of Health \& Human Services | P.O. Box 94986 Lincoln, NE 68509 | (402) 2472299 | dhhs.rehaboffice@nebraska. |  | Active |  |  |  |  |  |  |  | license | 06/29/2021 |  |
| Respiratory Therapist | Board of Medical Examiners | $\begin{array}{\|l\|l\|} \text { P.O. Box } 7238 \\ \text { Reno, } 89510 \end{array}$ | (775) 6882559 | nsbme@medboard.nv.gov | $\left\lvert\, \begin{aligned} & \text { hitp://Imedboard.nv.g } \\ & \text { ovl } \end{aligned}\right.$ | Active | NA - Not displayed | $\begin{aligned} & \text { Certification } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \end{array}$ | Background check required | Degree required | Third-party exam required | $\begin{aligned} & \text { No } \\ & \text { experience } \end{aligned}$ required | alicense | 01/14/2016 |  |
| Respiratory Care Practitioner | New Hampshire Respiratory Care Practitioners' Governing Board~Office of and Certification | $\begin{aligned} & 121 \text { South Fruit Street, } \\ & \text { Suite 303 } \\ & \text { Concord, NH } 0330 \end{aligned}$ | (603) 2718389 | bille.,.richardson@oplc.nh.go - | $\frac{\text { www.oplc.nh.gov/allie }}{\text { d-heath }}$ | ctive | NA - Not displayed |  | Continuing education required to <br> to maintain license | No criminal record prohibitions | Degree required | Third-party exam required | $\begin{array}{\|l} \text { No } \\ \text { experience } \\ \text { required } \end{array}$ | Stand-alone <br> license | 06/01/2020 |  |

## CareerOneStop License Finder Results

We found $\mathbf{7 1}$ licenses for Respiratory Therapists in United States.

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / <br> Veterans | Certification | $\begin{aligned} & \text { Continuing } \\ & \text { Education } \\ & \hline \end{aligned}$ | Criminal <br> Record | Education | Exam | Experie <br> nce | $\begin{aligned} & \text { License } \\ & \text { Type } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { License } \\ & \text { Updated } \end{aligned}$ | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| RESPIRATORY THERAPIST | Department of Law and Public Safety~Division of Consumer Affairs~Board of Respiratory Care | PO Box 45031 Newark, NJ 7101 | (973) 5046485 |  | $\begin{array}{\|l\|l} \text { https:///www.niconsu } \\ \text { meraffairs.gov/resp/P } \\ \text { ages/defautl.aspx } \end{array}$ | Active | N/A - Not displayed |  | Continuing education required o maintain license | No crimina record prohibitions $\qquad$ | Degree required | Third-party exam required | $\begin{array}{\|l\|l} \text { No } \\ \text { experience } \\ \text { required } \end{array}$ | Stand-alone <br> license | 02/26/2020 |  |
| Respiratory Care Practitioner | Respiratory Care Advisory Board | 2550 Cerrillos Road, Second Floor, P.O. Box 25101 Santa Fe, NM 87505 | (505) 4764965 | RespiratoryCareBd@state.n m.us | http://www.rld.state.n <br> m.us/boards/Respirat <br> ory Care.aspx | ctive | N/A - Not displayed |  | $\begin{array}{\|l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array}$ | $\begin{aligned} & \text { Noo criminal } \\ & \text { record } \\ & \text { rorobibitions } \end{aligned}$ | Degree reauried | Third-party exam required | $\begin{array}{\|l} \begin{array}{l} \text { No } \\ \text { experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | license | 07/08/2021 |  |
| Respiratory Care Student Extern | Respiratory Care Advisory Board |  | (505) 4764965 | RespiratoryCareBd@state.n m.us | http://www.rld.state.n <br> mus/boards//Respirat <br> ory_Care.aspx | ctive | N/A - Not displayed |  | $\begin{array}{\|l\|l} \text { Continuing } \\ \text { eluaroion required } \\ \text { to maintain license } \end{array}$ | $\begin{array}{\|l\|l\|} \hline N o \text { ocriminal } \\ \text { record } \\ \text { pororibitionons } \end{array}$ | Degree reauried | Third-party exam required | $\begin{array}{\|l\|l\|} \text { No } \\ \text { Nexperince } \\ \text { required } \end{array}$ | Stand-alone license | 07/08/2021 |  |
| Real Estate Appraiser | NYS Department of State~Division of Licensing Services~One Commerce Plaza | 99 Washington Avenue, P.O. Box 22001 Albany, NY 12201-2001 | (518) 4744429 | セeeanne.jones@dos.nv.gov | https://www.dos.ny.g <br> ov | Active | NA - Not displayed |  | Continuing <br> education required <br> to maintain license | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { No criminal } \\ \text { record } \\ \text { prohibions } \end{array} \\ \hline \end{array}$ | Degree reaured | Third-party exam required | Work experience required | Stand-alone <br> license | 03/26/2021 |  |
| Real Estate Broker | NYS Department of State~Division of Licensing Services~One Commerce Plaza | 99 Washington Avenue, <br> P.O. Box 2200 <br> Albany, NY 12201-2001 | (518) 4744429 | leeanne.jones@dos.ny.gov | https://www.dos.ny.g <br> ov | Active | N/A - Not displayed |  | Continuing education required o maintain license | No crimina record prohibitions | No educational <br> requirements | State exam required | Work $\underset{\substack{\text { experience } \\ \text { reauired }}}{\text { and }}$ $\square$ | Stand-alone <br> licens | 03/26/2021 |  |
| Respiratory Care Practitioner | NC Respiratory Care Board | $\begin{array}{\|l\|} \hline \begin{array}{l} 125 \text { Edinubrgh South Dr., } \\ \text { Ste 100 } \\ \text { Cary, NC } 27511 \end{array} \end{array}$ | (919) 8785595 | beroft@norcb.org | http://www.necrob.orgl | Active | N/A - Not displayed | Certification required | Continuing <br> education required <br> to maintain license | Background check required | Degree required | Third-party <br> exam required | No experience required | $\left.\right\|^{\text {Stand-alone }}$ | 04/27/2021 | $\begin{aligned} & \text { No physical } \\ & \text { requirements } \end{aligned}$ |
| Respiratory Therapists | ND State Board of Respiratory Care | PO Box 2223 Bismarck, ND 58502 | (701) 2221564 |  | $\begin{aligned} & \frac{\mathrm{http}: / / w w w . n d s b r c . c o}{\mathrm{~m} /} \end{aligned}$ | Active | N/A - Not displayed |  | Continuing education required to | Background check required | Degree reauired | Third-party exam required | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { No } \\ \text { experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 05/25/2021 | $\begin{array}{\|l\|l} \text { No physical } \\ \text { requirements } \end{array}$ |
| Respiratory Therapist | State Medical Board of Ohio | $\begin{aligned} & \text { 77 S. High Street, 174th } \\ & \text { Fior } \\ & \text { Coloubus, OH 43215- } \end{aligned}$ | (614) 4663934 |  | www.med.ohio.gov | Active | NA - Not displayed |  | Continuing <br> educuation required <br> to maintain license | No crimina record prohibitions | Degree required | Third-party exam required | No <br> $\begin{array}{l}\text { experience } \\ \text { required }\end{array}$ | Stand-alone license | 10/13/2020 |  |
| Respiratory Care Practitioner | State Board of Medical Licensure and Supervision | $\begin{aligned} & \text { 101 NE 51st St. } \\ & \text { Oklahoma City, OK } \\ & 73105 \end{aligned}$ | (405) 9621400 | tmitchell@okmedicalboard.o rg | $\begin{aligned} & \text { http:/muw.okmedical } \\ & \text { bard. orgl } \end{aligned}$ | Active | N/A - Not displayed |  | Continuing <br> education required <br> to maintain license | $\begin{array}{\|l\|l\|} \hline \text { No corminal } \\ \text { recordition } \\ \text { prohibitions } \end{array}$ | Degree required | Third-party exam required | No experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 06/25/2020 |  |
| Respiratory Theraist | Oregon Health Licensing Agency | 700 Summer St NE \#320 Salem, OR 97301-1287 |  |  |  | Active | N/A - Not displayed |  | Continuing education required to maintain license |  | Degree required | Third-party exam required | $\begin{aligned} & \text { No } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 04/04/2018 |  |
| Respiratory Therapist: Temporary License | Oregon Health Licensing Agency | 700 Summer St NE \#320 Salem, OR 97301-1287 |  |  |  | Active | N/A - Not displayed |  | Continuing education required to maintain license |  | Degree reauired | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { No } \\ \text { experience } \end{array} \end{array}$ | Preliminary/te <br> mporary <br>  | 04/04/2018 |  |
| Respiratory Care Practitioner Certificate | Department of State~Bureau of Professional \& Occupational Affairs~Medicine Board | $\left\lvert\, \begin{aligned} & \text { P.O. Box } 2649 \\ & \text { Harrisburg, PA } 17105- \\ & 2649 \end{aligned}\right.$ | (717) 7831400 |  |  | ctive | N/A - Not displayed |  | Continuing education required to maintain license | No criminal record prohibitions | Degree required | Third-party exam required | $\begin{array}{\|l} \text { No } \\ \text { Nexperience } \\ \text { required } \end{array}$ | Stand-alone <br> license | 03/11/2021 |  |
| Respiratory Therapist Care Practitioner | Department of <br> State~Bureau of <br>  <br> Occupational <br> Affairs~Osteopathic <br> Medicine Board | $\begin{aligned} & \text { Po. Box } 2649 \\ & \text { Harisburg PA 17105- } \\ & \text { 2649 } \end{aligned}$ | (717) 7834858 |  |  | Active | N/A - Not displayed |  | Continuing <br> education required <br> to maintain license | No criminal record prohibitions | Degree regured | Third-party exam required | $\begin{aligned} & \text { No } \\ & \begin{array}{l} \text { Nexperience } \\ \text { requirecd } \end{array} \end{aligned}$ | Stand-alone <br> license | 03/11/2021 |  |
| Respiratory Care Technician | ~ |  |  |  |  | ctive | N/A - Not displayed |  | Continuing <br> education required <br> to maintain license | Any conviction <br> is prohibited | Degree reauired | Third-party exam required | $\begin{aligned} & \text { Affifavait or or } \\ & \text { referarit } \\ & \text { required } \end{aligned}$ | Stand-alone license | 07/19/2019 |  |

## CareerOneStop License Finder Results

## We found 71 licenses for Respiratory Therapists in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experie <br> nce | License Type | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Speech-language Therapist | Puerto Rico Department of Health |  |  |  |  | ative | N/ - Not displayed |  | Continuing education required to maintain license | Specific type of conviction prohibited | gree required | State exam required | $\begin{array}{\|l\|l\|l\|l\|l\|l\|l\|c\|cr:}  \\ \text { referar } \\ \text { required } \end{array}$ | Stand-alone license | 07/19/2019 | No physical requirements |
| Respiratory Care Practitioner | RI Department of <br> Health~Health <br> Professions Regulation | 3 Capitol Hill, Room 104 Providence, RI 02908 | 401) 2222828 |  | $\begin{aligned} & \text { hitp://www.health.ri.g } \\ & \text { ovlicenses } / \\ & \hline \end{aligned}$ | Active | Not displayed |  | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Degree reauried | Third-party <br> exam required | $\begin{aligned} & \hline \begin{array}{l} \text { No } \\ \text { experience } \\ \text { required } \end{array} \\ & \hline \end{aligned}$ | Stand-alone license | 10/012019 |  |
| Manufacturer | SC Board of Manufactured Housing | 110 Centerview Drive, Kingstree BIdd., Suite 201, PO Box 1132921 Columbia, SC 29211- 1329 | (803) 8964882 | wigainsq@ul.sc.gov |  | ctive | A temporary license is availabl ty and and spousenses untiy formal license approval |  | Continuing <br> education required to maintain license <br> to maintain licens | No crimina record prohibitions | Degree reaurired | State exam required | $\left\lvert\, \begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}\right.$ | Stand-alone <br> license | 06/18/2013 |  |
| Respiratory Care Practitioner | SC Board of Medical <br> Examiners |  | (803) 8964500 | dukeb@ll.sc.g.gov | http://www.IIr.state.sc .us/POL/Medical/ | Active | A temporary license is availabo to anititar and spousesus until formal lieense approval |  | Continuing <br> education required to maintain license | No criminal record prohibitions | Degree reauried | Third-party <br> exam required | $\left\lvert\, \begin{aligned} & \text { No } \\ & \text { experience } \\ & \text { required } \end{aligned}\right.$ | Stand-alone license | 06/18/2013 |  |
| Respiratory Therapist | South Dakota Board of Medical \& Osteopathic Examiners | 101 N Main Ave Ste 301 Sioux Falls, SD 57104 | (605) 3677781 | SDBMOE@state.sd.us | http://www.sdbmoe.g ov/ | ctive | NA - Not displayed |  | $\begin{aligned} & \text { Contining } \\ & \text { education required } \\ & \text { to maintain license } \end{aligned}$ | No crimina record prohibitions | Degree regured | Third-party exam required | $\begin{aligned} & \hline \text { No } \\ & \text { experience } \\ & \text { erequired } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 09123/2019 |  |
| LICENSED CERTIFIED RESPIRATORY THERAPIST | Health~Division of Health Related Boards~Board of Respiratory Care | $\begin{aligned} & 665 \text { fainstream Dive } \\ & \text { 2nd fioror } \\ & \text { Nashive, TN 37243- } \\ & \text { 1010 } \end{aligned}$ | (615) 7413807 |  |  | Active | NA - Not displayed |  | Continuing <br> education required <br> to maintain license | $\begin{aligned} & \begin{array}{l} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array} \\ & \hline \end{aligned}$ | Degree reauried | Third-party exam required | No experience required | Stand-alone <br> license | 09/12/2018 |  |
| LICENSED REGISTERED RESPIRATORY THERAPIST | Health~Division of Health Respiratory Coard of espiratory Care | 665 Mainstream Drive 2d fliort Nashilie, $\mathrm{TN} 37243-$ 1010 | (615) 7413807 |  |  | Active | NA - Not displayed |  | Continuing <br> education required <br> to maintain license | No criminal record prohibitions | Degree reauried | Third-party exam required | No <br> experience <br> required | Stand-alone <br> license | 09/12/2018 |  |
| LICENSED RESPIRATORY CARE ASSISTANT | Health~Division of Health Related Boards~Board of Respiratory Care | $\begin{aligned} & 665 \text { Mainstream Drive } \\ & \text { 2nd fioror } \\ & \text { Nashive, TN 37243- } \\ & 1010 \end{aligned}$ | (615) 7413807 |  |  | Active | NA - Not displayed |  | Continuing <br> education required <br> to maintain license | No criminal record prohibitions | Degree required | Third-party exam required | Work experience required | license | 09/12/2018 |  |
| Respiratory Therapists | There is some indication <br> that this license exists in <br> Texas, but it has not yet <br> been coonirmed by state <br> experts |  |  |  |  | Active | N/ - Not displayed |  | Continuing <br> education required to maintain license | No criminal record prohibitions | Degree reauried | State exam required | $\left\lvert\, \begin{aligned} & \text { No } \\ & \text { experience } \\ & \text { required } \end{aligned}\right.$ | Stand-alone <br> license | 01/01/2010 |  |
| RESPIRATORY CARE PRACTITIONER | Utah Department of Commerece~Div Professional Licensing |  | (801) 5306628 | DOPLWeb@utah.gov | https://dopol.utah.gov/ | Active | Military and spouses are exempt from licensure requirements |  | $\begin{array}{\|l} \text { Continuing } \\ \text { celuation requied } \\ \text { to maintain license } \end{array}$ | $\begin{array}{\|l\|l\|} \begin{array}{l} \text { No criminal } \\ \text { record } \\ \text { probibitions } \end{array} \\ \hline \end{array}$ | Degree required | Third-party exam required | $\begin{array}{\|l\|l} \text { Work } \\ \text { Wexperines } \\ \text { required } \end{array}$ | Stand-alone <br> license | 1104/2019 |  |
| Respiratory Care Practioner | Vermont Secretary of <br> State~Office of <br> Professional <br> Regulation~Respiratory <br> Licensing $\qquad$ | 89 Main Street, 3rd floor Montpelier, VT 05620 |  | brittany.utton@vermont.gov | https:///sos.vermont.g <br> ov/respiratory-care- <br> practitioners/ <br> practitioners/ | ctive | NA - Not displayed |  | Continuing <br> education required to maintain license | Felony convictions | Degree reaured | Third-party <br> exam required | $\begin{array}{\|l} \text { No } \\ \text { Nexperince } \\ \text { required } \end{array}$ | Stand-alone <br> licens | 02/19/2020 | $\begin{aligned} & \text { No physical } \\ & \text { requirements } \end{aligned}$ |
| Respiratory Therapists | Department of Health Professions~Board of Professional Counselor |  | (804) 6629908 |  |  | Active | NA - Not displayed |  | $\begin{array}{\|l\|l} \text { Continuing } \\ \text { educuaion required } \\ \text { to maintain license } \end{array}$ | record prohibitions | Degree required | State exam required | $\begin{aligned} & \text { No } \\ & \begin{array}{l} \text { Nexperience } \\ \text { required } \end{array} \\ & \hline \end{aligned}$ | Stand-alone | 01/01/2010 |  |
| Respiratory care practitioner | Department of Heath | 101 Israel Rd SE Tumwater, WA 98501 | (360) 2364700 | $\begin{aligned} & \text { customerservice@cpaboard. } \\ & \hline \text { wa.gov } \\ & \hline \end{aligned}$ | http://www.doh.wa.go $\underline{~}$ | Active | NA - Not displayed |  | $\begin{array}{\|l\|} \hline \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array}$ | $\begin{array}{\|l\|l\|} \hline \text { No criminal } \\ \text { record } \\ \text { rororibitions } \end{array}$ | Degree requirea | Third-party exam required | $\begin{array}{\|l\|l} \hline \begin{array}{l} \text { No } \\ \text { experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | Stand-alone <br> license | 06/3012016 |  |
| Respiratory Therapist | Department of Health | 101 Israel Rd SE Tumwater, WA 98501 | (360) 2364700 | customerservice@cpaboard. wa.gov | http://www.doh.wa.go <br> - | Active | N/A - Not displayed |  | $\begin{array}{\|l} \text { Continuing } \\ \text { education required } \\ \text { to maintain license } \end{array}$ | Background check required | Degree require | Third-party exam required | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { No } \\ \text { experinene } \\ \text { reauired } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 06/3012016 |  |
| Respiratory Therapists | West Virginia Board of Examiners in Counseling | $\begin{aligned} & 815 \text { Quarier Street, Suite } \\ & 212 \\ & \text { Charleston, wV } 25301 \end{aligned}$ |  |  | http://www.wvbec.org <br> $!$ | ctive | NA - Not displayed |  | Continuing education required to maintain license | $\begin{array}{\|l\|l\|} \hline N o \text { c ciminalal } \\ \text { record } \\ \text { porohibitions } \end{array}$ | Degree required | Third-party exam required | $\begin{aligned} & \text { No } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 01101/2010 |  |

## CareerOneStop License Finder Results

## We found $\mathbf{7 1}$ licenses for Respiratory Therapists in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / <br> Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | $\begin{aligned} & \text { Experie } \\ & \text { nce } \end{aligned}$ | License | $\begin{aligned} & \text { License } \\ & \text { Updated } \end{aligned}$ | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| RESPIRATORY CARE PRACTITIONER | WI Department of Safety <br> and Pofessional <br> anervicos $\sim$ ivision of <br> Professional Credential <br> Processing | 1400 E. Washington Ave., P.O. Box 8935 Madison, WI 53708-8935 | (608) 2662112 | dsps@wisconsin.gov | https://dsps.wi.gov/P <br> ages/Professions/Def <br> ault.aspx | active | N/A - Not displayed |  | No continuing education ement to maintain license | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | Degree required | Third-party exam required | $\begin{array}{\|l\|} \begin{array}{l} \text { No } \\ \text { experinece } \\ \text { required } \end{array} \\ \hline \end{array}$ | Stand-alone <br> license | 12/01/2020 |  |
| RESPIRATORY THERAPIST | BOARD FOR RESPIRATORY CARE ATTN: CARL FLEMING | 2001 CAPITOL AVENUE, EMERSON BUILDING, RM 104 CHEYENNE, WY 82002 | (307) 7775403 | carla.fleming@wyo.gov | hitt:\|/respiratory,wyo. | Active | N/A - Not displayed | Certification <br> required | Continuing education required to maintain license | Specific type of conviction prohibited | Degree required | Third-party exam required | $\begin{array}{\|l} \text { No } \\ \text { Nexerience } \\ \text { required } \\ \hline \end{array}$ | Stand-alone <br> license | 10/18/2017 |  |

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# CareerOneStop License Finder Results 

 We found $\mathbf{1 0 4}$ licenses for Dental Assistants in United States| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military I Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License Type | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Dental Hygienist | Alaska Department of <br>  <br> Economic <br> Development~Division of <br> Corporations, Business, and Professional Licensing~Board of Dental Examiners | P.O. Box 110806 Juneau, AK 99811-0806 | (907) 4652542 ext 0 | boardoffentalexaminers@al |  | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  | $\begin{aligned} & \text { Continuing } \\ & \text { education } \\ & \text { required to } \\ & \text { maintain license } \end{aligned}$ | Specific type of prohibited | Degree required | Third-party exauire | Work experience required | Stand-alone license | 09/11/2018 |  |
| Dental Assistant - Radiography, Coronal Polishing (Certification) | Dental Examiners, Board of | 5060 N 19th Avenue, Suite <br> 406 <br> Phoenix, AZ 85015 | (602) 2421492 | sherrie.biggs@azdentalboar d.us | http://www.azdentalboard.or | Active | Licenses from other states may be recognized for military and spouses |  | Continuing education maintain license | Specific type of prohibited | Degree required | State exam required | Affidavit or referral required | Stand-alone license | 09/11/2013 |  |
| Dental Hygienist (License) | Dental Examiners, Board of | 5060 N 19th Avenue, Suite <br> 406 <br> Phoenix, AZ 85015 | (602) 2421492 | sherrie.biggs@azdentalboar d.us | http://www.azdentalboard.or <br> g/ | Active | Licenses from other states may be recognized for military and spouses | Certification <br> required | $\begin{array}{\|l\|l} \begin{array}{l} \text { oontinuing } \\ \text { eucuation } \\ \text { require to } \\ \text { amain } \\ \text { mainain license } \end{array} \end{array}$ | Specific ype of prohibited | Degree required | State exam <br> required | Affidavit or <br> referral required | Stand-alone license | 09/11/2013 |  |
| Dental Hygienist | Arkansas State Board of Dental Examiners | 101 East Capitol Ave. Suite 111 Little Rock, AR 72201 | (501) 6822085 | asbde@arkansas.gov | http://www.dentalboard.arka nsas.gov | Active | A temporary <br> license is <br> availibel to <br> miltary and <br> silauses until <br> formal license <br> approval | Certification <br> required | Continuing education maintain license | Backgroun d check require | Degree required | Both state and thirdparty exams required | Work experience required | Stand-alone license | 09/23/2019 |  |
| Registered Dental Assistant | Arkansas State Board of Dental Examiners | 101 East Capitol Ave. Suite 111 Little Rock, AR 72201 | (501) 6822085 | asbde@arkansas.oov | http://www.dentalboard.arka nsas.gov | Active | A temporary <br> license is <br> availibale to <br> military and <br> sila <br> spouses until <br> formal icense <br> approval <br> Expentes | Certification required | $\begin{array}{\|l\|l} \begin{array}{l} \text { oontinuing } \\ \text { eucuation } \\ \text { require to } \\ \text { maintain license } \end{array} \\ \text { maiten } \end{array}$ | Backgroun d check required | Degree required | State exam <br> required | Work experience required | Stand-alone license | 09/23/2019 |  |
| Dental Assistant - Registered | Department of Consumer Affairs~Dental Board of California~Licensing Unit Manager | 2005 Evergreen Street, Suite 1550 <br> Sacramento, CA 95815 | (916) 2632300 | dentalioard@dca.ca.gov | httos://www.dbc.ca.9ov/ | Active |  | Certification <br> required | Continuing <br> education <br> required to <br> maintain license | record prohibitions | Degree required | $\begin{array}{l}\text { State exam } \\ \text { required }\end{array}$ | Work experience required | Stand-alone license | 07/09/2021 |  |
| Dental Assistant in Extended Functions - Registered | Department of Consumer Affairs~Dental Board of California~Licensing Unit Manager | 2005 Evergreen Street, Suite 1550 <br> Sacramento, CA 95815 | (916) 2632300 | dentalaoard@dca.ca.gov | httos://www.dbc.ca.gov/ | Active |  |  | Continuing education required to maintain license | No crimina <br> prohibit <br> prohibitions | Degree required | State exam <br> required | Work experience required | Stand-alone <br> license | 07/09/2021 |  |
| Dental Hygienist - Extended Functions | Department of Consumer Affairs~Dental Hygiene Committee of California | 2005 Evergreen Street, Suite 2050 <br> Sacramento, CA 95815 | (916) 2631978 | dhccinfo@dca.ca.gov | https://dhbo.ca.gov/ | Active |  |  | Continuing education require to maintain license | record prohibitions | Degree required | State exam required | Work <br> experience <br> required | Stand-alone license | 07/09/2021 |  |
| Dental Hygienist, Registered | Department of Consumer Affairs~Dental Hygiene Committee of California | 2005 Evergreen Street, Suite 2050 <br> Sacramento, CA 95815 | (916) 2631978 | dhccinfo@dca.ca.gov | https://dhbo.ca.gov/ | Active | $\begin{aligned} & \text { Expedited } \\ & \begin{array}{l} \text { Expocssing is } \\ \text { Paviilibe for } \\ \text { ailitary ond } \\ \text { spouses } \end{array} \\ & \hline \end{aligned}$ |  | Continuing edacuaton reauire to maintain license | No criminal record prohibitions | Degree required | Both state and third- party exams required | Work experience required | Stand-alone <br> license | 07/09/2021 |  |
| Registered Dental Hygienists in Alternative Practice (RDHAP) | Department of Consumer Affairs~Dental Hygiene Committee of California | 2005 Evergreen Street, Suite 2050 <br> Sacramento, CA 95815 | (916) 2631978 | dhccinfo@dca.ca.gov | httos://ddhb.ca.gov/ | Active | $\begin{aligned} & \text { Expedited } \\ & \text { processing is } \\ & \text { avaialibe for } \\ & \text { military and } \end{aligned}$ |  | Continuing education required to maintain licens | record prohibitions | Degree required | State exam <br> required | Work <br> experience <br> required | Stand-alone <br> license | 07/09/2021 |  |

# CareerOneStop License Finder Results 

 We found $\mathbf{1 0 4}$ licenses for Dental Assistants in United States| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License Type | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Dental Hygienist | Department of Regulatory <br> Agencies~Division of <br>  <br> Occupations~Board of Denta | 1560 Broadway, Suite 1310 <br> Denver, CO 80202 | (303) 8947758 |  | http://www.dora.state.co.us/ <br> dental/ | Active |  |  | Continuing education maintain license $\qquad$ | Specific <br> type oft <br> conviction <br> prohibited$\|$ | Degree required | State exam required | Work experience required | Stand-alone <br> license | 07/01/2021 |  |
| Dental Hygienist | Department of Public Health~Health Care Systems Branch~Practitioner Licensing \& Investigations Section a investigaions Section | 410 Capitol Avenue, <br> P.O.Box 340308 <br> Hartford, CT 06134-0308 | (860) 5097603 | olpc.dph@po.state.ct.us | www.dph.state.ct.us/licensur e/licensure.htm | Active | $\begin{aligned} & \text { Nisplatat } \\ & \text { disd } \end{aligned}$ |  | Continuing education required to maintain license | $\left\lvert\, \begin{aligned} & \text { Felony } \\ & \text { convictions } \\ & \text { prohibited } \end{aligned}\right.$ | $\begin{aligned} & \text { Specific } \\ & \text { course } \\ & \text { require } \end{aligned}$ | State exam required | Wor experience required | Stand-alone <br> license | 03/09/2021 |  |
| Dental Hygienist | Board of Dentistry and Dental Hygiene~Division of Professional Regulation | Cannon Building, 861 Silver Lake Blvd., STE Dover, DE 19904-2467 | (302) 7444500 |  |  | Active | A temporary <br> license is <br> availibe to <br> military and <br> spouses until <br> formal license <br> approval |  | Continuing education maintain license |  | Degree required | Third-party exam eexa require | $\begin{array}{\|l\|l} \text { Work } \\ \text { experience } \\ \text { required } \end{array}$ | Stand-alone <br> license | 10/24/2018 |  |
| Dental Radiographer | Department of Health and Social Services~Division of Radiation Control | Jesse Cooper Memorial Building, 417 Federal Street <br> Dover, DE 19903 | (302) 7444556 |  |  | Active |  |  | Continuing <br> education <br> required to <br> maintain licens | Specific <br> type of <br> conviction <br> prohibited$\|$ | Degree required | Third-party 保 required | Work$\begin{array}{l}\text { experience } \\ \text { reauired }\end{array}$$\square$ | Stand-alone <br> license | 10/24/2018 |  |
| DENTAL HYGIENE | Government of the District of Columbia~Department of Health~Health Regulation Administration | 825 North Capitol Street, NE, Suite 222 Washington, 20002 | (202) 4424330 |  |  | Active | $\begin{aligned} & \text { NAA - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education required to maintain license | No criminal <br> record <br> prohibitions | Degree required | $\begin{aligned} & \text { Third-party } \\ & \text { exem } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone <br> license | 06/23/2016 |  |
| Dental Hygienist | FL Department of Health~Division of Medica Quality Assurance | 4042 Bald Cypress Way Tallahassee, Fl 323993250 | (850) 4880595 |  | www.doh.state.f.lus/ | Active |  |  | Continuing education maintain license | $\left\lvert\, \begin{aligned} & \text { Felony } \\ & \text { convictions } \\ & \text { prohibited } \end{aligned}\right.$ | Degree required | State exam required | Wor experience required require | Stand-alone <br> license | 02/25/2020 |  |
| Dental Hygienist | Georgia Board of Dentistry | 237 Coliseum Drive <br> Macon, GA 31217-3858 | (478) 2072440 |  | http:/Igbo.georgia.gov/ | Active |  |  | Continuing education maintain license $\qquad$ | $\left\lvert\, \begin{aligned} & \text { Felony } \\ & \text { convictions } \\ & \text { prohibited } \end{aligned}\right.$ | Degree required | State exam <br> required | $\left\lvert\, \begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}\right.$ | Stand-alone <br> license | 10/24/2019 |  |
| Temporary Dental Hygienist | Georgia Board of Dentistry | 237 Coliseum Drive Macon, GA 31217-3858 | (478) 2072440 |  | http:/Igbo.georgia.gov/ | Active | Expeditied <br> Proessing is <br> Paveilible for <br> aill <br> miltara and <br> spouses |  | Continuing <br> education <br> required to <br> maintain license | $\left\lvert\, \begin{aligned} & \text { Felony } \\ & \text { convicions } \\ & \text { probibitited } \end{aligned}\right.$ | Degree required | State exam required | Wor experience required | $\begin{aligned} & \text { Preliminary/te } \\ & \text { mporary } \\ & \text { license } \end{aligned}$ | 10/24/2019 |  |
| Dental Hygienist | Hawaii State Dept. of Commerce \& Consumer Affairs~Professional and Vocational Licensing Examiners | P. O. Box 3469 , [335 Merchant St. Rm. 301, Honolulu, HI 96801 | (808) 5863000 | dental@dcca.hawaii.gov | http://cca.hawaii.gov/pv//boa rds/dentist/ | Active | Expedited <br> processing is <br> available for <br> military and <br> spouses |  | Continuing education maintain license | $\left\|\begin{array}{l} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array}\right\|$ | Degree required | $\begin{aligned} & \text { Third-party } \\ & \text { Texam } \\ & \text { Theum } \end{aligned}$ \|required | No experience required | Stand-alone <br> license | 10/09/2019 |  |
| Dental Hygienists | Idaho State Board of Dentistry | 100, PO Box 83720 Boise, ID 83720-0021 | (208) 3342369 | sbdinfo@isbd.idaho.gov | httos:/IIsdd.idaho.goviBOD <br> Portall/Home.aspx | Active | $\begin{array}{\|l\|l\|} \text { NAs - Not } \\ \text { displayed } \end{array}$ |  | Continuing education maintain license | $\begin{aligned} & \text { Any } \\ & \text { conviction } \\ & \text { is } \\ & \text { prohibited } \end{aligned}$ | Degree required | State exam required | $\begin{aligned} & \text { Work } \\ & \text { Wexperence } \\ & \text { required } \end{aligned}$ | license | 03/08/2018 |  |

## CareerOneStop License Finder Result

## We found $\mathbf{1 0 4}$ licenses for Dental Assistants in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Tvpee } \end{aligned}$ | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| DENTAL HYGIENIST | Illinois Department of Financial and Professional Regulation | 320 West Washington Springfield, IL 62786 | (217) 7828556 |  | https://www.idfr.com/ | Active |  |  | Continuing education maintain license |  | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party <br> required | Work experience required | Stand-alone <br> licens | 10/22/2014 |  |
| Dental Hygiene Intern Permit | Indiana Professional Licensing Agency~Indiana State Board of Dentistry | 402 West Washington Street, Room W072 <br> Indianapolis, IN 46204 | (317) 2342054 | pla8@plai.ingov | http://www.in.gov/pla/dental. htm | Active | $\begin{aligned} & \text { NA } \mathrm{Nat} \\ & \text { dispotayed } \end{aligned}$ |  | Continuing education required to maintain license | $\begin{aligned} & \text { Specificu } \\ & \text { type } \\ & \text { copvicion } \\ & \text { provibibited } \end{aligned}$ | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | State exam required | Work experience required | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Preliminary/te } \\ \text { mporary } \\ \text { license } \end{array} \\ \hline \end{array}$ | 05/022021 |  |
| Dental Hygienist | Indiana Professional Licensing Agency~Indiana State Board of Dentistry | 402 West Washington Street, Room W072 Indianapolis, IN 46204 $\qquad$ | (317) 2342054 | pla8@plai.in.gov | http://www.in.gov/pla/dental. htm | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education required to maintain license | Any conviction is <br> prohibited | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | State exam required | Work experience required | Stand-alone <br> license | 05/02/2021 |  |
| Dental Radiographer | Indiana State Department of Health~Medical Radiology Services | 2 North Meridian Street, 4th Floor Selig Indianapolis, IN 46204 | (317) 2331325 | $\frac{\text { MedicalRadiology@isdh.IN.G }}{\text { ov }}$ | http://www.in.gov/isdh/2327 9.htm | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education required to maintain license |  | $\begin{array}{\|l\|l} \text { Specific } \\ \text { course } \\ \text { required } \end{array}$ | Third-party required | Work experience | Stand-alone <br> license | 05/02/2021 |  |
| Dental Assistant Registration | Iowa Board of Dental Examiners~lowa Department of Public Health | 400 SW 8th St, Suite D Des Moines, IA 50309 | (515) 2426369 | christel.braness@iowa.gov | https://dentalboard.iowa.gov | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education maintain license | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | State exam required | Work experience required | $\begin{aligned} & \text { Register with } \\ & \text { incosing } \\ & \text { agency } \end{aligned}$ | 10/12/2020 |  |
| Dental Hygienist | Kansas Dental Board | 900 SW Jackson, Room $554-\mathrm{s}$ Topeka, Ks $66612-1220$ | (785) 2966400 |  | https://www.dental.ks.gov/ | Active | $\begin{aligned} & \text { Fees are reduced } \\ & \text { For mitiar and } \\ & \text { spouses } \end{aligned}$ |  | Continuing education required to maintain license | $\begin{aligned} & \text { Specificic } \\ & \text { type } \\ & \text { copvicition } \\ & \text { provibibited } \end{aligned}$ | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Thir-party required | Work exerenence required | Stand-alone <br> license | 11/12/2019 |  |
| Dental Assistant | Commonweath of Kentucky-Board of Dentistry | 312 Whittington Parkway, Suite 101 <br> Louisville, KY 40222 | (502) 4297280 | kbd@k.gov | httpo/ddentistry.k.gov | aive | $\begin{aligned} & \text { NAL Not Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education required to maintain license |  | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | State exam required | Work experience required | Stand-alone <br> license | 10/13/2020 |  |
| Dental Hygienist | Commonwealth of Kentucky~Board of Dentistry | $\begin{aligned} & 312 \text { Whittington Parkway, } \\ & \text { Suite } 101 \\ & \text { Louisville, KY } 40222 \end{aligned}$ | (502) 4297280 | kbd@k.gov | httpo//dentistry.k.gov | Active | $\begin{aligned} & \text { NA Not Not } \\ & \text { displayed } \end{aligned}$ | Certification <br> required | Continuing education required to maintain license | Specific convictio prohibited | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party exam <br> require | Work experience required | license | 10/13/2020 |  |
| Dental Hygientist | Louisiana State Board of Dentistry~Board of Dentistry | PO Box 5256 <br> Baton Rouge, LA 70821 | (225) 2197330 |  | www.Isbd.org | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education required to maintain license | $\begin{aligned} & \text { Specificic } \\ & \text { speof } \\ & \text { convicion } \\ & \text { corovibited } \\ & \text { probited } \end{aligned}$ | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | State exam required | Work experience required | Stand-alone <br> license | 06/08/2021 |  |
| Dental Assistant, Expanded Function (EFDA) | Maine Board of Dental Practice~161 Capitol Stree | $\begin{array}{\|l} 143 \text { State House Station, } 2 \\ \text { Bangor Street } \\ \text { Augusta, ME } 04333-0143 \end{array}$ | (207) 2873333 | dental.board@maine.gov | https://www.maine.gov/dent al/ | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ | substitute for license requirements | Continuing education maintain license | Backgroun d check required | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party exam required | No experience required | Stand-alone <br> licens | 08/21/2020 | No physical requirements |
| Dental Faculty (Dentist, Dental Hygienist, Denturist) | Maine Board of Dental Practice~161 Capitol Stree | 143 State House Station, 2 <br> Bangor Street <br> Augusta, ME 04333-0143 | (207) 2873333 | dental.board@maine.gov | https://www.maine.gov/dent al/ | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  | education required to maintain license | Backgroun d check require | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Thirc-party exam require |  | Stand-alone <br> license | 08/21/2020 | No physical requirements |
| Dental Hygiene Therapist, Authority and Authority Provisional | Maine Board of Denta Practice~161 Capitol Stree | $\begin{aligned} & 143 \text { State House Station, } 2 \\ & \text { Bangor Street } \\ & \text { Augusta, ME } 04333-0143 \\ & \hline \end{aligned}$ | (207) 2873333 | dental.board@maine.gov | https://www.maine.gov/dent al/ | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  | $\begin{aligned} & \text { Backgroun } \\ & \text { d check } \\ & \text { reauired } \end{aligned}$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \end{aligned}$ |  | $\begin{aligned} & \hline \text { Preliminary/te } \\ & \text { mporary } \\ & \text { license } \end{aligned}$ | 08/21/2020 | $\begin{aligned} & \text { No physical } \\ & \text { requirements } \end{aligned}$ |
| Dental Hygienist (and Temporary) | Maine Board of Dental Practice~161 Capitol Street | $\begin{array}{\|l\|l} \hline 143 \text { State House Station, } 2 \\ \text { Bangor Street } \\ \text { Augusta, ME 04333-0143 } \end{array}$ | (207) 2873333 | dental.board@maine.gov | https://www.maine.gov/dent <br> all | ctive | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education required to maintain license | Backgroun d check required | $\begin{array}{\|l\|l} \text { Degree } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ |  | Preliminarytte <br> licoranse <br> licensen | 08/21/202 | No physical requirements |
| Dental Hygienist Local Anesthesia, Authority | Maine Board of Dental Practice~161 Capitol Street | 143 State House Station, 2 <br> Bangor Street <br> Augusta, ME $04333-0143$ | (207) 2873333 | dental. board@maine. 9 | https://www.maine.gov/dent al/ | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  |  | $\begin{array}{\|l} \hline \text { Backgroun } \\ \text { d check } \\ \text { required } \\ \hline \end{array}$ | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \\ & \hline \end{aligned}$ |  | Stand-alone <br> license | 08/21/202 | No physical requirements |
| Dental Hygienist Nitrous Oxide Analgesia, Authority | Maine Board of Denta Practice~161 Capitol Street | 143 State House Station, 2 Bangor Street Augusta, ME 04333-0143 | (207) 2873333 | dental.board@maine.gov | https://www.maine.gov/dent | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  | Backgroun d check required | $\begin{array}{\|l} \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \\ \hline \end{array}$ | Third-party <br> exam <br> required |  | $\begin{array}{l}\text { Stand-alone } \\ \text { license }\end{array}$ | 08/21/202 | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { No physical } \\ \text { requirements } \end{array} \\ \hline \end{array}$ |

## CareerOneStop License Finder Results

 We found $\mathbf{1 0 4}$ licenses for Dental Assistants in United States| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> / Veterans | Certification | Continuing <br> Education | Crimina Record | Education | Exam | Experience | License Type | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Dental Hygienist, Independent Practice | Maine Board of Dental <br> Practice~161 Capitol Street | 143 State House Station, 2 Bangor Street <br> Augusta, ME 04333-0143 | (207) 2873333 | dental.board@maine.gov | https://www.maine.gov/dent al/ | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayd } \end{aligned}$ |  | Continuing education maintain license | $\begin{array}{\|l\|l} \text { Backgroun } \\ \text { d check } \\ \text { required } \end{array}$ | Degree required | Third-party exam required | Work experience required |  | 08/21/2020 | No physical requirements |
| Dental Hygienist, Public Heath | Maine Board of Dental Practice~161 Capitol Street | 143 State House Station, 2 Bangor Street Augusta, ME 04333-0143 | (207) 2873333 | dental.board@maine.gov | https://www.maine.gov/dent al/ | Active | $\begin{aligned} & \text { NAR - Not } \\ & \text { dispoted } \end{aligned}$ |  | Continuing education maintain license | Backgroun d check required | Degree required | Third-party exam require |  | $\begin{aligned} & \text { Secondary } \\ & \text { license } \\ & \text { (another } \\ & \text { license is a } \\ & \text { prerequisite) } \end{aligned}$ | 08821/2020 | No physical requirements |
| Dental Radiographer | Maine Board of Dental Practice~161 Capitol Street | 143 State House Station, 2 Bangor Street Bangor Street Augusta, ME 04333-0143 | (207) 2873333 | dental.board@maine.gov | https://www.maine.gov/dent <br> al/ | Active | $\begin{array}{\|l\|l} \text { N/A- Not } \\ \text { displayed } \end{array}$ |  | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Continuing } \\ \text { education } \\ \text { require to } \\ \text { maintain license } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Backgroun } \\ \text { d check } \\ \text { required } \end{array} \\ \hline \end{array}$ |  | $\begin{aligned} & \hline \begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \\ & \hline \end{aligned}$ |  | Stand-alone <br> license | 08/21/2020 | No physical requirements |
| DENTAL ASSISTANT | Hospital Spring Grove State <br> Hospital | Benjamin Rush Bldg, 55 Wade Avenue <br> Baltimore, MD 21228 | (410) 4028500 |  | http://www.dhmh.state.md.u s/dental | Active |  |  | Continuing education required to maintain license |  | Degree required | State exam required | Work experience required | Stand-alone <br> license | 10/13/2020 |  |
| dental hygienist | Health \& Menta Hygiene~Spring Grove State Hospital | Benjamin Rush Bldg, 55 Wade Avenue <br> Baltimore, MD 21228 | (410) 4028500 |  | htp://www.dhmh.state.md.u | ctive | $\begin{aligned} & \text { Addititional } \\ & \text { guidance is } \\ & \text { available for } \\ & \text { military and } \\ & \text { spouses } \end{aligned}$ |  | Continuing education maintain license |  | Degree required | Third-party exam required | Work expuired reque | Stand-alone <br> license | 10/13/2020 |  |
| dental hygienist | Board of Registration in <br> Dentistry~Division of Health <br> Professions Licensure | 239 Causeway Street 5th Floor, Suite 500 Boston, MA 02114 | (617) 7279928 |  | htp://www.mass.gov/eohhs/ <br> gov/departments/ddhh/progra <br> ms <br> scoc/dhpl/dentist/aboutl | Active | Fees are reduced and expedited processing is available for military and spouses |  | $\begin{aligned} & \text { continuing } \\ & \text { educuaton } \\ & \text { required } \\ & \text { maintain license } \end{aligned}$ | $\left\lvert\, \begin{array}{\|l\|} \begin{array}{c} \text { Nocriminal } \\ \text { record } \\ \text { prohibitions } \end{array} \\ \hline \end{array}\right.$ | Degree required | State exam required | Work <br> experience <br> required | Stand-alone <br> license | 05/09/2018 |  |
| Dental Assistant, <br> Clinical/Nonclinical Limited (R.D.A.) | Michigan Department of Licensing and Regulatory Affairs~Bureau of Professional Licensing | $\begin{aligned} & \text { P.o. Box } 30670 \\ & \text { Lansing, M1 } 48909 \end{aligned}$ | (517) 2410199 | bplhelp@michigan.gov | https://www.michigan.gov/lar a/0,4601, 7-154 <br> 89334 72600---,00.htm | Active | A temporary <br> license is <br> available to <br> military and <br> spouses until <br> formal license <br> approval |  | $\begin{aligned} & \text { Continuing } \\ & \text { education } \\ & \text { require to } \\ & \text { maintain license } \end{aligned}$ | $\left\lvert\, \begin{array}{\|l\|} \begin{array}{l} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array} \\ \hline \end{array}\right.$ |  | State exam required | Work experience required | Stand-alone <br> license | 02/25/2020 |  |
| Dental Assistant, Educational Limited (R.D.A.) | Michigan Department of Licensing and Regulatory Afrairs-Bureau of Professional Licensing | P.O. Box 30670 Lansing, M1 48909 | (517) 2410199 | bolhelp@michigan.gov |  | Active | A temporary <br> license is <br> aveniale to <br> aviltary <br> milty and <br> spouses until <br> formal license <br> approval |  | $\begin{aligned} & \text { continuing } \\ & \text { education } \\ & \text { reauirad } \\ & \text { maintan license } \end{aligned}$ | $\left\lvert\, \begin{array}{\|l\|} \begin{array}{l} \text { Nocriminal } \\ \text { record } \\ \text { prohibitions } \end{array} \\ \hline \end{array}\right.$ | Degree required | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone <br> license | 02/25/2020 |  |
| Dental Assistant, Registered (R.D.A.) | Michigan Department of Licensing and Regulatory Affairs - Bureau of Professional Licensing | $\begin{array}{\|l\|} \hline \text { P.O. Box } 30670 \\ \text { Lansing, MI } 48909 \end{array}$ | (517) 2410199 | bophelp@michigan.gov |  | Active | A temporary <br> license is <br> availabe to <br> miltary and <br> spouses until <br> formal liecse <br> approval |  | $\begin{aligned} & \text { Continuing } \\ & \text { education } \\ & \text { required } \\ & \text { maintain license } \end{aligned}$ | $\left\lvert\, \begin{array}{\|l\|} \begin{array}{l} \text { Nocriminal } \\ \text { record } \\ \text { prohibitions } \end{array} \\ \hline \end{array}\right.$ | Degree required | $\begin{array}{\|l} \text { State exam } \\ \text { required } \end{array}$ | Work experience required | Stand-alone <br> license | 02/25/2020 |  |
| Dental Hygienist, Clinical/Nonclinical (R.D.H.) | Michigan Department of Licensing and Regulatory Bureau or Professional Licensing | $\begin{array}{\|l\|} \hline \text { P.O. Box } 30670 \\ \text { Lansing, M1 } 48909 \\ \hline \end{array}$ | (517) 2410199 | bplhelp@michigan.gov |  | Active | A temporary license is availale to miltary and spouses until formal license approval |  | $\begin{aligned} & \text { continuing } \\ & \text { education } \\ & \text { required } \\ & \text { maintain license } \end{aligned}$ |  | $; \text {; pegree }$ | State exam required | Work <br> experience required | Stand-alone <br> license | 02/25/2020 |  |

# CareerOneStop License Finder Results 

 We found $\mathbf{1 0 4}$ licenses for Dental Assistants in United States| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status Status | Active Military / Veterans | Certification | Continuing Education | $\begin{aligned} & \text { Criminal } \\ & \text { Record } \end{aligned}$ | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Tveno } \end{aligned}$ Type | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Dental Hygienist, Educational Limited (R.D.H.) | Michigan Department of Licensing and Regulatory Affairs~Bureau of Professional Licensing | P.O. Box 30670 Lansing, M1 48909 | (517) 2410199 | bplhelp@michigan.gov | https://www.michigan.gov/lar a/0,4601,7-154- <br> 89334 72600---,00.htm | Active | A temporary license is available to military and spouses until formal license |  | Continuing education maintain license | $\left\lvert\, \begin{array}{\|c\|c\|} \hline \begin{array}{l} \text { Nocriminal } \\ \text { record } \\ \text { prohibitions } \end{array} \\ \hline \end{array}\right.$ | Degree required | State exam required | Work <br> experience required | Stand-alone <br> license | 02/25/2020 |  |
| Dental Hygienist, Registered (R.D.H.) | Michigan Department of Licensing and Regulatory Affairs~Bureau of Professional Licensing | $\left\lvert\, \begin{aligned} & \text { P.O. Box } 30670 \\ & \text { Lansing, M1 } 48909 \end{aligned}\right.$ | (517) 2410199 | bplhelp@michigan.gov |  | Active | A temporary license is available to military and spouses until formal license |  | $\begin{aligned} & \text { Continuing } \\ & \text { educuaton } \\ & \text { require to } \\ & \text { maintain license } \end{aligned}$ | $\left\|\begin{array}{c} \text { No coriminal } \\ \text { recorid } \\ \text { pronibitions } \end{array}\right\|$ | Degree required | Third-party exam reauired | Work experience required | Stand-alone <br> license | 02/25/2020 |  |
| Dental Assistant | Minnesota Board of Dentisty | 2829 University Avenue Southeast, Suite 450 3249 | (612) 6172250 |  | http://mn.gov/health- <br> licensing-boards/dentistry/ | Active | NA - Not displayed |  | Continuing education maintain license | $\begin{aligned} & \text { Backgroun } \\ & \text { dacheck } \\ & \text { required } \end{aligned}$ | Degree required | $\begin{aligned} & \begin{array}{l} \text { Both state } \\ \text { and third } \end{array} \end{aligned}$ party exams required | Work <br> experience <br> required | Stand-alone <br> license | 10/16/2018 |  |
| Dental Hygienist | Minnesota Board of Dentisty | 2829 University Avenue Southeast, Suite 450 3249 <br> 324 | (612) 6172250 |  | http://mn.gov/health- licensing-boards/dentistry/ | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education required to maintain license | Backgroun d check required | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | $\begin{array}{\|l\|} \hline \text { Both state } \\ \text { and third- } \\ \text { party } \\ \text { exams } \\ \text { required } \\ \hline \end{array}$ | Work experience required | Stand-alone <br> license | 10/16/2018 |  |
| Dental Therapist/ Advanced Dental Therapist | Minnesota Board of Dentisty | 2829 University Avenue Southeast, STite 400 Minneapolis, MN $55414-$ 3249 | (612) 6172250 |  | http://mn.gov/heath- icensingo-boards/dentistry/ | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayd } \end{aligned}$ |  | Continuing <br> education <br> require to <br> maintain license | $\begin{array}{\|l\|l\|} \begin{array}{c} \text { No criminalal } \\ \text { record } \\ \text { porbibitions } \end{array} \\ \hline \end{array}$ | Degree required <br> required | Third-party exam required | Work experience required | Stand-alone <br> license | 10/16/2018 |  |
| Dental Hygienists | MS State Board of Dental Examiners | $\begin{aligned} & 600 \text { East Amite Street, } \\ & \text { Suite } 100 \\ & \text { Jackson, MS 39201-2801 } \end{aligned}$ | (601) 9449622 | dental@dentalooard.ms.gov | https://www.dentalboard.ms. gov/ | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayd } \end{aligned}$ |  | $\begin{aligned} & \text { Continuing } \\ & \text { Cencuation } \\ & \text { erequire to } \\ & \text { maintain license } \end{aligned}$ | Specific type of convition prohibibed | $\begin{aligned} & \begin{array}{l} \text { Specific } \\ \text { curse } \\ \text { reauired } \end{array} \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone <br> license | 07701/2019 | No physical requirements |
| Dental Hygienist | Division Of Professional Registration~Missouri State Dental Board |  | ${ }_{(1573)}^{(55510040}$ ex 807352966 | dental@pr.mo.gov | http://pr.mo.gov/dental.asp | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayd } \end{aligned}$ |  | Continuing <br> elucation <br> required to <br> maintain license | $\left\lvert\, \begin{array}{\|l\|} \begin{array}{l} \text { Nocriminal } \\ \text { record } \\ \text { probibibitions } \end{array} \\ \hline \end{array}\right.$ | Degree required | Both state party party required | Work experience required | Stand-alone <br> license | 09911/2018 |  |
| Dental Assistants | Board of Dentistry | 301 South Park, 4th Floor, PO Box 200513 Helena, MT 59620-0513 | (406) 8412390 | dilibsdden@m.gov | http://boards.bsd.dli.mt.gov/ den | Active | N/A - Not displayed |  | Continuing <br> eeducation <br> require to <br> maintain license | $\begin{array}{\|l\|l\|} \begin{array}{c} \text { No criminalal } \\ \text { record } \\ \text { porbitions } \end{array} \\ \hline \end{array}$ | 监egrequired | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | Work experience required | Stand-alone <br> license | 09911/2018 |  |
| Dentistry - Dental Hygienist | Board of Dentistry | 301 South Park, 4th Floor, PO Box 200513 Helena, MT 59620-0513 | (406) 8412390 | dilibsden@m.gov | http://boards.bsd.dli.mt.gov/ <br> den | ctive | NA - Not displayed |  | Continuing <br> education <br> require to <br> maintain license | $\begin{array}{\|l\|} \begin{array}{c} \text { Nocriminalal } \\ \text { record } \\ \text { probibitions } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Degree } \\ & \text { require } \end{aligned}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | Work experience require | Stand-aloneStand-a <br> license | 09911/2018 |  |
| Dentistry - Dental Hygienist RV | Board of Dentistry | 301 South Park, 4th Floor PO Box 200513 Helena, MT 59620-0513 | (406) 8412390 | dilibsdden@mt.gov | http://boards.bsd.dli.mt.gov/ <br> den | Active | $\begin{array}{\|l\|l\|l\|l\|l\|} \text { Nisplayed } \end{array}$ |  | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Continuing } \\ \text { education } \\ \text { required to } \\ \text { maintain license } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|c\|} \hline \begin{array}{l} \text { No criminal } \\ \text { record } \\ \text { probibitions } \end{array} \\ \hline \end{array}$ | Degree required | Third-party exam require | Work experience required | Stand-alone <br> license | 09911/2018 |  |
| Dental Assistant, Licensed | Nebraska Dept. of Health \& Human Services~Division of Public Health~Licensure Unit | 301 Centennial Mall S, 1st Floor <br> Lincoln, NE 68509 | (402) 2474915 | jesse.cushman@nebraska.g <br> ov | dhhs.ne.govllicensure/pages <br> dentist.aspx | Active | A temporary license is available to military and spouses until formal license approval |  |  |  |  |  |  | Stand-alone <br> license | 06/29/2021 |  |

## CareerOneStop License Finder Results

 We found $\mathbf{1 0 4}$ licenses for Dental Assistants in United States| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Tvpe } \end{aligned}$ | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Dental Hygienist | Nebraska Dept. of Health \& Human Services~Division of Public Health~Liensure Unit Public Health~Licensure Unit | 301 Centennial Mall S, 1st Floor <br> Lincoln, NE 68509 | (402) 2474915 | jesse.cushman@nebraska.g <br> ov | $\frac{\text { dhhs.ne.gov/licensure/pages }}{\text { dentist.aspx }}$ | Active | A temporary license is available to military and spouses until formal license approval |  |  |  |  |  |  | Stand-alone <br> license | 06/29/2021 |  |
| Dental Hygienist | Board of Dental Examiners | 6010 S. Rainbow Blvd. Ste A-1 <br> Las Vegas, 89118 | (702) 4867044 | nsbde@nsbde.nv.gov | nttp:/Idental. nv.gov | etive |  |  | Continuing education required to maintain licens | Any conviction is prohibited | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Both state <br> $\begin{array}{l}\text { and othrict } \\ \text { party } \\ \text { exams } \\ \text { required }\end{array}$ | Work experience required | Stand-alone <br> license | 01/14/2016 |  |
| Dental Hygienist | New Hampshire Board of Dental Examiners~Office of Certification | 121 South Fruit Street Concord, NH 0330 | (603) 2714561 | dental.board@oplc.n.h.gov | www.oplc.n. c .oovdental | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | $\begin{aligned} & \text { Continuing } \\ & \text { education } \\ & \text { required to } \\ & \text { maintain license } \\ & \hline \end{aligned}$ | Felony convictions prohibited | $3 \begin{array}{\|l\|l} \text { Pegree } \\ \text { required } \end{array}$ | $\begin{array}{\|l} \begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | Work experience required | Stand-alone license | 06/01/2020 |  |
| dental assistant | Department of Law and Public Safety~Division of Consumer Affairs~Board of Dentistry | PO Box 45005 Newark, NJ 7101 | (973) 5046405 |  | https://www.niconsumeraffai rs. gov/den/Pages/defaut.as ex | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education required to maintain license | $\begin{array}{\|l} \begin{array}{\|} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party requir require | Work experience required | Stand-alone <br> license | 02/26/2020 |  |
| dental hygienist | Department of Law and Public Safety~Division of Consumer Affairs~Board of Dentistry | PO Box 45005 Newark, NJ 7101 | (973) 5046405 |  | https://www.njconsumeraffa rs.gov/den/Pages/default.as px | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | $\begin{aligned} & \text { Continuing } \\ & \text { eduaction } \\ & \text { required to } \\ & \text { maintain license } \end{aligned}$ | $\begin{array}{\|l} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array}$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Third-party } \\ & \text { 学amp } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone <br> license | 02/26/2020 |  |
| dental radiologic TECHNOLOGIST | Department of Environmental Protection~Division of Environmental Safety, Health and AnalyticalPrograms~Radon Certification <br> Program | PO Box 415 <br> Trenton, NJ 8625 | (609) 9845425 | herbettroy@dep.state.n.us | http://www.nj.gov/dep/rpp/ra don/cert1.htm | ctive | N/A - Not displayed |  | Continuing education maintain license | $\left.\begin{array}{\|l\|l} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array} \right\rvert\,$ | $\left\{\begin{array}{l} \text { Degree } \\ \text { required } \end{array}\right.$ | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exeam } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Work } \\ & \text { experience } \end{aligned}$ \|required | license | 02/26/2020 |  |
| Dental Assistants | New Mexico Board of Dental Health Care and NM Dental Hygienist Committee | 2550 Cerrillos Road, Second Floor, P.O. Box <br> Santa Fe, NM 87505 | (505) 4764622 | Dental.Board@state.nm.us | http://www.rld.state.nm.us/b oards/dental health care.as px | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education maintain licens | No criminal <br> record <br> prohibitions | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \\ & \hline \end{aligned}$ | Work experience required | Stand-alone <br> license | 07/08/2021 |  |
| Dental Hygienists | New Mexico Board of Dental Health Care and NM Dental Hygienist Committee | $\begin{aligned} & \text { 2550 Cerilios Road, } \\ & \text { Second Floor, P.O. Box } \\ & 2101 \end{aligned}$ $\text { Santa Fe, NM } 87505$ | (505) 4764622 | Dental.Board@state.nm.us | $\frac{\text { http://www.rld.state.nm.us/b }}{\frac{\text { oards/dental health care.as }}{\text { px }}}$ px | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education maintain licens | $\begin{array}{\|l} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array}$ | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { examp } \\ \text { required } \end{array}$ | Work exereience required | Stand-alone <br> license | 07/08/2021 |  |
| Certified Behavior Analyst Assistant | NYS Education Department~Office of the Applied Behavior Aoard for Applied Behavior Analysis | 89 Washington Avenue Albany, NY 12234 | $\left\lvert\, \begin{aligned} & 5518) 4743817 \\ & \text { ext } 150 \end{aligned}\right.$ |  | hitp:/www.op.nysed.gov/pro | Active |  |  | No continuing education equirement to maintain licens | $\left\|\begin{array}{l} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array}\right\|$ | $\text { Segree } \begin{aligned} & \text { Dequired } \\ & \text { re } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \end{array} \begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone <br> license | 11/23/2020 |  |
| Credentialed Prevention Professional/Specialist | NYS Office of Alcoholism and Substance Abuse Services~Credentialing Unit | 1450 Western Avenue Albany, NY 12203-3526 | (518) 4733460 | $\frac{\text { Maureen.McKeown@oasas. }}{\text { ny.gov }}$ | https://www.oasas. ny.gov/ | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { dispoy } \end{aligned}$ |  |  | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exem } \\ \text { required } \end{array}$ | Work experience required | Stand-alone <br> license | 03/01/2021 |  |
| Dental Hygiene License by Credentials | NC Board of Dental Examiners | 2000 Perimeter Park Drive, Suite 160 <br> Morrisville, NC 27560-8442 | (919) 6788223 | $\frac{\text { mmccullough@ncdentalboar }}{\text { d.org }}$ | attp:/Incdentalaoard. org/\#\# | cive |  |  | Continuing education maintain license | Backgroun <br> d check <br> require | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | $\begin{array}{\|l\|l\|l\|l\|l\|l\|l\|l\|l\|l\|l\|l\|l\|} \hline \text { exeam } \\ \text { required } \end{array}$ | Affidavit or <br> referral required | license | 3/191/2021 | No physical requirements |

# CareerOneStop License Finder Results 

## We found $\mathbf{1 0 4}$ licenses for Dental Assistants in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \\ & \hline \end{aligned}$ | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Dental Hygiene License by Examination | NC Board of Dental <br> Examiners | 2000 Perimeter Park Drive, Suite 160 <br> Morrisville, NC 27560-844 | (919) 6788223 | mmccullough@ncdentalboar <br> d.org | http:/Incdentalioard. ora/t | Active | A temporary license is available to military and spouses until formal license approval |  | Continuing <br> education required to maintain license | Backgroun d check required | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | No experience required | Stand-alone <br> license | 03/19/2021 | No physical requirements |
| Dental Hygiene License by Military Endorsement/Military Spouse | NC Board of Dental Examiners | 2000 Perimeter Park Drive, Suite 160 <br> Morrisville, NC 27560-8442 | (919) 6788223 | mmccullough@ncdentalboar d. org | Itt:/Incdentalaoard. oro/\# | Active |  |  | Continuing education maintain license | $\left\lvert\, \begin{aligned} & \text { Backgroun } \\ & \text { d check } \\ & \text { reauired } \end{aligned}\right.$ | Degree required | Choice of <br> state or <br> thitr -party <br> exam | Affidavit or <br> referral require | Stand-alone <br> license | 03/19/2021 | No physical requirements |
| Dental Hygiene Provisional License | NC Board of Dental Examiners | 2000 Perimeter Park Drive, Suite 160 <br> Morrisville, NC 27560-8442 | (919) 6788223 | mmccullough@ncdentalboar d.org | Itp:/Incdentalaoard. oro/\# | Active |  |  | Continuing <br> education required to maintain license | Backgroun d check | Degree required | $\begin{aligned} & \text { No exam } \\ & \text { required } \end{aligned}$ | Work experience required | $\begin{array}{\|l\|} \text { Preliminary/te } \\ \text { mporary } \\ \text { license } \end{array}$ | 03/19/2021 | No physical requirements |
| Dental Hygienists | ND State Board of Dental Examiners | PO Box 7246 <br> Bismarck, ND 58502 | (701) 2588600 |  | http://www.nddentalboard.or g/ | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education required to maintain license | $\begin{aligned} & \text { Backgroun } \\ & \text { d check } \\ & \text { required } \end{aligned}$ | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { examped } \\ \text { required } \end{array}$ | No experience required | Stand-alone license | 05/25/2021 | Some physical requirements |
| Qualified Dental Assistants | ND State Board of Dental Examiners | PO Box 7246 <br> Bismarck, ND 58502 | (701) 2588600 |  | http://www.nddentalboard.or | ctive | $\begin{aligned} & \text { NAA - Not } \\ & \text { disply } \end{aligned}$ |  | Continuing education required to maintain license | $\left.\begin{array}{\|l\|l\|} \text { No criminal } \\ \text { record } \\ \text { proribibitions } \end{array} \right\rvert\,$ | No <br> requiremen <br> requirements | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|l} \text { Work } \\ \text { experience } \\ \text { required } \end{array}$ | license | 05/25/2021 | No physical requirements |
| Registered Dental Assistants | ND State Board of Dental Examiners | PO Box 7246 <br> Bismarck, ND 58502 | (701) 2588600 |  | http://www.nddentalboard.or g/ | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education required to maintain license | $\begin{array}{\|l} \begin{array}{l} \text { Noc criminal } \\ \text { record } \\ \text { probibitions } \end{array} \end{array}$ | $\begin{aligned} & \text { Specific } \\ & \text { couse } \\ & \text { reuquired } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | Work experience required | Stand-alone <br> license | 05/25/2021 | No physical requirements |
| Dental Hygienist | $\begin{array}{\|l\|} \hline \text { Medical Profession Licensing } \\ \text { Board~Northern Mariana } \\ \text { Bislands } \end{array}$ | PO Box 409 CK Saipan, MP 96950 | (670) 2348950 |  |  | Active | $\begin{aligned} & \text { NAP - Not } \\ & \text { displayed } \end{aligned}$ |  |  | $\left.\begin{array}{\|c\|} \hline N o \text { coriminal } \\ \text { record } \\ \text { peroribitions } \end{array} \right\rvert\,$ | Degree required | $\begin{aligned} & \begin{array}{l} \text { State exam } \\ \text { required } \end{array} \end{aligned}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Stand-alone license | 010112010 |  |
| Dental Assistant Radiographer License | Ohio State Dental Board | 77 S. High Street, 17th Floor Columbus, OH 43215-6135 | (614) 4662580 | licensing@den.ohio.gov | https://www.dental. ohio.gov/ | ctive | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayd } \end{aligned}$ |  | Continuing required to maintain license | No criminal <br> record <br> prohibitions | Degree required | $\begin{array}{\|l\|l} \text { Third-party } \\ \text { examp } \\ \text { required } \end{array}$ | Work <br> experience <br> required | Stand-alone <br> license | 10/13/2020 |  |
| Dental Hygienist | Ohio State Dental Board | 77 S. High Street, 177h Floor Columbus, OH 43215-6135 | (614) 4662580 | licensing@den.ohio.gov | httos://www.dental. ohio.gov/ | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education maintain license | $\begin{array}{\|l\|l} \text { No criminal } \\ \text { record } \\ \text { prohibibitions } \end{array}$ | Degree required | $\begin{array}{\|l\|l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | Work <br> experience <br> required | Stand-alone <br> license | 10/13/2020 |  |
| Dental Assistant Permit | Oklahoma Board of Dentistry | 2920 N. Lincoln Blvd., Sutie B <br> Oklahoma City, OK 73105 | (405) 5224844 | $\frac{\text { vanessa.cooper@dentistry.0 }}{\text { k.gov }}$ | https://www.ok.gov/dentistry | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  |  | $\begin{array}{\|l} \begin{array}{l} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array} \end{array}$ | Specific course required |  |  | Stand-alone <br> license | 6/25/2020 |  |
| Pental Hygienist | Oklahoma Board of Dentistry | 2920 N. Lincoln Blvd., Sutie B <br> Oklahoma City, OK 73105 | (405) 5224844 | vanessa.cooper@dentistry.o k.gov | httos://www.ok.gov/dentistry | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { display } \end{aligned}$ |  | Continuing education required to maintain license | $\begin{array}{\|l\|l\|} \text { No criminaal } \\ \text { record } \\ \text { prohibibitions } \end{array}$ | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | Work experience reauired | Stand-alone license | 066/25/2020 |  |
| Dental Hygienist | Department of State~Bureau of Professional \& Occupational Affairs~Dentistry Board Board | P.o. Box 2649 Harisburg, PA 17105-2649 | 717) 7837162 |  |  | Active | $\begin{aligned} & \text { NAA - Not } \\ & \text { displyad } \end{aligned}$ |  | Continuing education required to maintain license | $\begin{aligned} & \text { Felony } \\ & \text { convictions } \\ & \text { prohibibited } \end{aligned}$ | Degree reguried | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Work } \\ & \text { exerencene } \\ & \text { required } \end{aligned}$ | license | 03/11/2021 |  |
| Expanded Function Dental Assistant | Department of State~Bureau of Professional \& Occupational Affairs~Dentistry Board Board | P.o. Box 2649 Harisburg, PA 17105-2649 | 717) 7837162 |  |  | Active | $\begin{array}{\|l\|l\|} \text { Nisprayayed } \end{array}$ |  | Continuing education maintain license | $\begin{aligned} & \begin{array}{l} \text { Felony } \\ \text { convicions } \\ \text { probibitited } \end{array} \\ & \hline \end{aligned}$ | Degree required |  | Work experience required | license | 03/11/202 |  |

# CareerOneStop License Finder Results 

 We found $\mathbf{1 0 4}$ licenses for Dental Assistants in United States| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License Type | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Dental Assistant | Puerto Rico Department of <br> Heatho <br> Reaticic of <br> Reuntations $\&$ Certification of <br> Healt <br> Professionals |  |  |  |  | ctive | NAA - Not displayed |  | No continuing education reaurement to maintain license | Specific conviction prohibited | $\begin{aligned} & \text { Specific } \\ & \text { Scousse } \\ & \text { require } \end{aligned}$ | State exam required | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 07/19/2019 |  |
| Dental Hygenist | Puerto Ricio Department ofHeathHeffic of <br> Reaulations \& Certification of <br> Heleath <br> Professionals |  |  |  |  | Active | N/A - Not displayed |  | No continuing education requirement to maintain license | Specific type of prohibited | $\begin{aligned} & \text { Specific } \\ & \text { sourse } \\ & \text { required } \end{aligned}$ | State exam required | No experience required | Stand-alone <br> license | 07/19/2019 |  |
| Dental Technician |  |  |  |  |  | Active | N/A - Not displayed |  | Continuing education maintain license |  | Degree required | State exam <br> required | No experience required | Stand-alone <br> license | 07/19/2019 |  |
| Dental Hygienist | RI Department of Health~Board of Denistry | 3 Capitol Hill, Room 205 Providence, RI 02908 | (401) 2222837 |  | http://health.ri.gov/licenses/d etail.phpid $=251$ | Active | N/A - Not displayed |  | Continuing education required to maintain license |  | Degree required | $\begin{array}{\|l} \hline \begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | Work experience required | Stand-alone <br> license | 10/01/2019 |  |
| Dental Assistant | SC Board of Dentistry | 110 Centerview Drive Kingstree Bldg. Suite 202, PO Box 11329 Columbia, SC 29211-1329 | (803) 8964599 | cox@@l\|r.sc.gov | http://www.IIr.state.sc.us/PO | Active |  |  | Continuing education maintain license | $\left\lvert\, \begin{aligned} & \text { Felony } \\ & \text { convictions } \\ & \text { prohibited } \end{aligned}\right.$ | Degree required | State exan required | Work experience required | Stand-alone <br> license | 06/18/2013 |  |
| Dental Hygienist | SC Board of Dentistry | 110 Centerview Drive Kingstree Bldg. Suite 202, PO Box 11329 Columbia, SC 29211-1329 | (803) 8964599 | coxk@l\|rsc.gov | hitp://www.IIr.state.sc.us/PO LDentistry | Active | A temporary license is availabe to military and mind spouses until formal license approval |  | Continuing education required to maintain license | $\begin{aligned} & \text { Felony } \\ & \text { convictions } \\ & \text { prohibited } \end{aligned}$ | Degree required | $\begin{aligned} & \begin{array}{l} \text { State exam } \\ \text { required } \end{array} \end{aligned}$ | Work experience required require | Stand-alone <br> license | 06/18/2013 |  |
| Dental Technician | SC Board of Dentistry | 110 Centerview Drive Kingstree Bldg. Suite 202, Columbia, SC <br> 29211-1329 | (803) 8964599 | cox@@l\|r.sc.gov | http://www.IIr.state.sc.us/PO LDentistry | Active | A temporary <br> license is <br> availiable to <br> miltary and <br> silas and <br> spurses until <br> farmal icense <br> approval |  | Continuing education maintain license | $\begin{aligned} & \text { Felony } \\ & \text { convictions } \\ & \text { prohibited } \end{aligned}$ | Degree reguried | $\underset{\substack{\text { Third-party } \\ \text { exam } \\ \text { required }}}{\substack{\text { and }}}$ | Work experience required | Stand-alone <br> license | 06/18/2013 |  |
| Advanced Dental Assistant | South Dakota State Board of Dentistry | PO Box 1079, 1351 North Harrison Avenue Pierre, SD 57501-1079 | (605) 2241282 | contactus@sdboardofdentist ry.com | http://www.sdboardofdentistr r.com/ | Active | $\begin{aligned} & \text { Additional } \\ & \text { adgidance is } \\ & \text { available for } \\ & \text { military and } \\ & \text { spouses } \end{aligned}$ |  | Continuing education required to maintain license |  | No educational requirements | $\begin{array}{\|l\|l\|} \substack{\text { Third-party } \\ \text { exam } \\ \text { required }} \end{array}$ | Work experience | Stand-alone <br> license | 09/23/2019 |  |
| Dental Hygienist | South Dakota State Board of Dentistry | PO Box 1079, 1351 North Harrison Avenue Pierre, SD 57501-1079 | (605) 2241282 | contactus@sdboardofdentist ry.com | http://www.sdboardofdentistr <br> v.com/ | etive | $\begin{aligned} & \text { Additional } \\ & \text { gaidance is } \\ & \text { available for } \\ & \text { military and } \\ & \text { spouses } \end{aligned}$ |  | Continuing <br> education maintain license | $\left\|\begin{array}{c} \text { No coriminal } \\ \text { record } \\ \text { prohibibitions } \end{array}\right\|$ | Degree required | Third-party required | Work experience required | license | 09/23/2019 |  |
| Dental Radiographer | South Dakota State Board of Dentistry | PO Box 1079, 1351 North Harrison Avenue Pierre, SD 57501-1079 | (605) 2241282 | contactus@sdboardofdentist ry.com | http://www.sdboardofdentistr  <br> y.com/  | Active | $\begin{aligned} & \text { Additional } \\ & \text { ggidance is } \\ & \text { available for } \\ & \text { military and } \end{aligned}$ |  | Continuing education required to maintain licens |  | No educational requirements | Third-party exam require | Work experience required | Stand-alone <br> license | 09/23/2019 |  |

# CareerOneStop License Finder Results 

 We found $\mathbf{1 0 4}$ licenses for Dental Assistants in United States| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License Type | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| DENTAL ASSISTANTS | Department of Health~Division of Health Dentistry $\qquad$ | 665 Mainstream Drive 2nd floor Nashville, TN 37243 | (615) 5325073 |  |  | Active | $\begin{aligned} & \text { Expedited } \\ & \text { Epocsing is } \\ & \text { pavailen ofor } \\ & \text { anilaty ford } \\ & \text { spouses } \end{aligned}$ |  | Continuing education maintain license | $\left\|\begin{array}{\|l\|l\|} \text { No criminaal } \\ \text { record } \\ \text { probibitions } \end{array}\right\|$ | Degree regured | State exam required | Work experience required | Stand-alone <br> license | 09/12/2018 |  |
| dental hygienists | Department of <br> Health~Division of Health Related Boards~Board of Dentistry | 665 Mainstream Drive 2nd floor Nashville, TN 37243 | (615) 5325073 |  |  | Active | $\begin{aligned} & \text { spouses } \\ & \text { Expedite } \\ & \text { Processing is } \\ & \text { pavailet for } \\ & \text { miltary and } \\ & \text { spouses } \end{aligned}$ |  | Continuing $\underset{\substack{\text { education } \\ \text { reauired to }}}{ }$ maintain license | $\left\|\begin{array}{\|l\|l\|} \text { No criminaal } \\ \text { record } \\ \text { probibitions } \end{array}\right\|$ | Degree required | TTird-party <br> exam <br> required | Wor experience required | Stand-alone <br> license | 09/12/2018 |  |
| DENTAL HYGIENIST | Texas State Board of Dental Examiners | 333 Guadalupe, Tower III, Suite 800 <br> Austin, TX 78701 | (512) 4636400 |  | http///sode. texas.gov/ | ctive | $\begin{aligned} & \text { N/A - Not } \\ & \text { display } \end{aligned}$ | Certification may substitute for license requirements | Continuing education required to maintain licens |  | Degree required | Both state and third party required | $\begin{array}{\|l\|l} \begin{array}{l} \text { Work } \\ \text { experience } \\ \text { required } \end{array} \end{array}$ | Stand-alone <br> license | 10127/2020 |  |
| DENTAL HYGIENIST | Utah Department of Commerece~Division of Occupational \& Professiona Licensing | 160 East 300 South, PO Box 14674 <br> Salt Lake City, UT 84114- <br> 6741 | (801) 5306628 | DOPLWeb@utah.gov | https://dopl.uta..gov/ | Active | Military and spouses are exempt rom exeensure requirements |  | Continuing education maintain license | $\left\|\begin{array}{\|l\|l\|} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array}\right\|$ | Degree required | State exam <br> required | Wor experience required required | Stand-alone <br> license | 11/04/2019 |  |
| Dental Assistant | Vermont Secretary of State~Office of Professional Regulation Examiners | 89 Main Street, 3rd floor Montpelier, VT 05620 |  | corey.young@vermont.gov | https://sos.vermont.gov/dent al-examiners | ctive | $\left\lvert\, \begin{aligned} & \mathrm{N} / \mathrm{A} \text { Not } \\ & \text { display } \end{aligned}\right.$ |  | No continuing <br> education <br> requirenent to <br> maintain license | Felony convictions prohibited | $\begin{array}{\|l\|} \hline \text { No } \\ \text { educational } \\ \text { requirements } \end{array}$ | No exam required | No experience <br> required | Register with licensing agency | 021912020 | No physical requirements |
| Dental Hygienist | Vermont Secretary of State~Office of Professional Regulation Examiners | 89 Main Street, 3rd floor Montpelier, VT 05620 |  | corev.voung@vermont.gov | https://sos.vermont.gov/dent al-examiners | Active | $\begin{array}{\|l\|l\|} \text { NAs - Not } \\ \text { displayed } \end{array}$ | Certification required | Continuing education maintain licens | $\begin{array}{\|} \text { Felony } \\ \text { convicions } \\ \text { probibibited } \end{array}$ | Degree required | $\begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 02/19/2020 | No physical requirements |
| Dental Therapist | Vermont Secretary of State~Office of Professional Regulation~Board of Dental Examiners Examiners | 89 Main Street, 3rd floor Montpelier, VT 05620 |  | corey.young@vermont.gov | https://sos.vermont.gov/dent al-examiners/ | Active | $\begin{aligned} & \text { NA/ Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education required to maintain licens | $\left\lvert\, \begin{aligned} & \text { Felolony } \\ & \text { convictions } \\ & \text { prohibited } \end{aligned}\right.$ | Degree required | $\begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | No experience required | Seondary $\begin{aligned} & \text { Sicense } \\ & \text { linser } \\ & \text { (inother } \\ & \text { lisense as a } \\ & \text { prerequisite) }\end{aligned}$ | 021912020 | No physical requirements |
| Dental Hygienist | Department of Health Professions~Board of Dentistry | 6606 West Broad Street, 4th Floor <br> Richmond, VA 23230-1717 | (804) 6629908 |  |  | Active | $\begin{aligned} & \text { Expedited } \\ & \text { epocsing is } \\ & \text { Pavilal ofor } \\ & \text { militaly ond } \\ & \text { spouses } \end{aligned}$ |  | Continuing education required to maintain license | $\left\|\begin{array}{c} \text { No criminal } \\ \text { record } \\ \text { porobibitions } \end{array}\right\|$ | Degree required | $\begin{aligned} & \text { Both state } \\ & \text { and third- } \\ & \text { party } \\ & \text { exams } \\ & \text { required } \\ & \hline \end{aligned}$ | Work experience required |  | 05/29/2014 |  |
| Dental assistant | Department of Heath | 101 Israel Rd SE Tumwater, WA 98501 | (360) 2364700 | $\frac{\text { customerservice@cpaboard. }}{\text { wa.gov }}$ | ntto:/www.doh.wa.gov | Active |  |  | Continuing <br> education required to maintain license | $\left\|\begin{array}{c} \text { No criminal } \\ \text { record } \\ \text { proribibitions } \end{array}\right\|$ | Degree required | Third-party exam <br> require | $\begin{array}{\|l\|l} \text { Work } \\ \text { experience } \\ \text { required } \end{array}$ | Stand-alone <br> license | 06/30/2016 |  |
| Dental Hygienist | Department of Heath | 101 Israel Rd SE Tumwater, WA 98501 | (360) 2364700 | $\frac{\text { customerservice@cpaboard. }}{\text { wa.gov }}$ | http:/www.doh.wa.gov | Active |  |  | Continuing education equired to maintain license | $\left\|\begin{array}{c} \text { No criminal } \\ \text { record } \\ \text { proribitions } \end{array}\right\|$ | Degree regured | Third-party require | Wor experience required | Stand-alone <br> license | 06/30/2016 |  |
| Expanded Function Dental Auxiliary | Department of Heath | 101 Israel Rd SE Tumwater, WA 98501 | (360) 2364700 | customerservice@cpaboard. wa.gov | htto://www.doh.wa.gov | Active |  |  | No continuing <br> education <br> requirement to <br> maintain license |  | $\begin{array}{\|l\|l} \text { Specifice } \\ \text { cousse } \\ \text { required } \end{array}$ | No exam required | $\left\lvert\, \begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}\right.$ | Register with licensing agency | 06/30/2016 |  |
| Dental Hygienist | West Virginia Board of Dental Examiners | Drawer 1459 <br> Beckley, WV 25802-1459 |  |  |  | Active | Fees are reduced and expedited processini is aveilibl for militara and spouses |  | Continuing education maintain license | $\left\|\begin{array}{\|l\|l\|} \text { No coriminalal } \\ \text { record } \\ \text { prohibitions } \end{array}\right\|$ | Degree required | State exam required | $\left\lvert\, \begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}\right.$ | Stand-alone <br> license | 01/01/2010 |  |

# CareerOneStop License Finder Results 

 We found $\mathbf{1 0 4}$ licenses for Dental Assistants in United States| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License Type | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| DENTAL HYGIENIST | WI Department of Safety and <br> Professional <br> Sorvices~Division of <br> Professional Credential <br> Processing | 1400 E. Washington Ave. P.O. Box 8935 Madison, WI 53708-8935 | (608) 2662112 | dsps@wisconsin.gov | htpps://dsps.wi.gov/Pages/Pr ofessions/Default.aspx | Active | Fees are reduced for military and spouses |  | Continuing education maintain license | $\left\|\begin{array}{c} \text { No coriminal } \\ \text { record } \\ \text { proribitions } \end{array}\right\|$ | Degree required | Third-party require | $\left\lvert\, \begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}\right.$ | Stand-alone <br> license | 12/01/2020 |  |
| dental hygienist | WYOMING BOARD OF DENTAL EXAMINERS~Attn: Jason Brock | 2001 CAPITOL AVE, RM 103 CHEYENNE, WY 82002 | (307) 7777387 | iason.brock1@wyo.gov | http:/Idental. wyo.gov/home | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ | Certification required | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \end{aligned}$ | Felony prohibited | Degree required | Both state and thirdparty exams | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 10/18/2017 |  |

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| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License Type | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Licensed Pharmacist Technician | Alabama Board of Pharmacy | 111 Village Street Birmingham, AL 35242 | (205) 9812280 | Imartin@albop.com | https://www.aloop.com/ | Active | $\begin{aligned} & \text { NAA Not Not } \\ & \text { displayed } \end{aligned}$ |  |  |  |  |  |  | Stand-alone license | 0/31/2020 |  |
| Pharmacy Technician | Alaska Department of Commerce, Community \& Economic <br> Development~Division of Corporations, Business, and Professional Licensing~Alaska Board of Pharmacy | P. O . Box 110806 Juneau, AK 99811-0806 | $(907) 4652550$ | BoardOfPharmacy@Alaska. | hitps://www.commerce.alask <br> a.pov/web/cbol/Professional <br> licensing/BoardofPharmacy. <br> lispy <br> asp | Active | $\begin{aligned} & \text { NAF - Not } \\ & \text { dispodayed } \end{aligned}$ |  | Continuing education maintain license | Felony convictions prohibited | $\begin{aligned} & \text { No } \\ & \text { educational } \\ & \text { requirements } \end{aligned}$ | No exam required | No experience required | Stand-alone license | 09/11/2018 |  |
| Pharmacy Technician, Technician Trainee, Intern or Graduate Intern | Pharmacy, State Board of | 1700 W. Washington St., Room 250 <br> Phoenix, AZ 85007 | (602) 7712727 | http://www.azpharmacy.gov/ contact.asp | ntto:/1www.azpharmacy.gov | Active | Licenses from other states may be recognized for miltary and spouses |  | Continuing <br> education <br> maintain license | Felony convictions prohibited | $\begin{array}{\|l\|l\|l\|} \hline 5 \text { Pegree } \\ \text { required } \end{array}$ | Third-party exam required | Work experience required | Preliminary/te mporary license | 09/11/2013 |  |
| Pharmacy Technician | Arkansas State Board of Pharmacy | 322 South Main Street, Suite 600 <br> Little Rock, AR 72201 | (501) 6820190 | asbp@arkansas.gov | http://www.pharmacyboard.a rkansas.gov | ctive | A temporary license is avaiale to aniltary and spouses until formal license approval |  | No continuing <br> education <br> mainta <br> maintain licens | Backgroun d check required | $\begin{aligned} & \text { No } \\ & \text { educational } \\ & \text { requirements } \end{aligned}$ | State exam required | No experience required | Tied to business | 09/23/2019 |  |
| Pharmacy Technician | Department of Consumer Affairs~Board of Pharmacy~Licensing Unit | 1625 North Market Blvd., Suite N219 Sacramento, CA 95834 | (916) 5747900 | appstatus@dca.ca.gov | ${ }_{\text {lal }}^{\text {htps://www.pharmacy.ca.go }}$ | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ | Certification may substitute for license requirements | Continuing education required to maintain license | No criminal record prohibitions | ss iegree | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { examary } \\ \text { required } \end{array}$ | Affidavit or <br> referral required | Stand-alone license | 07090/2021 |  |
| Pharmacy Technician | Department of Consumer Protection~Occupational \& Professional Licensing | 165 Capitol Avenue <br> Hartford, CT 06106-1630 | (860)7136135 | occprotrades@ct.gov | www.ct.gov/dcp | ative | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  | No continuin education requirement to maintain licens | No criminal record prohibitions | $\begin{array}{\|l\|l} \text { No } \\ \text { educational } \\ \text { requirements } \end{array}$ | No exam required | Current <br> employment in <br> field required | license | 03/09/2021 |  |
| Pharmacy Technicians | $\square$ |  |  |  |  | Active | N/A - Not displayed |  | Continuing <br> education maintain license | No criminal record prohibitions | $\begin{array}{\|l\|l} \text { Specific } \\ \text { seouse } \\ \text { cequired } \\ \text { requid } \end{array}$ | Third-party <br> exam <br> required | Work required | Stand-alone license | 0101/2010 |  |
| Pharmacy Technician | FL Department of Health~Division of Medica Quality Assurance | 4042 Bald Cypress Way Tallahassee, FI 323993250 | (850) 4880595 |  | www.doh.state.f.l.us/ | Active | $\begin{aligned} & \text { NAF - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education required to maintain licens | No criminal record prohibitions |  | No exam required | No oxperience required | Stand-alone license | 02/25/2020 |  |
| Pharmacy Technician | Georgia State Board of Pharmacy | 237 Coliseum Drive Macon, GA 31217-3858 | (478) 2072440 |  | http:/Igbo.georgia.aov/ | ve | $\begin{aligned} & \text { NAA - Not } \\ & \text { displayed } \end{aligned}$ |  | No continuing education requirement to maintain licens | No criminal record prohibitions | No educational requirements | No exam required | No experience required | Tied to business | 10124/2019 |  |
| Pharmacy Technicians | Idaho State Board of Pharmacy | 1199 Shoreline Ln. Ste. 303, NULL <br> Boise, ID 83702 | (208) 3342356 | info@bop.idaho.gov | https://bop.idaho.gov/ | ctive | $\begin{aligned} & \text { NAA - Not } \\ & \text { dispodayd } \end{aligned}$ | Certification <br> required | Continuing education maintain license | Backgroun d check required | $\begin{array}{\|l} \begin{array}{l} \text { No } \\ \text { educational } \\ \text { requirements } \end{array} \\ \hline \end{array}$ | Third-party exam <br> required | No experience <br> required | Stand-alone <br> license | 03/08/2018 |  |
| PHARMACY TECHNICIAN | Illinois Department of Financial and Professional Regulation | 320 West Washington Springfield, IL 62786 | (217) 7828556 |  | https://www.idfor.com/ | Active | $\begin{array}{\|l\|l\|} \text { N/A - Not } \\ \text { displayed } \end{array}$ |  | Continuing education maintain license | record prohibitions | $\begin{array}{\|l\|l} \text { No } \\ \text { educational } \\ \text { requirements } \end{array}$ | Third-party <br> exam <br> required | Work <br> experience <br> required | license | 10/22/2014 |  |
| Pharmacy Tech In-Training | Indiana Professional Licensing Agency~Indiana Board of Pharmacy | 402 West Washington Street, Room W072 Indianapolis, IN 46204 | (317) 2342067 | pla4@pla.in.gov | http://www.in.gov/pla/pharm | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | No continuing education requirement to maintain licens | $\begin{aligned} & \text { Specificu } \\ & \text { thye } \\ & \text { convoricion } \\ & \text { probobibited } \end{aligned}$ | $\begin{array}{\|l\|l} \begin{array}{c} \text { Specific } \\ \text { course } \\ \text { required } \end{array} \\ \hline \end{array}$ | State exam required | No experience required | Preliminary/te mporary license | 05/06/2021 |  |
| Pharmacy Technician | Indiana Professional Licensing Agency~Indiana Board of Pharmacy | 402 West Washington Street, Room W072 Indianapolis, IN 46204 | (317) 2342067 | pla4@plai.i.gov | http://www.in.gov/pla/pharm acy.htm | Active | $\begin{aligned} & \text { NAF - Not } \\ & \text { dispod } \end{aligned}$ |  | education <br> requirement to maintain licens | Specific type of prohibited | $\begin{aligned} & \begin{array}{l} \text { Speceific } \\ \text { course } \\ \text { required } \end{array} \end{aligned}$ | State exam required | No experience required | license | 05/06/2021 |  |

## CareerOneStop License Finder Results

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing <br> Education | Criminal Record | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \end{aligned}$ | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Pharmacy Support Person | lowa Board of Pharmacy Examiners~lowa Departmen of Public Health | Iowa Board of Pharmacy, <br> 400 S.W. 8 th Street, Suite <br> E <br> Des Moines, IA 50309- <br> 4688 | (515) 2423272 | cassie.lee@iowa.gov | https:///pharmacy.iowa.gov/li <br> censureregistration/pharmac <br> Y | Ative | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education maintain license | $\left\lvert\, \begin{aligned} & \text { No criminal } \\ & \text { recorrd } \\ & \text { prohibitions } \end{aligned}\right.$ | No educational requirements | Third-party require requre | No experience <br> required | Stand-alone <br> license | 10/12/2020 |  |
| Pharmacy Technician | Kansas State Board of Pharmacy | 800 SW Jackson, Suite 1414 <br> Topeka, KS 66612 | (785) 2964056 |  | ${ }^{\text {http://www.kansas.gov/phar }}$ | Active | $\begin{aligned} & \text { NAF - Not } \\ & \text { dispoday } \end{aligned}$ |  | Continuing education maintain licens | $\begin{array}{\|l\|l} \text { No criminala } \\ \text { record } \\ \text { prohibitions } \end{array}$ | $\begin{array}{\|l\|l} \text { No } \\ \text { educational } \\ \text { requirements } \end{array}$ | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exampar } \\ \text { required } \end{array}$ | No experience <br> required | Stand-alone <br> license | 11/12/2019 |  |
| Pharmacy Technicians | There is some indication that this license exists in Kentucky, but tif has not yet been confirmed by state experts experts |  |  |  |  | elive | N/A - Not displayed |  | No continuing education requirement to maintain licens | $\begin{array}{\|l\|l\|} \hline \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array}$ | $\begin{aligned} & 1 \\ & \hline \text { so } \\ & \text { socuctional } \\ & \text { requirements } \end{aligned}$ | No exam required | No experience <br> required | Stand-alone license | 0101/2010 |  |
| Pharmacy Technician | Louisiana Board of Pharmacy~Board of Pharmacy | 3388 Brentwood Drive Baton Rouge, LA 70809 | (225) 9256496 | info@pharmacy.l.agov | www.pharmacy.lagov | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  | $\begin{array}{\|l\|} \hline \text { Continuing } \\ \text { education } \\ \text { required to } \\ \text { maintain license } \end{array}$ | $\begin{array}{\|l} \begin{array}{l} \text { Backgroun } \\ \text { d check } \\ \text { required } \end{array} \\ \hline \end{array}$ | No <br> ecuacitional <br> requirements | $\begin{array}{\|l} \hline \begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | Work experience required | Stand-alone <br> license | 06/08/2021 |  |
| Pharmacy Technicians | Maine Department of Refessional 8 Financia Professional and Occupational Requation | Gardiner Annex/ 76 Northern Ave, 35 State House Station Augusta, ME 04333-0035 | (207) 6248603 |  | https://www.maine.gov/pfr/pr ofe <br> ml | etive | $\begin{aligned} & \text { NA - Not } \\ & \text { dispodayed } \end{aligned}$ |  | No continuing education requirement to maintain licens | $\begin{aligned} & \text { Backgroun } \\ & \text { d check } \\ & \text { required } \end{aligned}$ |  |  |  | $\begin{aligned} & \text { Tied to } \\ & \text { business } \end{aligned}$ | 08/21/2020 | No physical requirements |
| Pharmacy Technicians | There is some indication that this license exists in Maryland, but it has not yet been confirmed by state experts |  |  |  |  | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education required to maintain license | $\begin{array}{\|l\|l\|} \text { No criminaal } \\ \text { record } \\ \text { probibitions } \end{array}$ |  | Third-party <br> require | Work $\underset{\substack{\text { experience } \\ \text { reauired }}}{ }$ | Stand-alone <br> license | 010112010 |  |
| Pharmacy Technicians | There is some indication that his icense exists in Massachusetts, but it has not yet been confirmed by yet been confirmed by state experts |  |  |  |  | Active | N/A - Not displayed |  | $\begin{aligned} & \text { No continuing } \\ & \begin{array}{l} \text { ecucaction } \\ \text { requirent to } \\ \text { maintain license } \end{array} \\ & \hline \end{aligned}$ | $\left\lvert\, \begin{aligned} & \text { Felony } \\ & \text { convicions } \\ & \text { probibitited } \end{aligned}\right.$ | $\begin{array}{l\|l\|} \hline \text { Specific } \\ \text { Sporic } \\ \text { cousied } \\ \text { required } \end{array}$ | State exam <br> required | Work experience required | Stand-alone license | 0101/2010 |  |
| Pharmacy Technician | Michigan Department of <br> Licenisg and Regulatory <br> Aftais-Burea Affaris-Bureau of Professional Licensing | P.O. Box 30670 Lansing, M1 48909 | (517) 2410199 | bplhelp@michigan.gov |  | ctive | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education maintain licens | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { proribibitions } \end{aligned}$ | $\begin{array}{l\|l} \text { I } & \begin{array}{l} \text { No } \\ \text { educational } \end{array} \\ \text { requirements } \end{array}$ | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | No experience <br> required | Stand-alone <br> license | 02/25/2020 |  |
| Pharmacy Technician Registration | Minnesota Board of Pharmacy | 2829 University Avenue Southeast, Suite 530, University Park Plaza Minneapolis, MN 55414 <br> 3251 | (612) 6172201 |  | http://www.phcybrd.state.mn <br> us/ | Ative | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing <br> education required to maintain license | $\begin{array}{\|l} \text { No criminal } \\ \text { record } \\ \text { probibibitions } \end{array}$ | $\begin{array}{l\|l} \text { No } \\ \text { educational } \\ \text { requirements } \end{array}$ | No exam required | No experience <br> required | $\begin{aligned} & \text { Register with } \\ & \text { licensing } \\ & \text { agency } \end{aligned}$ | 10/16/2018 |  |
| Pharmacy Technicians | Mississippi Board of Pharmacy | 6360 -55 North, Suite 400 Jackson, MS 39211 | (601) 8998851 | Iicensing@mpb.ms.gov | $\frac{\text { https://www.mbp.ms.gov/Pa }}{\text { ges/default.aspx }}$ | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { dispodayed } \end{aligned}$ |  | $\begin{aligned} & \text { No continuing } \\ & \text { edocation } \\ & \text { requirent to } \\ & \text { raintani niconse } \end{aligned}$ | $\begin{array}{\|l\|l} \hline \text { Specific } \\ \text { type off } \\ \text { tonvicion } \\ \text { corohibited } \end{array}$ | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | Third-party exam required | No experience <br> required | Stand-alone licens | 0101/2010 | No physical requirements |
| Pharmacy Technician | Division Of Professional Registration~Missouri State Board of Pharmacy | $\begin{aligned} & \text { 3605 Missouri Boulevard, } \\ & \text { P.O. Box } 625 \\ & \text { Jefferson City, M 65102- } \end{aligned}$ $0625$ | $(573) 7510091$ ext 8007352966 | pharmacy@pr.mo.gov | http://pr.mo.gov/pharmacists <br> asp | ctive | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  | $\begin{aligned} & \text { No continuing } \\ & \text { enducation } \\ & \text { erequirement to } \\ & \text { mainain license } \end{aligned}$ | No criminal <br> record <br> prohibitions | No educational requirements | No exam required | No experience <br> required | $\left\lvert\, \begin{aligned} & \text { Tied to } \\ & \text { business } \end{aligned}\right.$ | 09/11/2018 |  |
| Pharmacy - Certified Pharmacy Technician | Board of Pharmacy | 301 South Park, 4th Floor, PO Box 200513 Helena, MT 59620-0513 | (406) 8412356 | dilisdpha@mt.gov | http://boards.bsd.dli.mt.gov/ pha | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | $\begin{aligned} & \text { Continuing } \\ & \text { education } \\ & \text { requiren to } \\ & \text { maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | No <br> ecuacitional <br> requirements | $\begin{aligned} & \text { Third-party } \\ & \text { exemp } \\ & \text { required } \end{aligned}$ | No experience required | Stand-alone | 09/11/2018 |  |
| Pharmacy - Technician in Training | Board of Pharmacy | 301 South Park, 4th Floor, PO Box 200513 Helena, MT 59620-0513 | (406) 8412356 | dilibsdoha@m.gov | http://boards.bsd.dli.mt.gov/ pha | Active | $\begin{aligned} & \text { NAA - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education require to maintan main license | $\begin{array}{\|l\|l} \text { No criminal } \\ \text { record } \\ \text { proribibitions } \end{array}$ | No <br> educational <br> requirements | Third-party <br> exam <br> required | No experience <br> required | Stand-alone <br> license | 09/11/2018 |  |

## CareerOneStop License Finder Results

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License Type | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Pharmacy Technician | Nebraska Dept. of Health \& Human Services~Division of Public Health~Licensure Unit | 301 Centennial Mall S, 1st Floor <br> Lincoln, NE 68509 | 402) 2474915 | jesse.cushman@nebraska.g <br> ov | $\frac{\text { dhhs.ne.gov/licensure/pages }}{\text { Identist.aspx }}$ | Active | A temporary <br> license is <br> available to <br> military and <br> spouses until <br> formal license <br> approval |  |  |  |  |  |  | Stand-alone <br> license | 06/29/2021 |  |
| Pharmaceutical Technician | Board of Pharmacy | 431 W. Pumb Lane Reno, 89509 | (775) 8501440 | pharmacy@pharmacy.nv.go <br> v | nttp:/bop.nv.gov | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { dispoday } \end{aligned}$ |  | Continuing education maintain license | $\begin{array}{\|l\|l} \hline \text { Specific } \\ \text { type of } \\ \text { conviction } \\ \text { crohibited } \end{array}$ | Degree required | Third-party exam required | Work exequired | Stand-alone <br> license | 01/14/2016 |  |
| Pharmacy Technician | New Hampshire Board of Pharmacy~Office of Professional | 121 South Fruit Street, Suite 401 <br> Concord, NH 0330 | (603) 2712350 | pharmacy.licensing@oplc.nh gov | ww.opl.nh.gov/pharmacy/ | Active | $\begin{aligned} & \text { NA N Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education required to maintain licens | $\begin{aligned} & \text { Specificu } \\ & \text { Spece of } \\ & \text { type of } \\ & \text { conviction } \\ & \text { prohibited } \end{aligned}$ | No requiremen requirements | Third-party required | Work experience required | Tied to business | 06/11/2020 |  |
| PHARMACY TECHNICIAN | Department of Law and Public Safety~Division of Consumer Pharmacy | PO Box 45013 <br> Newark, NJ 7101 | (973) 5046450 |  | $\frac{\text { https://www.niconsumeraffai }}{\mathrm{rs.gov/phar/Pages/default.as}}$ ex | ctive | $\begin{aligned} & \text { N/A - Not } \\ & \text { dispod } \end{aligned}$ |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement } \\ & \text { maintain license } \end{aligned}$ | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | No educational requirements | No exam required | No experience required | Stand-alone <br> license | 02/26/2020 |  |
| Pharmacy Technician | New Mexico Board of Pharmacy | 5500 San Antonio Drive NE, Suite C Albuquerque, NM 87109 | (505) 2229830 | kristina.benavidez@state.nm us | http://www.rld.state.nm.us/b oards/Pharmacy.aspx | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education maintain license | No crimina record prohibitions | No educational requirements | $\begin{aligned} & \text { Third-party } \\ & \text { exeam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone <br> license | 07/08/2021 |  |
| Pharmacy Technician | NC Board of Pharmacy | 6015 Farrington Rd, Ste. 201 <br> Chapel Hill, NC 27517 | $\begin{array}{l}99192 \\ \text { ext } 208\end{array} 1050$ | mbetz@ncobop.org | www.ncbop.org | Active | $\begin{aligned} & \text { NAA - Not } \\ & \text { displayed } \end{aligned}$ |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requiremento } \\ & \text { maintain license } \end{aligned}$ $\begin{aligned} & \text { Continuing } \\ & \text { education } \end{aligned}$ | No crimina prohibit prohibitions | No <br> educational requirements | No exam required | No experience <br> required | Stand-alone <br> license | 05/06/2021 |  |
| Pharmacy Technicians | ND State Board of Pharmacy | 1906 E Broadway Ave Bismarck, ND 58501 | (701) 3289535 |  | http://www.nodakpharmacy. <br> com/ | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ | Certification <br> required | Continuing education maintain license | $\begin{array}{\|l\|l\|} \text { No criminalal } \\ \text { record } \\ \text { prohibibitions } \end{array}$ | Degree required | Third-party exam required | No experience <br> required | Stand-alone <br> license | 05/25/2021 | No physical requirements |
| Veterinary Dispensing Technicians | ND State Board of Pharmacy | 1906 E Broadway Ave Bismarck, ND 58501 | (701) 3289535 |  | http://www.nodakpharmacy. <br> com/ | ctive | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education maintain license | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { No criminalal } \\ \text { record } \\ \text { prohibibitions } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|l} \text { No } \\ \text { eoucational } \\ \text { requirements } \end{array}$ | No exam required | No experience <br> required | Stand-alone <br> license | 05/25/2021 | No physical requirements |
| Pharmacy Technician | Oklahoma State Board of Pharmacy | $\begin{aligned} & \text { 2920 N. Lincoln Blvd., } \\ & \text { Suite A } \\ & \text { Okahoma City, OK } 73105 \text { - } \\ & 4212 \end{aligned}$ | (405) 5223129 | Miterra@@harmacy.ok.gov | https://www.ok.gov/pharmac <br> y | Ative | NA - Not displayed |  | No continuing elduction requirement to requirement to maintain license | $\begin{array}{\|l\|l\|} \hline \text { No criminal } \\ \text { record } \\ \text { prorobibitions } \end{array}$ | $b_{j}^{\text {Degegree }} \text { require }$ | State exam required | Work <br> experience <br> required | Tied to business | 05/28/2021 |  |
| Pharmacy Technician | Oregon Board of Pharmacy | 800 NE Oregon St Ste 150 Portland, OR 97232-2162 |  |  | https://www.oregon.gov/Pha rmacy/pages/index.aspx | ctive | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  | education required to maintain license | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ | No <br> educational requirements | $\left\lvert\, \begin{aligned} & \text { third-party } \\ & \text { exxam } \end{aligned}\right.$ $\begin{aligned} & \text { exeam } \\ & \text { require } \end{aligned}$ require | Work experience required | Stand-alone <br> license | 04/04/2018 |  |
| Pharmacy Technician, Certified Oregon | Oregon Board of Pharmacy | 800 NE Oregon St Ste 150 Portland, OR 97232-2162 |  |  | https://www.oregon.gov/Pha macy/Pages/index.aspx | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education maintain license | No criminal <br> record <br> prohibitions | No <br> educationa <br> requirements | $\begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone <br> license | 04/04/2018 |  |
| Pharmacy Technician | Puerto Rico Department of Health~Office of <br> Regulations \& Certification of Health <br> Professionals |  |  |  |  | 位 | NA - Not displayed |  | Continuing education maintain license | Specific type of prohibited | $\begin{aligned} & \text { Specific } \\ & \text { course } \\ & \text { require } \end{aligned}$ | Both state <br> and third- <br> party <br> exams <br> required | Work expenirnce required | license | 07/19/2019 | No physical requirements |
| Pharmacy Technician \& \& \\| | RI Department of Health-RI Board of Pharmacy | 3 Capitol Hill, Room 103 Providence, RI 02908 | (401) 2222837 |  | http://health.ri.gov/licenses/d etail. phpid=275 | active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  | education requirement to maintain licens | Felony convictions prohibited | No <br> educationa requirement | No exam required | Work experience required | Stand-alone <br> license | 10011/2019 |  |

## CareerOneStop License Finder Results

## We found 51 licenses for Pharmacy Technicians in United States.

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status <br> Status | Active Military / Veterans | Certification | Continuing Education | $\begin{aligned} & \text { Criminal } \\ & \text { Record } \\ & \hline \end{aligned}$ | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Tvene } \end{aligned}$ | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Pharmacist Assistant | SC Board of Pharmacy | 110 Centerview Drive Kingstree Bldg. Suite 201 Columbia, SC 29211-1329 | (803) 8964700 | bundric@llirsc.gov | http///www.IIr.state.sc.us/PO | Active | A temporary <br> license is <br> available to <br> miltary and <br> silpouses until <br> formal license <br> approval |  | Continuing education required to maintain license |  | No educational requirements | Third-party required | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 06/18/2013 |  |
| Pharmacy Technician | SC Board of Pharmacy | 110 Centerview Drive Kingstree Bldg. Suite 201, Columbia, SC 29211-1329 | (803) 8964700 | bundric@llirsc.gov | http///www.IIr.state.sc.us/Po | Active |  |  | Continuing education maintain license | $\begin{array}{\|l\|l} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array}$ | No <br> educational requirements | Third-party required | $\begin{array}{\|l\|l} \text { Work } \\ \text { experience } \\ \text { required } \end{array}$ | Stand-alone <br> license | 06/18/2013 |  |
| Pharmacy Technician | South Dakota Board of Pharmacy | 3701 W. 49th St., Suite 204 <br> 3115 Falls, SD 57106 <br> 3115 | (605) 3622737 | randy.iones@state.sd. us | http://doh.sd.gov/boards/pha rmacy/ | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing <br> educuaton <br> require Io <br> maintain license | $\begin{array}{\|l\|l} \text { No criminal } \\ \text { record } \\ \text { prohibibitions } \end{array}$ | No educational requirements $\qquad$ | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Work } \\ & \text { exerencen } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 09/23/2019 |  |
| Pharmacy Technician | Department of Health-Division of Regulatory Boards~Board of Pharmacy | 665 Mainstream Drive 2nd floor <br> Nashville, TN 37243 | (615) 7412718 |  |  | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  |  |  |  | No exam required |  | Stand-alone <br> license | 10/13/2020 | No physical requirements |
| Pharmacy Technicians | There is some indication that this Iicense exists in Texas, but it has not yet been confirmed by state experts |  |  |  |  | Active | N/A - Not displayed |  | Continuing education required to maintain licens | $\begin{array}{\|l\|l\|} \text { No coriminal } \\ \text { record } \\ \text { proribibitions } \end{array}$ | No <br> educational requirements | Thic-party require require | No experience required | license | 01/01/2010 |  |
| PHARMACY TECHNICIANS | Utah Department of <br> Commerece~Division of <br> Occupational \& Professional Licensing <br> Licensing | 160 East 300 South, PO Box 146741 <br> Salt Lake City, UT 84114- <br> 6741 | (801) 5306628 | DOPLWeb@utah.gov | https://dopol.uta..gov/ | Active | Military and spouse are exempt rom incensurem requirements |  | Continuing education required to maintain licens | $\begin{array}{\|l\|l\|} \text { No criminaal } \\ \text { record } \\ \text { prohibitions } \end{array}$ | $\left\lvert\, \begin{aligned} & \text { No } \\ & \text { erucational } \\ & \text { requirements } \end{aligned}\right.$ | Thir-party reauired | $\begin{array}{\|l\|} \text { Work } \\ \text { experience } \\ \text { required } \end{array}$ | license | 11/04/2019 |  |
| Pharmacy Technician | Vermont Secretary of State~Office of Professional Regulation~Board of Pharmacy | 89 Main Street, 3rd floor Montpelier, VT 05620 |  | corey.joung@vermont.gov | $\frac{\text { https://sos.vermont.gov/phar }}{\text { macyl }}$ | Active | $\begin{aligned} & \text { NAR - Not } \\ & \text { displayed } \end{aligned}$ |  | $\begin{aligned} & \begin{array}{l} \text { No continuing } \\ \text { education } \\ \text { requirent to } \\ \text { maintain license } \end{array} \\ & \hline \end{aligned}$ | $\begin{array}{\|l\|l} \text { No criminal } \\ \text { record } \\ \text { prohibibitions } \end{array}$ | No educational requirements $\qquad$ | No exam required | No experience required |  | 07/19/2019 | No physical requirements |
| Pharmacy Technicians | There is some indication that this license exists in Virginia, but it has not yet been confirmed by state experts |  |  |  |  | Activ | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education equired to maintain license | $\left\lvert\, \begin{aligned} & \text { No ciminalal } \\ & \text { recorrdinitions } \\ & \text { probibition } \end{aligned}\right.$ | No requirement | State exam <br> required | No experience required | Stand-alone <br> license | 01/01/2010 |  |
| Pharmacist Assistant | Department of Heath | 101 Israel Rd SE Tumwater, WA 98501 | (360) 2364700 | customerservice@cpaboard. wa.gov | ntto://www.doh.wa.gov | Active | $\begin{aligned} & \text { NAF - Not } \\ & \text { dispod } \end{aligned}$ |  | Continuing education required to maintain licens | Backgroun d check required | $\begin{aligned} & \begin{array}{l} \text { No } \\ \text { eouctional } \\ \text { requirements } \end{array} \end{aligned}$ | Third-party exam required | Current employment in fild required tield requir | license | 06/30/2016 |  |
| Pharmacy Technician | Department of Heath | 101 Israel Rd SE Tumwater, WA 98501 | (360) 2364700 | customerservice@cpaboard. <br> wa.gov | http:/www.doh.wa.gov | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  | $\begin{aligned} & \text { Continuing } \\ & \text { education } \\ & \text { required to } \\ & \text { maintain license } \\ & \hline \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { No criminal } \\ \text { record } \\ \text { prohibition } \end{array} \end{array}$ | No <br> educational requirements | $\begin{aligned} & \begin{array}{l} \text { third-party } \\ \text { exam } \\ \text { required } \end{array} \\ & \hline \end{aligned}$ | Work experience required | Stand-alone <br> license | 06/30/2016 |  |
| Pharmacy Technicians | There is some indication that Virginia, but it has not yet been confirmed by state experts |  |  |  |  | Active | $\begin{aligned} & \text { NAR - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education required to maintain licens | $\left\lvert\, \begin{aligned} & \text { Felony } \\ & \text { convictions } \\ & \text { prohibited } \end{aligned}\right.$ | Specific course required | Third-party required | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 01/01/2010 |  |
| PHARMACY TECHNIIIAN | WYOMING STATE BOARD <br> OF PHARMACY-Atn: Mary <br> K. Waker, Executive Directo | 1712 CAREY AVENUE, STE 200 CHEYENNE, WY 82002 | (307) 6349636 | bop@wvo.gov | http://pharmacyboard. state. wy.us/ | Active | $\begin{aligned} & \text { NAF - Not } \\ & \text { dispodayed } \end{aligned}$ | Certification <br> required | $\begin{array}{\|l\|l} \text { Continuing } \\ \text { educution } \\ \text { requireto } \\ \text { requid } \\ \text { mainain license } \end{array}$ | Specific type of tooncion pronibibited | Degree required | Third-party require require | No experience required | license | 10/18/2017 |  |

This information was retrieved on September 13, 2021 at 3:13 PM Eastern Time from License Finder at CareerOneStop (www.CareerOneStop.org), sponsored by the U.S. Department of Labor, Employment and Training Administration.

## CareerOneStop License Finder Results

 We found 51 licenses for Pharmacy Technicians in United States

License information is from the Analyst Resource Center (ARC) (https://widcenter.org/documentlicense/).
To request changes or additions to the information above, please contact the Analyst Resource Center directly at arc.deed@state.mn.us or 651-259-7398

## CareerOneStop License Finder Results

## We found $\mathbf{3 3}$ licenses for Interpreters and Translators in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> / Veterans | Certification | Continuing Education | Criminal <br> Record | Education | Exam | Experience | License | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{aligned} & \text { American Sign Language } \\ & \text { Endorsement } \end{aligned}$ | South Dakota Department of Education~Certification Office | $\begin{aligned} & 800 \text { Governors Dr } \\ & \text { Pierre, SD } 57501 \end{aligned}$ | (605) 7733426 | certification@state.sd.us | https://doe.sd.gov/certificatio <br> n/ | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  |  | $\begin{aligned} & \text { Specific } \\ & \text { Sourse } \\ & \text { required } \end{aligned}$ | State exam required | $\begin{aligned} & \text { Noexperience } \\ & \text { required } \end{aligned}$ | Stand-alone license | 09123/2019 |  |
| aille Endorsement | South Dakota Department of Education~Certification Office | $\begin{aligned} & 800 \text { Governors Dr } \\ & \text { Pierre, SD } 57501 \end{aligned}$ | (605)773 3426 | cerification@state.sd. | https://doe.sd.gov/certificatio n/ | Active | N/A - Not displayed |  |  |  | Specific course required | State exam required | $\begin{aligned} & \begin{array}{l} \text { No experience } \\ \text { required } \end{array} \\ & \hline \end{aligned}$ | Stand-alone <br> license | 09123/2019 |  |
| COURT INTERPRETER | $\begin{aligned} & \text { Texas Judicial Branch } \\ & \text { Certification Commission } \end{aligned}$ | $\begin{aligned} & \text { PO Box 12066 } \\ & \text { Austin, TX 78711-2066 } \end{aligned}$ | (512) 4754368 | bccotxcours.gov | https://www.txcourts.gov/jbc | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  |  |  |  |  | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 27/2020 |  |
| Court Interpreter, Oregon Certified | Oregon Judicial Department | $\begin{aligned} & 1163 \text { State St } \\ & \text { Salem, OR 97301-2563 } \end{aligned}$ |  |  | https://www.courts.oregon.g ov/Pages/default.aspx | Active | $\left\lvert\, \begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}\right.$ |  |  | $\substack{\text { No criminal } \\ \text { record } \\ \text { prohibitions }}$ | Degree required |  |  | Stand-alone <br> license | 0404/2018 |  |
| Court Interpreters and Translators | Arkansas Judiciary OOffice of Court Interpreter | Arkansas Justice Building <br> 625 Marshall Street <br> Little Rock, AR 72201 | (501) 6829400 | aoc.interpreter.services@arc | https://www.arcours.gov/ad ministrationiniterproters | Active | A temporary license is avaiable to military and spouses until formal license approval |  |  |  | No <br> educationa requirements | State exam <br> required | No experience required | Stand-alone <br> license | 09123/2019 |  |
| EDUCATIONAL InTERPRETER | $\begin{array}{\|l\|} \hline \text { Wisconsin Department of } \\ \text { Public Instruction } \\ \text { (WDPI)Teacher Education, } \\ \text { Professional Development, } \\ \text { and Licensing } \\ \hline \end{array}$ | $\begin{aligned} & 125 \text { S. Webster St., P.O. } \\ & \text { Box } 7841 \\ & \text { Madison, WI } 53703-7841 \end{aligned}$ | (608) 2661027 |  |  | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  | $\begin{array}{\|l\|l\|} \text { No coriminal } \\ \text { record } \\ \text { probibibitions } \end{array}$ | $\begin{aligned} & \text { Specific } \\ & \text { coursie } \\ & \text { cequired } \end{aligned}$ | State exam <br> required | No experience required | Stand-alone <br> license | 12/01/2020 |  |
| EDUCATIONAL INTERPRETER: CUED SPEECH TRANSLITERATION | Department of Education~Office of Licensing and Credentials | PO Box 503 Trenton, NJ 8625 | (609) 2922070 | robert.higgins@doe.state.nj. us | https://www.nj.gov/education /license/ | ctive | $\begin{array}{\|l\|l\|} \text { Nis- - Not } \\ \text { isplayed } \end{array}$ |  |  | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ |  |  |  | Stand-alone license | 02/26/2020 |  |
| EDUCATIONAL INTERPRETER ORAL INTERPRETING | Department of Education~Office of Licensing and Credentials | PO Box 503 Trenton, NJ 8625 | (609) 2922070 | robert.higgins@doe.state.nj. us | https://www.nj.gov/education /license/ | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  |  |  |  |  | Stand-alone <br> license | 02/26/2020 |  |
| EDUCATIONAL INTERPRETER SIGN LANGUAGE INTERPRETING | Department of Education~Office of Licensing and Credentials | PO Box 503 Trenton, NJ 8625 | (609) 2922070 | robert.higgins@doe.state.ni. us | https://www.ni.gov/education | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  |  |  |  |  |  | Stand-alone <br> license | 02/26/2020 |  |
| Educational <br> Interpretor/Transliterator | Bureau of Crand Codentiang-Division of Educator Suppors and tigher Edouation-New Hampshire Department | 101 Pleasant Street Concord, NH 0330 | (603) 2712409 | ertinfo@doe..nh.gov | www.education.nh.gov/certif cation/ | ctive | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing <br> education required to maintain license | $\begin{array}{\|l\|l\|} \text { No coriminal } \\ \text { recorrd } \\ \text { probibitions } \end{array}$ | $\begin{array}{\|l\|l} \text { Degree } \\ \text { required } \end{array}$ | State exam <br> required | No experience required | Stand-alone <br> license | 06/01/2020 |  |
| Health Care Interpreter Registry Enrollment, Qualification and Certificatio | OHA - Office of Equity and Inclusion (OEI) | $\begin{aligned} & \text { 800 NE Oregon St Suite } \\ & \text { (550 } \\ & \hline \text { Portland, OR } 97232 \end{aligned}$ |  |  | https://www.oregon.gov/OH <br> A/oei/Pages/index.aspx | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displaye } \end{aligned}$ |  |  | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ |  |  |  |  | 104/20 |  |
| Interpeter | Department of Professiona Licensing~Board of interpreters for the Deaf and Hard of Hearing | 500 Mero Street, 2 SC 32 Frankfort, KY 40601 | (502) 8924252 | KB1@k.gov | nttp://kbi.k.g.gov | Active | N/A - Not displayed |  | Continuing education required to maintain licens |  | Degree required | $\substack{\text { Third-party } \\ \text { exam } \\ \text { required }}$ | No experience required | Stand-alone <br> license | 10/13/2020 |  |
| Interpeter | Division Of Professional <br> Registration-Missour State <br> Committee of Interpreters | 3605 Missouri Boulevard, <br> P.O. Box 1335 <br> Jefferson City, M $65102-$ <br> 1335 | ${ }_{(1573)}^{(526)}$ ex787 800752966 | interpeters@op.mo.gov | http://pr.mo.gov/interpreters. <br> asp | ctive | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ | Certification <br> required |  | $\begin{array}{\|l\|l} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array}$ | $\begin{aligned} & \text { Specific } \\ & \text { Scourse } \\ & \text { require } \end{aligned}$ | State exam <br> required | No experience required | Stand-alone <br> license | 09/11/2018 |  |
| nterpereter (Medical) | Department of Social and Health Services | $\begin{aligned} & \text { 14th \& Jefferson St } \\ & \text { Olympia, WA 98504-5045 } \end{aligned}$ | (360) 6646035 | Issunit@dol.wa.gov | http://www.dshs.w.g.gov | Activ | N/A - Not displayed |  |  |  |  | Third-party <br> exam <br> required |  | Stand-alone license | 06/3012016 |  |
| erpreter for the Deaf | RI Department of Health~Health Professions Regulation | 3 Capitol Hill, Room 104 Providence, RI 02908 | (401) 2222828 |  | http://www.health.ri.gov/licen ses/ | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  | $\underset{\substack{\text { No criminal } \\ \text { record } \\ \text { prohibitions }}}{\substack{\text { and }}}$ | $\begin{aligned} & \text { Specific } \\ & \text { course } \end{aligned}$ \|course Iequired | State exam <br> required | $\begin{aligned} & \begin{array}{l} \text { No experience } \\ \text { required } \end{array} \\ & \hline \end{aligned}$ | Stand-alone <br> license | 10/01/2019 |  |
| Interpreter for the Deaf and Hearing Impaired | Devartment of Heath and Human Services $\sim$ Aging and Disability Services Division | 3416 Goni Rd. D-132 Carson City, 89706 | (775) 6874452 | adsd@adsd.nv.gov | http://adsd.nv.gov/Programs /Physical/ComAccessSvc/C AS/ | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  |  | $\begin{array}{\|l\|l} \text { No coiminals } \\ \text { record } \\ \text { prohbibitions } \end{array}$ |  | State exam <br> required | $\begin{aligned} & \text { Work } \\ & \text { experience } \end{aligned}$ required | Stand-alone <br> license | 11/14/2016 |  |

## CareerOneStop License Finder Results

## We found $\mathbf{3 3}$ licenses for Interpreters and Translators in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \\ & \hline \end{aligned}$ | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Interpreter for the Deaf and the Hard of Hearing | Office for the Deaf and Hard of Hearing-Bureau of Vocarition Reahonal Ramition-New Hampshire Department | 21 South Fruit Street, Suite 20 Concord, NH 0330 | (603) 2713471 | licensureboard@doe.nh.gov | www.education.nh.gov/care er/vocational/deaf hh.htm | active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ | Certification <br> required | Continuing education maintain license | $\left\|\begin{array}{c} \text { No coriminal } \\ \text { recorm } \\ \text { probibitions } \end{array}\right\|$ | $\begin{aligned} & \text { Specific } \\ & \text { course } \\ & \text { couquire } \end{aligned}$ | State exam <br> required | No experience <br> required | Stand-alone <br> license | 06/01/2020 |  |
| nterpreter Or Transliterator | NC Interpreters and <br> Transliterators Licensing <br> Board | $\begin{aligned} & \text { P.O. Box } 20963 \\ & \text { Raleigh, NC } 27619 \end{aligned}$ | (919) 7795709 | NCITLB@CAPHILL.COM | http://www.ncitlb.org/initial- full-application-download/ | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  |  | $\begin{aligned} & \text { Backgroun } \\ & \text { d check } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Specific } \\ & \text { Sousse } \\ & \text { required } \end{aligned}$ | State exam required | No experience required | Stand-alone license | 03/19/2021 |  |
| Interpeters and Translators |  | Gardiner Annex 76 Northern Ave, 35 State House Station Augusta, ME 04333-0035 | (207) 6248603 |  | $\left\lvert\, \begin{aligned} & \frac{\mathrm{https}: / / w w w . m a i n e . g o v / \mathrm{pfr} / \mathrm{pr}}{\text { ofessionallicensing/index.sht }} \\ & \underline{\mathrm{ml}} \end{aligned}\right.$ | Active | NA - Not displayed | substitute for icense requirements | No continuing education ment to maintain licens | Backgroun d check required | $\begin{aligned} & \text { No } \\ & \text { educational } \\ & \text { requirements } \end{aligned}$ | No exam required | No experience <br> required | Stand-alone <br> license | 08/21/2020 | $\begin{aligned} & \text { No physical } \\ & \text { requirements }\end{aligned}$ |
| Licensed Sign Language Interpreter \& Transliterator | Alabama Licensure Board for Interpeters \& Transliterators | $\begin{aligned} & 2777 \text { Zelda Road } \\ & \text { Montgomery, AL } 36106 \end{aligned}$ | (334) 2778881 | Contact via website | mww.abitialabama.gov | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  |  |  |  |  | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 10/31/2020 |  |
| Medical Interpreter | Department of Social and Health Services | 14 th \& Jefferson St Olympia, WA 98504-5045 | (360) 6646035 | plssunit@dol.wa.gov | http://www.dshs. wa.gov | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  |  |  | $\begin{aligned} & \text { Third-party } \\ & \text { exead } \\ & \text { required } \end{aligned}$ |  | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 06/30/2016 |  |
| medical language INTERPRETER | Utah Department of Commerece~Division of Occupational \& Professiona Licensing Licensing | 160 East 300 South, PO <br> Bor 146711 <br> Salt Lake City, UT $84114-$ <br> 67411 | (801) 530628 | DOPLWeb@utah.gov | nttos://dopl. Utah.gov/ | Active | $\begin{aligned} & \text { Mititary and } \\ & \text { spouse are } \\ & \text { sexmet rem } \\ & \text { icensurem } \\ & \text { requirements } \end{aligned}$ |  |  | $\left\|\begin{array}{c} \text { No coriminal } \\ \text { record } \\ \text { proribitions } \end{array}\right\|$ | $\begin{aligned} & \text { No } \\ & \text { educational } \\ & \text { requirements } \end{aligned}$ | State exam <br> required | No experience required | Stand-alone <br> license | 1104/2019 |  |
| Nevada Cerified Court Interpreter | Supreme Court of Nevada $\sim$ Administrative Office of the Courts | $\begin{aligned} & 201 \text { S. Carson St., STE } \\ & \begin{array}{l} 250 \\ \text { Carson City, } 89701-6204 \end{array} \end{aligned}$ | (775) 6879806 | kprentice@nvourrs.gov | http://interpreters.nvcourts.g <br> ov | Active | NA - Not displayed |  |  | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { Backgroun } \\ \text { d check } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Specific } \\ & \text { course } \\ & \text { cequired } \end{aligned}$ | State exam <br> required | No experience <br> required | Stand-alone <br> license | 01/14/2016 |  |
| Sign Language Community Interpreters | Signed Language Interpreting Practice Board | 2550 Cerrillos Road, <br> Second Floor, P.O. Box 25101 <br> Santa Fe, NM 87505 | (505) 4764622 | Signlanquage.board@state. nm.us | hitp://www.rld.state.nm.us/b oards/Signed Language Int erroreting Practices.aspx | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  |  | \begin{tabular}{\|l|l|}
\hline
\end{tabular}$\|$No criminal <br> record <br> prohibitions | $\begin{aligned} & \text { Specific } \\ & \text { course } \\ & \text { required } \end{aligned}$ | State exam <br> required | No experience <br> required | Stand-alone <br> license | 07/08/2021 |  |
| Sign Language Educational Interpereters | Signed Language Interpreting Practice Board | 2550 Cerrillos Road, Second Siloor, P.O. Box Santa | (505) 4764622 | Signlanguage.board@state. | http://www.rd. state.nm.us/b oards/S/igned Language erreteting Practices.aspx | ctive | N/A - Not displayed |  |  | $\begin{array}{\|l\|l} \text { No criminal } \\ \text { record } \\ \text { prohibibitions } \end{array}$ | $\begin{aligned} & \text { Specific } \\ & \text { couse } \\ & \text { reusuired } \end{aligned}$ | State exam required | No experience required | Stand-alone license | 07/08/2021 |  |
| SIGN LANGUAGE INTERPRETER | $\begin{array}{\|l\|l} \hline \text { WI Department of Safety and } \\ \text { Professional } \\ \text { Serivessivision of } \\ \text { Profiesioni Credential } \\ \text { Processing } \end{array}$ | 1400 E. Washington Ave., P.O. Box 8935 Madison, WI 53708-8935 | (608) 2662112 | dsps@wisconsin.gov | https://dsps.wi.gov/Pages/Pr ofessions/Default.aspx | ative | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  | $\begin{aligned} & \text { No coriminal } \\ & \text { record } \\ & \text { proribibitions } \end{aligned}$ | Specific course required | State exam required | No experience <br> required | Stand-alone license | 12/02/2020 |  |
| Sign Language Interpreter \& VRI Provider | Nebraska Commission for the Deaf \& Hard of Hearing | Lincoln, NE 68510 | (402) 2223593 | ncdhh@nebrask..gov | ncdhh.nebraska.gov/licensin g | active | A temporary license is available to miltary and spouses until formal license approval |  |  |  |  |  |  | Stand-alone license | 06/29/2021 |  |
| sign Language interpreter (RESTRICTED) | Professional <br> es~Division of <br> Professional Credential <br> Processing | 1400 E. Washington Ave, P.O. Box 8935 Madison, WI 53708-8935 | (608) 2662112 | dsps@wisconsin.gov | $\frac{\text { https://dsps.wi.gov/Pages/Pr }}{\text { ofessions/Default.aspx }}$ | Active | NA - Not displayed |  |  | $\begin{array}{\|l\|l\|} \hline \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array}$ | $\begin{array}{\|l\|l\|} \substack{\text { Specific } \\ \text { cousce } \\ \text { cequired }} \end{array}$ | State exam <br> required | No experience required | Stand-alone license | 1202/2020 |  |
| Sign Language <br> Interpreter/Transliterator | Board of Sign Language Interpreters and Transiterators~lowa Health~Bureau of Professional Licensure | 321 E 12th Street, Lucas Building <br> Des Moines, IA 503190075 | (515) 2810254 | PLPublic@idph.iowa.gov |  | Ative | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  |  | $\begin{array}{\|l\|l} \text { No coriminal } \\ \text { record } \\ \text { proribibitions } \end{array}$ | Specific coursie required | State exam required | No experience required | licens | 10/12/2020 |  |
| Sign Language Interpreters, Certified | Department of Human Services (DHS | $\begin{aligned} & 500 \text { Summer St NE } \\ & \text { Salem, OR 97301 } \end{aligned}$ |  |  | $\begin{aligned} & \text { https://www.oregon.gov/DH } \\ & \underline{\text { S/Pages/index.aspx }} \end{aligned}$ | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  |  | $\left\|\begin{array}{\|l\|l\|} \hline \left.\begin{array}{l} \text { Nocriminal } \\ \text { recoror } \\ \text { probibitions } \end{array} \right\rvert\, \end{array}\right\|$ |  |  |  | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 04/04/2018 |  |

## CareerOneStop License Finder Results

We found $\mathbf{3 3}$ licenses for Interpreters and Translators in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License Type | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Sign Language Provisional Interpreters | Signed Language Interpreting Practice Board | 2550 Cerrillos Road, <br> Second Floor, P.O. Box <br> 25101 <br> Santa Fe, NM 87505 | (505) 4764622 | Signlanguage.board@state. | http://www.IId.state.nm.us/b <br> oards/Signed Language <br> erpreting Practices.asp Int | ctive | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  | No criminal record prohibitions | $\begin{array}{\|l} \text { Specific } \\ \text { course } \\ \text { required } \end{array}$ | State exam required | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Preliminaryyte } \\ & \text { aporary } \\ & \text { micense } \end{aligned}$ | 07/08/2021 |  |
| Spoken Language Health Care Interpreter Roster | Minnesota Department of Health~Division of Health Policy and Systems Compliance | 121 East Seventh Place or PO Box 64795 St. Paul, MN 55101 | (651) 2015000 |  | htp://www.heath.state.mn.u | ative | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  | No criminal record prohibitions | No <br> educational requirements |  | Work experience required | Stand-alone | 10/16/2018 |  |
| State Court Interpreter -Spoken Language Certification | Minnesota Judicial Branch | MN |  |  |  | Active | $\begin{array}{\|l\|l\|} \text { NAs - Not } \\ \text { displayed } \end{array}$ |  |  | Backgroun <br> d check <br> required |  | Both state and third- party exams required | Work experience required | Stand-alone | 10/16/2018 |  |

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## CareerOneStop License Finder Results

We found $\mathbf{3 7}$ licenses for Education and Childcare Administrators, Preschool and Daycare in United States.

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military I Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Alabama Professional Leadership Certificate | Alabama State Department of Education | P.O. Box 302101 Montgomery, AL 36104 | (334) 6944900 | teer@alsde.edu | www.alsde.edu | Active | N/A - Not displayed |  | Continuing education required to maintain license | $\begin{aligned} & \text { Backgroun } \\ & \text { d check } \\ & \text { required } \end{aligned}$ | Degree required | $\begin{array}{l}\text { State exam } \\ \text { required }\end{array}$ |  | Stand-alone <br> license | 10/31/2020 |  |
| Child Care Provider (Center) | Alaska Department of Heath \& Social Services-Division of Public Assistance~Child Care ${ }^{\text {Public Assistanc }}$ | 3601 C Street Suite 140 Anchorage, AK 99503 | $(907)$ ext 0 2694500 | ccpo@alaska.gov | http://dhss.alaska.gov/dpa/P ages/ccare/default.aspx | Active | N/A - Not displayed |  |  | $\begin{array}{\|l} \text { Noc criminal } \\ \text { record } \\ \text { prohibitions } \end{array}$ | $\begin{aligned} & \text { Specific } \\ & \text { course } \\ & \text { cequired } \end{aligned}$ | State exam required | $\begin{aligned} & \text { Work } \\ & \text { Wexperines } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 09/11/2018 |  |
| Child Care Provider (Child Care Group Home) | Alaska Department of Health \& Social Services-Division of Public Assistance~Child Care Program Office | 3601 C Street Suite 140 Anchorage, AK 99503 | (907) ext 0 2694500 | ccpo@alaska.gov | http://dhss.alaska.gov/dpa/P ages/ccare/default.aspx | ctive | N/A - Not displayed |  |  | $\left\|\begin{array}{\|l\|} \begin{array}{\|c\|c} \text { No criminalal } \\ \text { record } \\ \text { prohibibitions } \end{array} \\ \hline \end{array}\right\|$ | $\begin{aligned} & \text { Specific } \\ & \text { course } \\ & \text { cequired } \end{aligned}$ | State exam required | Work$\begin{array}{l}\text { experience } \\ \text { required }\end{array}$ | Stand-alone | 09/11/2018 |  |
| Child Care Provider (Child Care Home) | Alaska Department of Health \& Social Services~Division of Public Assistance Program Office | 3601 C Street Suite 140 Anchorage, AK 99503 | $(907)$ ext 0 2694500 | ccpo@alaska.gov | http://dhss.alaska.gov/dpa/P ages/ccare/default.asp. | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { dispoday } \end{aligned}$ |  |  | $\begin{array}{\|l} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array}$ | $\begin{aligned} & \text { Specific } \\ & \text { course } \\ & \text { required } \end{aligned}$ | $\begin{array}{l}\text { State exam } \\ \text { required }\end{array}$ | Work experience required | Stand-alone license | 09/11/2018 |  |
| Child Care Provider |  | P. O. Box 1437, Slot S140, 700 Main Street, Slot S140 1437 Rock, AR 72203 1437 | (501) 6828590 | Lisa.Busch@dhs.arkansas.. ov | http://www.ARBetterBeginni ngs.com | Active | A temporary <br> license is <br> available to <br> miltary and <br> silauses until <br> formal license <br> approval |  |  | Backgroun d check required |  | $\begin{aligned} & \text { No exam } \\ & \text { required } \end{aligned}$ | Work <br> experience <br> required | Stand-alone Iicense | 09/23/2019 |  |
| In-Home Child Care Provider | Dept. of Human <br> Serices-Division of Child <br> Care | 1575 Sherman St. Denver, CO 78489 | (303) 8665958 |  | $\frac{\text { https://whw.colorado.gov/pa }}{\text { cific/cdhs/child-care--0 }}$ | Active | $\begin{aligned} & \text { NA- - Not } \\ & \text { displaye } \end{aligned}$ |  |  | $\begin{array}{\|l} \text { Backgroun } \\ \text { d check } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { No } \\ \text { educational } \\ \text { requirements } \end{array} \\ \hline \end{array}$ |  |  | Stand-alone <br> license | 0701/2021 |  |
| Non-Home Child Care Provider | Dept. of Human Services~Division of Child Care | 1575 Sherman St. Denver, CO 78489 | (303) 8665958 |  | https://www.colorado.gov/pa <br> cific/cdhs/child-care-0 | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  |  | Backgroun d check required | $\begin{array}{\|l} \hline \text { No } \\ \text { educational } \\ \text { requirements } \end{array}$ |  |  | $\begin{array}{\|l} \text { Stand-alone } \\ \text { license } \end{array}$ | 0701/2021 |  |
| Child Care | Idaho Department of Health and Welfare~211 Idaho CareLine | PO Box 83720, NULL Boise, ID 83720-0026 | (800) 9262588 | careline@dhw.idaho.gov | http://www.211.idaho.gov/da | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ | Certificatio required |  | $\begin{aligned} & \text { Backgroun } \\ & \text { d check } \\ & \text { required } \end{aligned}$ |  |  |  | Tied to business | 03/08/2018 |  |
| CHILD CARE DIRECTOR (DAY CARE CENTER) | Illinois Department of Children and Family Services | 406 East Monroe, Floor 7 Springfield, IL 62701 | (217) 7852688 |  | https://www2.illinois.gov/dcfs /Pages/default.aspx | Active | $\left\lvert\, \begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}\right.$ |  |  | $\left.\begin{array}{\|l\|l\|} \text { No coiminal } \\ \text { record } \\ \text { prohibitions } \end{array} \right\rvert\,$ |  |  |  | $\begin{array}{\|l\|} \hline \text { Stand-alone } \\ \text { license } \end{array}$ | 10/22/2014 |  |
| CHILD CARE SUPERVISOR | Illinois Department of Children and Family Services | 406 East Monroe, Floor 7 Springfield, IL 62701 | (217) 7852688 |  | https://www2.illinois.gov/dcfs /Pages/default.aspx | Active | $\begin{aligned} & \text { N/A- Not } \\ & \text { displayed } \end{aligned}$ |  |  |  |  |  |  | Stand-alone license | 10122/2014 |  |
| CHILD CARE WORKER (INSTITUTION, GROUP HOME) | Illinois Department of Children and Family Services | 406 East Monroe, Floor 7 Springfield, IL 62701 | (217) 7852688 |  | https://www2.illinois.gov/dcfs /Pages/default.aspx | Active | $\begin{array}{\|} \text { N/A-Not } \\ \text { displayed } \end{array}$ |  |  |  |  |  |  | Stand-alone <br> license | 10/22/2014 |  |
| CHILD WELFARE SUPERVISOR (CHILD WELFARE AGENCY) | $\begin{aligned} & \text { Hinios Department of Children } \\ & \text { and Family Serices } \end{aligned}$ | 406 East Monroe, Floor 7 Springfield, IL 62701 | (217) 7852688 |  | $\frac{\text { nitps:/l/ww.2.liniois.gov/dcfs }}{\text { IPages/default.asp }}$ | Active | $\begin{aligned} & \text { mon Not } \\ & \text { displayed } \end{aligned}$ |  |  |  |  |  |  | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \\ & \text { lion } \end{aligned}$ | 10/22212014 |  |
| CHILD WELFARE WORKER (CHILD WELFARE AGENCY) | Illinois Department of Children and Family Services | 406 East Monroe, Floor 7 Springfield, IL 62701 | (217) 7852688 |  | https://www2.illinois.gov/dcfs /Pages/default.aspx | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array} \end{array}$ |  |  |  | Stand-alone <br> license | 10/22/2014 |  |
| LICENSING WORKER (CHILD WELFARE AGENCY) | Illinois Department of Children and Family Services | 406 East Monroe, Floor 7 Springfield, IL 62701 | (217) 7852688 |  | https://www2.illinois.gov/dcfs /Pages/default.aspx | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  | $\left\|\begin{array}{l} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array}\right\|$ |  |  |  | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | $10122 / 2014$ |  |
| CHILD CARE LICENSE: FAMILY LARGE AND SMALL | Department of Early Education \& Care | 51 Sleeper Street, 4th Floor Boston, MA 02210 | (617) 9886600 |  | http://www.mass.gov/edu/da small.html | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  |  |  |  |  | Stand-alone <br> license | 05/09/2018 |  |
| CHILD CARE: LARGE AND SMALL GROUP AND SCHOOL-AGE LICENSE | Department of Early Education \& Care |  | (617) 9886600 |  | http://www.mass.gov/edu/da <br> talichnse/family-large-and- <br> small.html | Active | $\begin{aligned} & \text { N/A- Not } \\ & \text { displayed } \end{aligned}$ |  |  |  |  |  |  | Stand-alone | 05/09/2018 |  |
| FAMLY CHILD CARE | Department of Early Education $\&$ Care | 5 S Sleeper Street, 4th <br> FBor <br> Booston, MA 02210 | (617) 9886600 |  | http://www.mass.gov/edu/da talicenselfamily-large-andsmall.htm | Active | N/A - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { ecucation } \\ & \text { requirat or } \\ & \text { maintain license } \end{aligned}$ | No criminal <br> record <br> prohibitions |  |  | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone Iicense | 05/09/2018 |  |

## CareerOneStop License Finder Results

We found $\mathbf{3 7}$ licenses for Education and Childcare Administrators, Preschool and Daycare in United States.

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \\ & \hline \end{aligned}$ | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Family/Group Child Care Home | $\begin{array}{\|l\|} \hline \text { Michigan Department of } \\ \text { Licensinga nd Regulatory } \\ \text { Affairs-Bureau of Community } \\ \text { and Health Systems } \end{array}$ | 611 W. Ottawa St. Lansing, Ml 48909 | (517) 3351980 | BCHS-Help@michigan.gov | https://www.michigan.gov/lar $\frac{a / 0,4601,7-154-}{89334} 63294$ <br> 89334 63294---00.htm | ctive | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  |  |  |  |  | Stand-alone | 02/25/2020 |  |
| Family Child Care and Group Family Child Care License (DHS Rule 2) | Minnesota Department of Human Services~DHS | MN |  |  | htto:/mn.govvdhs! | Active | $\begin{aligned} & \text { NAA Not } \\ & \text { displayed } \end{aligned}$ |  |  |  |  |  |  | Stand-alone <br> license | 10/16/2018 |  |
| Child Care Providers | Department of Public Health and Human Services~Quality Assurance Division~Licensu Bureau | 2401 Colonial Drive, PO Box 202953 Helena, MT 59620-2953 | (406) 4442012 | scravelev@m.t.gov | $\frac{\text { https://dphhs.m.gov/gad/Lic }}{\text { ensure/LBCCL.aspx }}$ | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  |  |  |  |  | Stand-alone license | 09/11/2018 |  |
| Child Care Provider | Nebraska Dept. of Health \& Human Services | P.O. Box 94986 Lincoln, NE 68509 | (402) 2476564 | becky.wisell@nebraska.gov | $\frac{\text { dhhs.ne.gov/licensure/page }}{\text { s/child-care-licensing.aspx }}$ | Active | A temporary <br> license is <br> availabe to <br> miltary and <br> spouses until <br> formal license <br> approval |  |  |  |  |  |  | Stand-alone license | 06/29/2021 |  |
| Child Care Facilities \& Workers | Nevada Division of Public \& Behavioral Health | 727 Faiview Dr., STE E <br> Carson City, 89706 | (775) 6844463 |  | 年tp://dpbh.nv.gov/Reg/Healt <br> $\frac{\text { h Laboratory and Child C }}{\text { are Licensure/ }}$ | Active | $\begin{aligned} & \text { NA- - Not } \\ & \text { displaye } \end{aligned}$ |  |  |  |  |  |  | Stand-alone license | 01/14/2016 |  |
| Child Care Program Center Director | Child Care Licensing Unit~New Hampshire Human Services | 129 Pleasant Street Concord, NH 0330 | (603) 2719025 | melissa.clement@.dhhs.nh.g ov | www.dhhs.nh.gov/oos/ccluw | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  | No criminal <br> record <br> prohibitions |  |  | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 06/01/2020 |  |
| Child Placing Agencies: Foster Care | NC Department of Health \& Human Services~Social Services | 820 S Boylan Ave Raleigh, NC 27603 | (919) 5276335 | wayne.black@dhhs.nc.gov | https://www.ncdhhs.gov/divi | Active | $\begin{aligned} & \text { N/A- Not } \\ & \text { displayed } \end{aligned}$ |  |  |  |  | $\begin{aligned} & \text { No exam } \\ & \text { required } \end{aligned}$ |  | Tied to business | 05/20/2021 |  |
| Child-Placing Agencies/Adoption | $\begin{aligned} & \text { NCDepartment of Health \& } \\ & \text { Human Services-Social } \end{aligned}$ Services | 820 S Boylan Ave Raleigh, NC 27603 | (919) 5276335 | wayne.black@dhhs.nc.gov | https:///www.ncdhhs.gov/divi sions/social-services | Active | $\begin{aligned} & \text { NAA N Not } \\ & \text { displaye } \end{aligned}$ |  |  |  |  | No exam required |  | Tied to business | 05/20/2021 |  |
| Family Child Care Home (One Star) | NC Department of Health \& Human Services~Child Development | 2001 Mail Service Center Raleigh, NC 27699 | (919) 5276335 | anna.carter@dhhs.nc.gov | https://ncchildcare.ncdhhs.q ov/ | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displaye } \end{aligned}$ | Certification <br> required | Continuing education maintain license | $\begin{aligned} & \text { Backgroun } \\ & \text { dencek } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Specific } \\ & \text { couspe } \\ & \text { required } \end{aligned}$ | No exam required |  | $\left\lvert\, \begin{aligned} & \text { Tied to } \\ & \text { business } \end{aligned}\right.$ | 05/26/2021 |  |
| Family Child Care Home (Two-Five Stars) | NC Department of Health \& Human Services~Child Development | 2001 Mail Service Center Raleigh, NC 27699 | (919) 5276335 | anna.carter@dhhs.nc.gov | https://ncchildcare.ncdhhs.g ov/ | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displaye } \end{aligned}$ | Certification required | $\begin{aligned} & \text { Continuing } \\ & \text { education } \\ & \text { required to } \\ & \text { maintain license } \end{aligned}$ | $\begin{aligned} & \text { Backgroun } \\ & \text { d check } \\ & \text { required } \end{aligned}$ | Specific course required | No exam required | No experience required | Tied to business | 05/26/2021 |  |
| Early Childhood Services (Childcare Center) | ND Department of Human Services~ND Department of Human Services | 600 E Boulevard Ave Dept 325 Bismarck, ND 58505-0250 | (701) 3282316 |  | http://www.nd.gov/dhs/ | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displaye } \end{aligned}$ |  | No continuing education requirement to maintain license | $\begin{aligned} & \text { Specific } \\ & \text { Sypeovic } \\ & \text { sonotion } \\ & \text { porobibitied } \end{aligned}$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Noo exam } \\ \text { required } \end{array}$ | Work experience required | $\begin{array}{\|l\|l} \text { Tied to } \\ \text { business } \end{array}$ | 05/25/2021 | No physical requirements |
| Early Childhood Services (Family Daycare) | ND Department of Human Services~ND Department of Human Services | 600 E Boulevard Ave Dept 325 <br> Bismarck, ND 58505-0250 | (701) 3282316 |  | http://www.nd.gov/dhs/ | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displaye } \end{aligned}$ |  |  |  | No educational requirements | No exam required | $\begin{array}{l}\text { No experience } \\ \text { required }\end{array}$ | Stand-alone <br> license | 05/25/2021 | No physical requirements |
| Early Childhood Services (Group Daycare) | ND Department of Human Services~ND Department of Human Services | 600 E Boulevard Ave Dept 325 Bismarck, ND 58505-0250 | (701) 3282316 |  | http:/www.nd.gov/dhs/ | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | No continuing education requirement to maintain license | $\begin{aligned} & \text { Specific } \\ & \text { sypeovic } \\ & \text { Sonotion } \\ & \text { probibibited } \end{aligned}$ | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | No exam required | Work experience required | Stand-alone <br> license | 05/25/2021 | No physical requirements |
| Early Childhood Services (Multiple License) | ND Department of Human Services~ND Department of Human Services | 600 E Boulevard Ave Dept 325 <br> Bismarck, ND 58505-0250 | (701) 3282316 |  | http://www.nd.gov/dhs/ | Active | $\begin{aligned} & \text { N/A Not } \\ & \text { displayed } \end{aligned}$ |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \end{aligned}$ |  | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | No exam required | Work experience required | Tied to business | 05/25/2021 | No physical requirements |
| Early Childhood Services (School Age Child Care Facility) | ND Department of Human Services~ND Department of Human Services | 600 E Boulevard Ave Dept 325 <br> Bismarck, ND 58505-0250 | (701) 3282316 |  | http://www.nd.gov/dhs/ | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \end{aligned}$ |  | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | No exam required | Work experience required | $\left\lvert\, \begin{aligned} & \text { Tied to } \\ & \text { business } \end{aligned}\right.$ | 05/25/2021 | No physical requirements |

## CareerOneStop License Finder Results

We found $\mathbf{3 7}$ licenses for Education and Childcare Administrators, Preschool and Daycare in United States.

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> / Veterans | ertification | Continuing Education | Criminal Record | Education | Exam | Experience | License Type | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| CHILD-CARE and CHILD-PLACING AGENCY ADMIIISTRATOR | Texas Health and Human Services Commission~Licensing Credentialing and Regulation | PO Box 13247 <br> Austin, TX 78711-3247 | (512) 4246500 |  | https://hhs.texas.gov/doing-business-hhsllicensing-credentialing-requlation | Active | N/A - Not displayed |  | Continuing education required to maintain license | $\begin{array}{\|l\|l} \hline \text { Specific } \\ \text { type of } \\ \text { convicion } \\ \text { porovibited } \end{array}$ | Degree required | State exam <br> required | Work <br> experience required | Stand-alon license | 10/27/2020 |  |
| CHILD CARE PROVIDER | Utah Department of Health~The Bureau of Child Care Licensing | 3760 South Highland Dr. Room 403, PO Box 1420007 Salt Lake City, UT 84114- 2003 | (801) 2736617 | satherton@uta.gov | http://health.utah.gov/licensi ng/ | ctive | Military and spouses are exempt rom licensurem requirements |  |  | $\begin{array}{\|l\|l\|} \text { No coriminal } \\ \text { record } \\ \text { prohibitions } \end{array}$ |  |  |  | license | 11/04/2019 |  |
| Child Care Provider | Vermont Department for Children and Families~Child Development Division~Child Care Licensing | $\begin{aligned} & \text { NoB } 1 \text { North, } 280 \text { State } \\ & \text { Drive } \\ & \text { Whaterury, vT 05671- } \\ & 1040 \end{aligned}$ | (802) 2413110 | ahs.dcfcddchildcarelicensing @vermont.gov | $\frac{\text { https://dcf.vermont.gov/cdd/l }}{\text { aws-regs/childcare }}$ | ctive | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | No continuin education requirement to maintain licens | Felony convictions prohibited | Degree required | No exam required | Work experience required | license | 02/19/202 | No physical requirements |
| Administrative staff | Office of Superintendent of Public Instruction | 600 Washington St SE Olympia, WA 98504 | (360) 7256372 | PublicRecordsRequest@k12 | http://www.k12.wa.us/certific ation | Activ | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  |  |  |  |  | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 06/3012016 |  |
| CHILD CARE <br> PROVIDER/DIRECTOR | WYOMING DEPARTMENT OF FAMILY <br> SERVICES~EARLY <br> CHILDHOOD <br> DIVISION~CHILD CARE <br> LICENSING | 2300 CAPITOL AVE, HATHAWAY BUILDING, THIRD FL CHEYENNE, WY 82002 | (307) 7777561 | nicki.romero@wyo.gov | http://dsweb.wyo.govhome | ctive | N/A - Not displayed |  |  |  | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | $\begin{aligned} & \text { No exam } \\ & \text { required } \end{aligned}$ |  | Stand-alone <br> license | 10/18/2017 |  |

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## CareerOneStop License Finder Results

We found 157 licenses for Substance Abuse and Behavioral Disorder Counselors in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License Type | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Certified Adolescent Alcohol \& Drug Abuse Professional (CAADP) | Alabama State Board of Social Workers Examiners | P.O. Box 301620 Montgomery, AL 36130 | (334) 2425860 | rachel.dickinson@swb.alaba ma.gov | https://www.socialwork.alab ama.gov/ | Active |  |  |  |  |  |  | Work$\substack{\text { experience } \\ \text { reauired }}$ | license | 10/31/2020 |  |
| Certified Alcohol Drug Counselor, IC \& RC (ADC) | Alabama State Board of Social Workers Examiners | P.O. Box 301620 Montgomery, AL 36130 | (334) 2425860 | rachel.dickinson@swb.alaba ma.gov | https://www.socialwork.alab ama.gov/ | Active |  |  |  |  |  |  | Work experience required | license | 10/31/2020 |  |
| Assistant Behavioral Analyst | Alaska Department of <br> Commerce, Community \& Economic <br> Development~Division of <br> Corporations, Business, and Professional <br> Licensing~Regulation of <br> Behavior Analysts | P.O. Box 110806 Juneau, AK 99811-0806 | (907) 4651037 | patricia.lonergan@alaska.go v | hitps://www.commerce.alask <br> a.gov/web/cbol/Professional <br> Licensing/BehaviorAnalysts. <br> asp | ctive | N/A - Not displayed |  | Continuing education required to maintain license |  | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { examired } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 09/11/2018 |  |
| Behavioral Analyst | Alaska Department of <br> Commerce, Community \& Economic <br> Development~Division of <br> Corporations, Business, and <br> Professional <br> Licensing~Regulation of <br> Behavior Analysts | P.O. Box 110806 Juneau, AK 99811-0806 | (907) 4651037 | patricia.lonergan@alaska.go <br> - | https://www.commerce.alask <br> atgov/web/cbol/Prosessional <br> Licensing/BehaviorAnalysts. <br> asp. <br> asp. | ctive | N/A - Not displayed |  | Continuing education required to maintain license |  | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { examired } \\ \text { required } \end{array}$ | No experience <br> required | license | 09/11/2018 |  |
| Professional Counselor | Alaska Department of Commerce Economic <br> Development~Division Corporations, Business, and Professional Licensing~Board of Professional Counselors | P.O. Box 110806 Juneau, AK 99811-0806 | (907) 4652694 | professionalcounselors@ala ska.gov |  | ctive | N/A - Not displayed |  | Continuing education required to maintain license |  | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { examired } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 09/11/2018 |  |
| Counselor, Professional or Associate | Behavioral Health Examiners, Board of | 3443 N Central Avenue, \# 1700 <br> Phoenix, AZ 85012 | (602) 5421882 | azbobe@bbhe.state.az.us | nttp:/azzbhe.us) | Active |  |  | Continuing <br> education maintain license | No criminal record prohibitions | Degree required | State exam required | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 09/11/2013 |  |
| Substance Abuse Counselor, Independent and Associate; Substance Abuse Tech | Behavioral Health Examiners, Board of | 3443 N Central Avenue, \# 1700 <br> Phoenix, AZ 85012 | (602) 5421882 | azzbhe@bbhe.state.az.us | nttp:/Iazbohe.us/ | Active |  |  | Continuing education required to maintain license | No crimina record prohibitions | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exemp } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 09/11/2013 |  |
| Licensed Associate Counselor (LAC) | Arkansas Board of Examiners <br>  <br> Family Therapy | 101 East Capitol, Suite 202 Little Rock, AR 72201 | (501) 6835800 | Lenora.Erickson@arkansas gov | http://www.abec.arkansas.g <br> ov | Active |  |  | Continuing education required to maintain licens | Backgroun <br> d check <br> required | Degree required | State exam required | $\begin{aligned} & \text { Work } \\ & \text { Wexpenience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 09/23/2019 |  |
| Licensed Professional Counselor (LPC) | Arkansas Board of Examiners in Counseling and Marriage \& Family Therapy | 101 East Capitol, Suite 202 Little Rock, AR 72201 | (501) 6835800 | Lenora.Erickson@arkansas. <br> gov | http://www.abec.arkansas.g ov | Active |  |  | Continuing education required to maintain license | Backgroun d check required | Degree required | State exam <br> required | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | license | 09/23/2019 |  |

## CareerOneStop License Finder Results

We found 157 licenses for Substance Abuse and Behavioral Disorder Counselors in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License Type | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Licensed Professional Clinical Counselor (LPCC), License | Department of Consumer Affairs~Board of Behavioral Sciences~Licensing | 1625 N Market Blvd., Suite S-200 <br> Sacramento, CA 95834 | (916) 5747830 | webmaster@dca.ca.gov | nttps://www.bbs.ca.90v/ | Active | $\begin{aligned} & \text { Expeditied } \\ & \text { processing is } \\ & \text { apoils } \\ & \text { anilal oror } \\ & \text { mitaray } \\ & \text { spouses }\end{aligned}$ |  | No continuing <br> education <br> requirement to <br> maintain license | $\left.\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned} \right\rvert\,$ | Degree required | State exam <br> required | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 07/09/2021 |  |
| Registered Associate Professional Clinical Counselor (APCC), Registration | Department of Consumer Affairs~Board of Behavioral Sciences~Licensing | 1625 N Market Blvd., Suite S-200 <br> Sacramento, CA 95834 | (916) 5747830 | webmaster@dca.ca.gov | https://www.bbs.ca.gov/ | Active | $\begin{aligned} & \text { Expedited } \\ & \text { processing is } \\ & \text { availabie for } \\ & \text { military and } \\ & \text { spouses } \end{aligned}$ |  | No continuing education equirement to maintain license | No crimina record prohibitions | Degree required | No exam required | $\begin{array}{\|l\|l\|} \hline \text { Work } \\ \text { experience } \\ \text { required } \end{array}$ | Register with icensing agency agency | 07/09/2021 |  |
| Certified Addiction Counselor 1 | Department of Regulatory <br> Agencies~Division of <br>  <br> Occupaions-Board of Mental <br> Health | 1560 Broadway Suite 880 Denver, CO 80202 | (303) 8947766 |  | hitp://www.dora.state.co.us/ | Active | Military and spouse are exempt roem licensurem requirements |  | $\left\lvert\, \begin{aligned} & \text { educaction } \\ & \text { requirent to } \\ & \text { maintain license } \end{aligned}\right.$ | No criminal record prohibitions | Degree required | State exam required | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 07/01/2021 |  |
| Certified Addiction Counselor 2 | Department of Regulatory <br> Agencies~Division of <br> Professions $\&$ <br> Occupations-Board of Mental <br> Health | 1560 Broadway Suite 880 Denver, CO 80202 | (303) 8947766 |  | http://www.dora.state.co.us/ Mental-Health/ | active | Military and spouse are exempt rom exeenstrem reenurements requirement |  | No continuing education equirement to maintain license | No crimina record prohibitions | Degree regured | State exam required | Work <br> experience <br> reauired | Stand-alone <br> license | 07/01/2021 |  |
| Certified Addiction Counselor 3 | $\begin{array}{\|l\|} \hline \text { Department of Regulatory } \\ \text { Agencies~ivivion of } \\ \text { Professions \& } \\ \text { Occupations-Board of Mental } \\ \text { Health } \\ \hline \end{array}$ | 1560 Broadway Suite 880 Denver, CO 80202 | (303) 8947766 |  | http://www.dora.state.co.us/ Mental-Health/ | Active |  |  | No continuing <br> education <br> requirement to <br> maintaian license | No criminal record prohibitions | Degree required | State exam required | $\begin{array}{\|l\|l} \text { Work } \\ \text { experience } \\ \text { required } \end{array}$ | Stand-alone license <br> license | 07/01/2021 |  |
| Licensed Professional Counselor | Department of Regulatory Agencies~Division of Professions $\&$ Occupations- - oard of Licunsed Professional Counselors | 1560 Broadway Ste 1370 Denver, CO 80202 | (303) 8947766 |  | $\frac{\text { http://www.dora.state.co.us/ }}{\text { mental-health/lpcboard.htm }}$ | Active |  |  | Continuing education maintain license | $\begin{aligned} & \begin{array}{l} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array} \end{aligned}$ | Degree required | State exam <br> required | $\left\lvert\, \begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}\right.$ | Stand-alone <br> license | 07/01/2021 |  |
| Registered Pyschotherapist | Department of Regulatory <br> Agencies- ivivion of <br>  <br> Occupations-Board of Mental <br> Health | 1560 Broadway Suite 880 Denver, CO 80202 | (303) 8947766 |  | http://www.dora.state.co.us/ Mental-Health/ | Active | Military and spouse are exemst rom icenstrom reausurements |  | Continuing <br> education <br> required to <br> maintaia license | No crimina record prohibitions | Degree required | State exam required | $\begin{array}{\|l\|l} \text { Work } \\ \text { experience } \\ \text { required } \end{array}$ | Stand-alone <br> license | 07/01/2021 |  |
| Behavior Analyst | Department of Public Health~Health Care Systems \& Investigations Section | 410 Capitol Avenue, P.O.Box 340308 Hartford, CT 06134-0308 | (860) 5097603 | olpc.dph@po.state.ct.us | www.dph.state.ct.us/licensur | active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ | Certification <br> required | No continuing education requirement to maintain license |  | No <br> educational requirements | No exam <br> required | No experience required | Stand-alone <br> license | 03/09/2021 |  |
| Certified Alcohol And Drug Counselor | Department of Public Healn-Hearn Care Systems \& Investigations Section | 410 Capitol Avenue, <br> P.O.Box 340308 <br> Hartford, CT 06134-0308 | (860) 5097603 | olpc.dph@po.state.ct.us | www.dph.state.ct.us/licensur e/licensure.htm | ctive | $\begin{aligned} & \text { NA - Not } \\ & \text { dispodayed } \end{aligned}$ | Certification required | Continuing education maintain license |  | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exeam } \\ \text { required } \end{array}$ | $\left\lvert\, \begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}\right.$ | Stand-alone <br> license | 03/09/2021 |  |
| Licensed Alcohol And Drug Counselor | Department of Public Heath~Heath Care Systems \& Investigations Section | 410 Capitol Avenue, <br> P.O.Box 340308 <br> Hartford, CT 06134-0308 | (860) 5097603 | olpc.dph@po.state.ct.us | www.dph.state.ct.us/licensur e/licensure.htm | 位 | $\begin{aligned} & \text { NAF - Not } \\ & \text { dispoday } \end{aligned}$ | Certification <br> required | Continuing education requintain license $\qquad$ |  | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exem } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 03/09/2021 |  |
| Professional Counselor | Department of Public Branch Practitione \& Investigations Section | 410 Capitol Avenue, <br> P.O.Box 340308 <br> Hartford, CT 06134-0308 | (860) 5097603 | olpc.dph@po.state.ct.us | www.dph.state.ct.us/licensur e/licensure.htm | ctive | $\begin{array}{\|l\|l\|} \text { NAs - Not } \\ \text { displayed } \end{array}$ |  | Continuing education maintain license |  | Degree required |  | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 03/09/2021 |  |

## CareerOneStop License Finder Results

We found $\mathbf{1 5 7}$ licenses for Substance Abuse and Behavioral Disorder Counselors in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License Type | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Professional Counselor Associate | Department of Public Health~Health Care Systems Branch~Practitioner Licen \& Investigations Section \& | 410 Capitol Avenue <br> P.O.Box 340308 <br> Hartford, CT 06134-0308 | (860) 5097603 | olpo.dph@po.state.ct.us | www.dph.state.ct.us/licensur <br> e/licensure.htm | Active | N/A - Not displayed |  | Continuing education required to maintain license |  | Degree reguired <br> required |  | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone license | 03/09/2021 |  |
| Chemical Dependency Professional | Board of Mental Health and Chemical Dependency Professional Regulation Plosional | Cannon Building, 861 Silver Lake Blvd., STE 203 Dover, DE 19904-2467 | (302) 7444500 |  |  | Active | A temporary license is available to millary and silauses until formal license approval |  | No continuing <br> eucuaction <br> requirent to <br> maintain license | No crimina record prohibitions | No requiremen requirements | No exam <br> required | No experience required | Stand-alone <br> license | 10/24/2018 |  |
| PROFESSIINAL COUNSELING | Columbia~Department of Health~Health Regulation Administration | 825 North Capitol Street, NE, Suite 222 Washington, 20002 | (202) 4424330 |  |  | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | No continuing <br> education <br> requirement to <br> maintain license |  | No <br> eocuational <br> requirements | No exam required | No experience required | Stand-alone <br> license | 06/23/2016 |  |
| Guidance and Counseling (grades PK-12) | FL Department of Education~Bureau of Teacher Certification | 325 W Gaines Street, Ste 201 Turlington Bldg. Tallahassee, Fl 32399 0400 | (850) 2450505 |  | www.firn.eduddoel | Active | Fees are reduced and expedited processing is avaialale for miltary and spouses, with a tempory tevense avaiablye in the interim |  | $\|$No continuing <br> ecucation <br> requirent to <br> maintain license |  | No requiremen requirements | No exam <br> required | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 02/25/2020 |  |
| Associate Professional Counselor | Georgia Composite Board of Prof Counselors, Social Wrkrs, and Therapists | 237 Coliseum Drive Macon, GA 31217-3858 | (478) 2072440 |  | https://sos.ga.gov/index.pho/ | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing <br> eudacition <br> requid to <br> maintain license |  | Degree required | $\begin{array}{\|l} \begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | Work experience required | Stand-alone <br> license | 10/24/2019 |  |
| Professional Counselor | Georgia Composite Board of Prof Counselors, Social Wrkrs, and Therapists | 237 Coliseum Drive Macon, GA 31217-3858 | (478) 2072440 |  | https://sos.ga.gov/index.phpl licensing | Active | N/A - Not displayed |  | Continuing <br> eudacion <br> requiren to <br> maintain license |  | Degree required |  | Work <br> experience <br> required | Stand-alone <br> license | 10/24/2019 |  |
| Behavior Analyst | Hawaii State Dept. of Commerce \& Consume Affairs~Professional and Vocational Licensing Program | P. O. Box 3669,1335 Merchant St, Rm. 301, Honolulu, HI 96813] Honolulu, HI 96801 | (808) 5863000 | ba@dcca.hawai.gov | http://cca.hawaii.gov/pv//pro grams/behavior/ | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ | Certification required | education required to maintain license | No criminal record prohibitions | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | Work experience required | Stand-alone <br> license | 10/09/2019 |  |
| Clinical Practice Counselors (LCPC) | Family Therapists~ldaho Bureau of Occupational Licenses | 700 W. State St., PO Box 83720 <br> Boise, ID 83720-0063 | (208) 3343233 | cou@iboli.daho.gov | http//Iibolidaho.gov/1BOL | Active | N/A - Not displayed |  | No continuing <br> ecucation <br> requirent to <br> maintain license | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohbibitions } \end{aligned}$ | $\left\lvert\, \begin{aligned} & \text { No } \\ & \text { educational } \\ & \text { requirements } \end{aligned}\right.$ | No exam required | No experience required | Stand-alone <br> license | 03/08/2018 |  |
| Counselors (LPC) | Family Therapists~ldahe Bureau of Occupational Licenses | 700 W. State St., PO Box 83720 <br> Boise, ID 83720-0063 | (208) 3343233 | cou@ibolidaho.gov | http:/IIibolidaho.goviBOL | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education required to maintain license | No criminal record prohibitions | Degree required | State exam required | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 03/08/2018 |  |
| PROFESSIIONAL COUNSELOR | Illinois Department of Financial and Professiona Regulation | 320 West Washington Springfield, IL 62786 | (217) 7828556 |  | https://www.idfro.com/ | Active | Expedited processing is military and spouses, with a temporary license interim |  | education required to maintain licens | No crimina record prohibitions | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { examired } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 10/22/2014 |  |

## CareerOneStop License Finder Results

We found 157 licenses for Substance Abuse and Behavioral Disorder Counselors in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | $\begin{aligned} & \text { Continuing } \\ & \text { Education } \\ & \hline \end{aligned}$ | Criminal Record | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \\ & \hline \end{aligned}$ | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| PROFESSIONAL COUNSELOR, CLINICAL | Illinois Department of Financial and Professional Regulation | 320 West Washington Springfield, IL 62786 | (217) 7828556 |  | https://www.dffro.com/ | Active | Expedited <br> processing is <br> available for <br> miltary <br> spouses, with a <br> spous. <br> temporary license <br> avaialabe in the <br> interim |  | $\begin{array}{\|l} \text { Continuing } \\ \text { education } \\ \text { required to } \\ \text { maintain license } \end{array}$ | $\begin{array}{\|l\|} \begin{array}{l} \text { No criminal } \\ \text { record } \\ \text { peroribitions } \end{array} \end{array}$ | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { examired } \\ \text { required } \end{array}$ | No experience required | Stand-alone <br> license | 10/22/2014 |  |
| Addiction Counselor | Indiana Professiona <br> Licensing Agency~Behavioral Health and Human Services Licensing Board Licensing Board | 402 West Washington Street, Room W072 Indianapolis, IN 46204 Indianapolis, IN 46204 | (317) 2342054 | pla8@pla.in.gov | http://www.in.gov/pla/social. <br> htm | Active | N/A - Not displayed |  | Continuing education required to maintain license | $\begin{aligned} & \text { Backgroun } \\ & \text { d check } \\ & \text { required } \end{aligned}$ | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { examired } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 04/10/2021 | No physical requirements |
| Clirical Addition Counselor | Indiana Professional Licensing Agency -Behavioral Health and Human Services Licensing Board | 402 West Washington Street, Room W072 Indianapolis, IN 46204 | (317) 2342054 | pla8@pla.in.gov | http://www.in.gov/pla/social. <br> ${ }^{\mathrm{ht}} \mathrm{m}$ | Active | N/A - Not displayed |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirenento } \\ & \text { maintain license } \end{aligned}$ | $\begin{aligned} & \text { Specific } \\ & \text { type of } \\ & \text { conviction } \\ & \text { prohibited } \end{aligned}$ | Degree required | State exam required | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone license | 05/02/2021 |  |
| Alcohol \& Drug Abuse Counselor | Behavioral Sciences Regulatory Board | 712 S Kansas Ave Topeka, KS 66603-3817 | (785) 2963240 |  | http://www.ksbstb.ks.gov | ive | $\begin{array}{\|l\|l\|} \text { NAI - Not } \\ \text { displayed } \end{array}$ |  | Continuing <br> elucation <br> required to <br> maintain license | $\left\lvert\, \begin{gathered} \begin{array}{c} \text { Nocriminal } \\ \text { record } \\ \text { porbibitions } \end{array} \\ \hline \end{gathered}\right.$ | Degree required | $\begin{array}{\|l\|l} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | $\begin{aligned} & \begin{array}{l} \text { Work } \\ \text { experience } \\ \text { required } \end{array} \\ & \hline \end{aligned}$ | Stand-alone license | 11/12/2019 |  |
| Professional Counselor | Behavioral Sciences <br> Regulatory Board | 712 S Kansas Ave Topeka, KS 66603-3817 | (785) 2963240 |  | nttp://www.ksbsrb.ks.gov | Active | $\begin{array}{\|l\|l\|} \text { NAF - Not } \\ \text { displayed } \end{array}$ |  | $\begin{array}{\|l\|} \hline \text { Continuing } \\ \text { education } \\ \text { required to } \\ \text { maintain license } \\ \hline \end{array}$ | $N o$ criminal <br> record <br> prohibitions$\|$ | Degree required | $\begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone <br> license | 11/12/2019 |  |
| Certified Alcohol and Drug Counselor | Department of Professional Licensing~Board of Alcohol and Drug Counselors | 500 Mero Street, 2 SC 32 Frankfort, KY 40601 | (502) 7828814 | ADC@k.gov | nttp:/ladc.k.g.gov | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | $\begin{aligned} & \text { Continuing } \\ & \text { education } \\ & \text { required to } \\ & \text { maintain license } \end{aligned}$ |  | $\begin{array}{\|l} \text { Degree } \\ \text { required } \end{array}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Stand-alone license | 10/13/2020 |  |
| Licensed Assitant Behavior Analyst | Department of Professional Licensing~Applied Behavior Analyst Licensing Board | 500 Mero Street, 2 SC 32 Frankfort, KY 40601 | (502) 8924249 | ABA@ky.gov | http://aba.ky.gov/Pages/defa | Active | N/A - Not displayed |  | Continuing <br> encuction <br> required to <br> maintain license |  | Degree regurired | $\begin{array}{\|l} \begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | No experience required | Stand-alone <br> license | 10/13/2020 |  |
| Licensed Behavior Analyst | Department of Professional Licensing~Applied Behavior Analyst Licensing Board | 500 Mero Street, 2 SC 32 Frankfort, KY 40601 | (502) 8924249 | ABA@k.gov | http://aba.ky.gov/Pages/defa | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | $\begin{array}{\|l\|} \hline \text { Continuing } \\ \text { education } \\ \text { requiren to } \\ \text { maintain license } \\ \hline \end{array}$ |  | Degree required | $\begin{array}{\|l} \hline \begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | No experience required | Stand-alone license | 10/13/2020 |  |
| Licensed Clinical Alcohol and Drug Counselor | Department of Professional Licensing~Board of Alcohol and Drug Counselors | 500 Mero Street, 2 SC 32 Frankfort, KY 40601 | (502) 7828814 | ADC@ky.gov | http:/ladc.k..gov | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | $\begin{array}{\|l\|} \hline \text { Continuing } \\ \text { education } \\ \text { required to } \\ \text { maintain license } \\ \hline \end{array}$ |  | Degree required | Third-party <br> exam <br> required | No experience required | Stand-alone license | 10/13/2020 |  |
| Licensed Pastoral Counselor | Department of Professional Licensing~Board of Licensure of Pastoral Counselors | 500 Mero Street, 2 SC 32 Frankfort, KY 40601 | (502) 8924256 | PC@ky.gov | nttp://kpo.k.g.gov | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | $\begin{array}{\|l\|} \hline \text { Continuing } \\ \text { education } \\ \text { required to } \\ \text { maintain license } \\ \hline \end{array}$ |  | Degree required | $\begin{array}{\|l} \hline \begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | Work experience required | Stand-alone <br> license | 10/13/2020 |  |
| Licensed Professional Clinical Counselor (LPCC) | Department of Professional Licensing~Board of Licensed Professional Counselors | 500 Mero Street, 2 SC 32 Frankfort, KY 40601 | (502) 7828803 | LPC@k.gov | http:\|llpe. .k.gov | Active | N/A - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education } \\ & \text { required to } \\ & \text { maintain license } \end{aligned}$ |  | Degree required | $\begin{array}{\|l\|l} \text { Third-party } \\ \text { exeam } \\ \text { required } \end{array}$ | Work experience required | Stand-alone <br> license | 10/13/2020 |  |
| Licensed Professional Counselor Associate (LPCA) | Department of Professional Licensing~Board of License Professional Counselors | 500 Mero Street, 2 SC 32 Frankfort, KY 40601 | (502) 7828803 | LPC@k.gov | http:/lloc. .k.gov | Active | $\begin{aligned} & \text { N/A- Not } \\ & \text { displayed } \end{aligned}$ |  | $\begin{array}{\|l\|} \hline \text { Continuing } \\ \text { education } \\ \text { requiren to } \\ \text { maintain license } \\ \hline \end{array}$ | $\begin{array}{\|l\|l\|} \hline \end{array}$ | Degree required | $\begin{array}{\|l\|l} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | Work experience required | Stand-alone <br> license | 10/13/2020 |  |
| Temporary Licensed Behavior Analyst | Department of Professional Licensing~Applied Behavior Analyst Licensing Board | 500 Mero Street, 2 SC 32 Frankfort, KY 40601 | (502) 8924249 | ABA@ky.gov | http://aba.ky.gov/Pages/defa <br> ult.aspx | Active | $\mathrm{N} / \mathrm{A}-\mathrm{Not}$ displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education } \\ & \text { required to } \\ & \text { maintain license } \end{aligned}$ |  | Degree required | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \end{array}$ | No experience <br> required | $\begin{array}{\|l\|} \hline \text { Preliminary/te } \\ \text { mporary } \\ \text { license } \end{array},$ | 10/13/2020 |  |

# CareerOneStop License Finder Results 

We found 157 licenses for Substance Abuse and Behavioral Disorder Counselors in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License Type | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Substance Abuse Counselor, Board Certified | Louisiana Addictive Disorder Regulatory Authority-Addictive Disorder Regulatory Authority | $\begin{array}{\|l\|l\|} \hline \text { 4919 Jamestown Avenue, } \\ \text { Suite 203 } \\ \text { Baton Rouge, LA } 70808 \end{array}$ | (225) 3610698 | lauren.lear@la-adra.org | https://www.expresslane.org /Pages/default.aspx | ctive | $\begin{aligned} & \text { NAF - Not } \\ & \text { dispod } \end{aligned}$ |  | Continuing <br> education <br> required to <br> maintain license | Felony prohibited | $5 \begin{aligned} & \text { s } \\ & \text { regrequired } \end{aligned}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | license | 06/08/2021 |  |
| Alcohol \& Drug Certified Clinical Supervisor | Maine Department of Professional \& Financial Regulation Office of Professional and Occupational Regulation | Gardiner Annex/ 76 Northern Ave, 35 State House Station Augusta, ME 04333-0035 | (207) 6248603 |  | https://www.maine.gov/pfr/pr ofessionallicensing/index.Sht ml | ctive | A temporary license is avaial to aviliary to miltand spouses until formal license approval |  | education maintain license | Backgroun d check required | $\begin{aligned} & \text { Specific } \\ & \text { Sourse } \\ & \text { required } \end{aligned}$ | No exam <br> required | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 08/21/2020 | No physical requirements |
| Alcohol \& Drug Counseling Aide | Maine Department of Professional \& Financial Regulation $O$ Office of Professional and Occupational Regulation | Gardiner Annex 76 Northern Ave, 35 State House Station Augusta, ME 04333-0035 | (207) 6248603 |  | $\frac{\text { https://www.maine.gov/pfr/pr }}{\text { ofessionallicensing/index.sht }}$ $\underline{\mathrm{ml}}$ | Ative | A temporary license is avaiable to military and spouses until formal license approval |  | No continuing education mainemento maintain license | Backgroun d check required | $\begin{aligned} & \text { No } \\ & \text { educational } \\ & \text { requirements } \end{aligned}$ | No exam required | No experience <br> required | $\begin{aligned} & \text { Preliminaryyte } \\ & \text { aporary } \\ & \text { license } \end{aligned}$ | 08/21/2020 |  |
| Alcohol \& Drug Counselor (Certified) | Maine Department of Professional \& Financial Regulation~Office of Professional and Occupational Regulation | $\begin{aligned} & \text { Gardiner Annex } 76 \\ & \text { Notrtern Ave, } 3 \text { State } \\ & \text { House Station } \\ & \text { Augusta, ME } 04333 \text {-0035 } \end{aligned}$ | (207) 6248603 |  | $\frac{\text { https://www.maine.gov/pfr/pr }}{\text { ofessionallicensing/index.sht }}$ ofess <br> ml | ctive | A temporary license is avaiale to military and spouses until formal license approval |  | $\begin{array}{\|l} \text { Continuing } \\ \text { eeducation } \\ \text { require to } \\ \text { maintain license } \end{array}$ | Backgroun d check required | $\begin{array}{\|l\|l} \text { Specific } \\ \text { course } \\ \text { required } \end{array}$ | State exam required | Work experience required | Stand-alone <br> license | 08/21/2020 | No physical requirements |
| Alcohol \& Drug Counselor (Licensed) | Maine Department of Professional \& Financial Regulation $\sim$ Office of Professional and Occupational Regulation | Gardiner Annex/ 76 Northerr Ave, 35 State Augusta, ME 04333-0035 | (207) 6248603 |  | https://www.maine.gov/pfr/pr ofessionallicensing/index.sht m | ctive | A temporary license is avaiale to military and spouses until formal license approval |  | $\left\{\begin{array}{l} \begin{array}{l} \text { No continuing } \\ \text { edocation } \\ \text { reaurant to } \\ \text { maintain license } \end{array} \end{array}\right.$ |  |  | State exam <br> required | Wor experience required | license | 08/21/2020 |  |
| Counselor, Clinical | Maine Department of Professional \& Financial Regulation $\sim$ Office of Professional and Occupational Regulation | Gardiner Annex/ 76 Northern Ave, 35 State House Station Augusta, ME 04333-0035 | (207) 6248603 |  | $\frac{\mathrm{https}: / / \mathrm{www} . m a i n e . g o v / p f r / p r}{\text { ofessionallicensing/index.sht }}$ m- | ctive | A temporary license is available to military spouses until formal license |  | $\begin{aligned} & \text { Continuing } \\ & \text { edocation } \\ & \text { require to } \\ & \text { mainain license } \end{aligned}$ | Backgroun d check required requir | $\begin{array}{\|l\|l} \text { Degree } \\ \text { required } \end{array}$ | State exam required | Work experience required | Stand-alone <br> license | 08/21/2020 | No physical requirements |
| Counselor, Clinical (Conditional) | Maine Department of Professional \& Financial Regulation~Office of Professional and Occupational Regulation | Gardiner Annex/ 76 Northern Ave, 35 State House Station Augusta, ME 04333-0035 | (207) 6248603 |  | $\frac{\text { https://www.maine.gov/pfr/pr }}{\text { ofessionallicensing/index.sht }}$ ofess m- | Active | A temporary <br> license is <br> aveialale to <br> miltary and <br> spouses until <br> formal license <br> approval |  | education equired to maintain license | Backgroun <br> d check <br> required | Degree required | State exam <br> required | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | license | 08/21/2020 | No physical requirements |
| Counselor, Pastoral | Maine Department of Professional \& Financial Regulation~Office of Professional and Occupational Regulation | Gardiner Annex/ 76 House Station Augusta, ME 04333-0035 | (207) 6248603 |  | $\frac{\text { https://www.maine.gov/pfr/pr }}{\text { ofessionallicensing/index.sht }}$ ofess m | Active | A temporary license is available to military spouses undil formal license |  | $\begin{array}{\|l} \text { Continuing } \\ \text { education } \\ \text { required to } \\ \text { maintain license } \end{array}$ | Backgroun d check required require | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | State exam required | $\left\lvert\, \begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}\right.$ | license | 08/21/2020 | No physical requirements |
| Counselor, Pastoral (Conditional) | Maine Department of Professional \& Financia Regulation~Office of Professional and Occupational Regulation | Gardiner Annex/ 76 Northern Ave, 35 State Ause Station Augusta, ME 04333-0035 | (207) 6248603 |  | https://www.maine.gov/pfr/pr <br> ofe <br> ml | Ative | A temporary license is available to military and spouses until formal license foren |  | Continuing edocuaton reaurent maintain license | Backgroun <br> d check <br> required | Degree required | State exam <br> required | No experience <br> required | license | 08/21/2020 | No physical requirements |

## CareerOneStop License Finder Results

We found 157 licenses for Substance Abuse and Behavioral Disorder Counselors in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal <br> Record | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \end{aligned}$ | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Counselor, Professional | Maine Department of Professional \& Financ Regulation~Office of Reguation~Ol Professional and Occupational Regulatio | Gardiner Annex/ 76 Northern Ave, 35 State House Station Augusta, ME 04333-0035 | (207) 6248603 |  | $\left\|\begin{array}{l} \text { https://www.maine.govv/pfr/pr } \\ \text { ofessionallicensing/index.sht } \\ \mathrm{ml} \end{array}\right\|$ | etive | A temporary license is available to military and spouses until formal license approval |  | $\begin{aligned} & \text { Continuing } \\ & \text { edocation } \\ & \text { require to } \\ & \text { mainain license } \end{aligned}$ | $\begin{aligned} & \text { Backgroun } \\ & \text { d check } \\ & \text { required } \end{aligned}$ | Degree reguried | State exam <br> required | Wor experience required | Stand-alone <br> license | 08/21/2020 | No physical requirements |
| Counselor, Professional (Conditional) | Maine Department of Professional \& Financia Professional and Occupational Re <br>  | Gardiner Annex/ 76 Northern Ave, 35 State Augusta, ME Augusta, ME 04333-0035 | (207) 6248603 |  | https://www.maine.gov/pfr/pr <br> ofessionallicensing/index.sht <br> ml | aive |  |  | Continuing education maintain license | Backgroun d check required | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | State exam required | No experience <br> required | Stand-alone <br> license | 08/21/2020 | No physical requirements |
| Counselor, Registered | Maine Department of Professional \& Financia Regulation~Office of Occupation and occupational Regulatio | Gardiner Annex/ 76 Northern Ave, 35 State Augusta, ME Augusta, ME 04333-0035 | (207) 6248603 |  | https://www.maine.gov/pfr/pr <br> ofessionallicensing/index.sht <br> ml | No new Licenses |  |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \end{aligned}$ | $\left\|\begin{array}{\|l\|l\|} \text { No criminal } \\ \text { record } \\ \text { perobibitions } \end{array}\right\|$ | $\begin{aligned} & \text { No } \\ & \text { educational } \\ & \text { requirements } \end{aligned}$ | No exam required | No experience required | Stand-alone <br> license | 08/21/2020 | No physical requirements |
| Chemical dependency COUNSELOR | Maryland State Dept. of Health \& Mental Hygiene~Board of Examiners of Professional Counselors | 4201 Patterson Ave Batimore, MD 21215 | (410) 7644732 |  | http://www.dhmh.state.md.u s/bopc | Active |  | Certification required | Continuing education maintain license | $\begin{array}{\|l} \text { No criminal } \\ \text { record } \\ \text { prohbibitions } \end{array}$ | Degree required | State exam required | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 10/13/2020 |  |
| counselors | Maryland State Dept. of Health \& Mental <br> Examiners <br> of Professional Counselors | 4201 Patterson Ave Baltimore, MD 21215 | (410) 7644732 |  | http://www.dhmh.state.md.u slbopc | etive |  | Certification required | Continuing education require to maintain license | $\left\|\begin{array}{c} \text { No criminal } \\ \text { record } \\ \text { proribibitions } \end{array}\right\|$ | ; Pegree | State exam required | Work experience required | Stand-alone <br> license | 10/13/2020 |  |
| Juvenile Counselor |  | 3085 Hernwood Road Woodstock, MD 21163 | (410) 7506500 |  |  | Active | Expedited processing is avaialable for miltary and spouses |  | $\begin{aligned} & \text { Continuing } \\ & \text { education } \\ & \text { require to } \\ & \text { mainain license } \end{aligned}$ | $\left\lvert\, \begin{array}{\|l\|l\|} \hline \text { No criminalal } \\ \text { recordiditions } \\ \text { perobitions } \end{array}\right.$ | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exem } \\ \text { required } \end{array}$ | $\left\lvert\, \begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}\right.$ | Stand-alone | 10/13/2020 | Physical exam required |
| ALCOHOL AND DRUG counselor | Bureau of Substance Abuse Services | 250 Washington Street Boston, MA 02108 | (617) 6245111 |  | $\begin{aligned} & \left\lvert\, \begin{array}{l} \text { http://www.mass.gov/eohhs/ } \\ \text { gov/departments/dph//progra } \\ \text { mis/substance-abusel } \end{array}\right. \end{aligned}$ | Active |  |  | Continuing <br> educaction <br> required to <br> maintain license |  | Degree required | $\begin{array}{\|l\|l}  \\ \begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \end{array}$ | Work experience required | Stand-alone <br> license | 05/09/2018 |  |
| APPLIED BEHAVIOR ANALYSTS | Board of Registration of Allied Mental Health and~Division of Professional Licensure | 1000 Washington Street, Suite 710 <br> Boston, MA 02118 | (617) 7273080 |  | http://www.mass.gov/ocabr/l icensee/dpl-boards/mh/ | ctive | $\begin{aligned} & \text { Expedited } \\ & \text { processing is } \\ & \text { aracilable for } \\ & \text { military and } \\ & \text { spouses } \end{aligned}$ | Certification required | Continuing edacalion maintain license |  | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { examired } \\ \text { required } \end{array}$ | Work <br> experience required | Stand-alone Stand license | 05/09/2018 |  |
| Certified Alcohol and Drug Counselor?(C.A.A.D.C.) | Michigan Certification Board for Addiction Professionals | 6639 Centurion Drive Suite 170 <br> Lansing, MI 48917 | (517) 3470891 | info.mchap@gmail.com | http:/search.mcbap.com/ | Active | N/A - Not displayed |  | $\begin{aligned} & \text { No contituing } \\ & \text { education } \\ & \text { requiremento } \\ & \text { maintain license } \end{aligned}$ |  | No educational requirements | No exam required | No experience required | Stand-alone <br> license | 02/25/2020 |  |
| Clinical Supervisor, Certified (Addictions) (C.C.S.) | Michigan Certification Board for Addiction Professionals | 6639 Centurion Drive, Suite 170 <br> Lansing, MI 48917 | (517) 3470891 | info.mobap@gmail.com | nttp://search.mcbap.com/ | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requiremento } \\ & \text { maintain license } \\ & \hline \end{aligned}$ | $\begin{aligned} & \begin{array}{l} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array} \end{aligned}$ | No <br> educational requirements | No exam required | No experience required | Stand-alone <br> license | 02/25/2020 |  |
| Counselor, Licensed Professional | Michigan Department of Licensing and Regulatory Professional Lice censing | $\begin{array}{\|l\|l} \text { P.O. Box } 30670 \\ \text { Lansing, M1 } 48909 \end{array}$ | (517) 2410199 | bplhelp@michigan.gov |  | Active | $\begin{array}{\|l\|l\|} \text { NAF - Not } \\ \text { displayed } \end{array}$ |  |  | $\left\lvert\, \begin{array}{\|c\|c\|} \begin{array}{c} \text { No criminal } \\ \text { record } \\ \text { probibitions } \end{array} \\ \hline \end{array}\right.$ | 権egrequired | $\begin{array}{\|l\|l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | Wor experience required | Stand-alone <br> license | 02/25/2020 |  |

## CareerOneStop License Finder Results

We found $\mathbf{1 5 7}$ licenses for Substance Abuse and Behavioral Disorder Counselors in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> / Veterans | Certification | Continuing Education | Criminal <br> Record | Education | Exam | Experience | License <br> Type | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Counselor, Limited Licensed Professional | Michigan Department of Licensing and Regulatory Professional Lice Professional Licensing | $\begin{array}{\|l\|} \hline \text { P.O. Box } 30670 \\ \text { Lansing, M1 } 48909 \end{array}$ | (517) 2410199 | bplhelp@michigan.gov |  | Active | N/A - Not displayed |  | No continuing <br> education <br> requirement to <br> maintain license |  | Degree required | $\left\lvert\, \begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}\right.$ | Workr <br> experience <br> equired required | Stand-alone license | 02255/2020 |  |
| Criminal Justice Professional, Certified (Addictions) (C.C.J.P.) | Michigan Certification Board for Addiction Professionals | 6639 Centurion Drive Suite 170 Lansing, MI 48917 | (517) 3470891 | info.mchap@gmail.com | http://search.mobap.com/ | Active | N/A - Not displayed |  | No continuing education requirement to maintain licens | No criminal <br> Necord <br> prohibitions | No Nouctional requirements | No exam required | No experience <br> required | Stand-alone <br> license | 02255/2020 |  |
| Prevention Specialist, Certified (C.P.S.) | Michigan Certification Board for Addiction Professionals | 6639 Centurion Drive, Suite 170 Lansing, MI 48917 | (517) 3470891 | info.mchap@gmail.com | http:/search.mobap.com/ | ctive | N/A - Not displayed |  | No continuing education requirenent to maintain license | No criminal recor prohibitions | $\begin{array}{\|l} \text { No } \\ \text { educational } \\ \text { requirements } \end{array}$ | No exam required | No experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { \|icense } \end{aligned}$ | 02255/2020 |  |
| Alcohol and Drug Counselor (ADC) <br> Temporary Permits | Minnesota Board of Behavioral Health and Therapy (BBHT) | 2829 University Ave SE, Suite 210 <br> Minneapolis, MN 55414 | (651) 2012758 |  | http://www.bbht.state.mn.us | Active | A temporary license is available to military and spouses until formal license approval |  | No continuing education requirement to maintain licens | Nocriminal record porbibitions prohibition | Degree required | No exam required | No experience required | $\begin{aligned} & \text { Preliminarylte } \\ & \text { mporary } \\ & \text { license } \end{aligned}$ | 10/16/2018 |  |
| Licensed Alcohol and Drug Counselor (LADC) | Minnesota Board of Behavioral Health and Therapy (BBHT) | 2829 University Ave SE, Suite 210 Minneapolis, MN 55414 | (651) 2012758 |  | http://www.bbht.state.mn.us | Active | A temporary license is available to militarand spouses until formal license approval |  | No continuing education maint maintain licens | $\left\|\begin{array}{\|l\|l\|} \text { No criminal } \\ \text { record } \\ \text { rochibitions } \end{array}\right\|$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | State exam required | No experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 10/16/2018 |  |
| Licensed Professional Clinical Counselor (LPCC) | Minnesota Board of Behavioral Health and Therapy (BBHT) | 2829 University Ave SE, Suite 210 Minneapolis, MN 55414 | (651) 2012758 |  | http:/mww.bbht.state.mn.us | Active | A temporary licnse is available to miltarand spouses until formal license foren approval | Certification <br> required | Continuing education required to maintain license |  | $\text { I } \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party require require | Work experience required | Stand-alone <br> license | 10/16/2018 |  |
| Licensed Professional Counselor (LPC) | Minnesota Board of Behavioral Health and Therapy (BBHT) | 2829 University Ave SE, Suite 210 <br> Minneapolis, MN 55414 | (651) 2012758 |  | htto:/mww.bbht.state.mn.us | Active | A temporary licnse is available to militran and spouses until formal license approval | Certification <br> required | Continuing <br> education maintain license | $\left\|\begin{array}{\|l\|l\|} \text { No criminal } \\ \text { record } \\ \text { rochibitions } \end{array}\right\|$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party exam required | Work <br> experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 10/16/2018 |  |
| Licensed Professional Counselor | MS State Board of Examiners for Licensed Professional Counselors | 239 North Lamar Street Suite 402 <br> Jackson, MS 39201 | (601) 3591010 | info@lpc.ms.gov | ${ }^{\text {https:///www.lpc.ms.gov/woplp }}$ | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing required to maintain license | $\substack{\text { No criminal } \\ \text { record } \\ \text { prohibitions }}$ | Degree required | $\left\lvert\, \begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}\right.$ | No experience required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 07/012019 | No physical requirements |
| Professional Counselors | Committee for Professiona Counselors |  | (573) 7510018 ext 8007352966 | profounselor@pr.mo.gov | http://pr.mo.gov/counselors. | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { disppayd } \end{aligned}$ |  | Continuing education required to maintain license | No criminal record prohibitions | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | Work experien required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 091112018 |  |
| Board of Behavioral Health Addiction Counselor Candidate | Board of Behavioral Health | 301 South Park, 4th Floor Helena, MT 59620 |  | dlibsdobh@mt.gov | http://boards.bsd.dli.mt.gov/ <br> bbh | Active | N/A - Not displayed |  | Continuing education maintain license |  | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party exam require | Work experience required | Stand-alone license | 091112018 |  |
| Board of Behavioral Health Licensed Addiction Counselor | Board of Behavioral Health | 301 South Park, 4th Floor Helena, MT 59620 |  | dilibdbbh@mt.gov | http://boards.bsd.dli.mt.gov/ bbh | Active | N/A - Not displayed |  | Continuing education maintain license |  | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { enird-party } \\ \text { exemarif } \\ \text { required } \end{array} \\ \hline \text { requar-party } \end{array}$ | Work experience required | Stand-alone Iicense | 091112018 |  |
| Board of Behavioral Health Licensed Clin Professional | Board of Behavioral Heath | 301 South Park, 4th Floor Helena, MT 59620 |  | dlibsddbh@mt.gov | http://boards.bsd.dli.mt.gov/ bbh | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { dispod } \end{aligned}$ |  | Continuing education required to maintain licens |  | $\left\lvert\, \begin{array}{l\|l\|l\|} \text { Degree } \\ \text { required } \end{array}\right.$ | Third-party require | Work <br> experience required | Stand-alone | 09/11/2018 |  |

# CareerOneStop License Finder Results 

We found $\mathbf{1 5 7}$ licenses for Substance Abuse and Behavioral Disorder Counselors in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License Type | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Board of Behavioral Health Licensed Clin Social Worker | Board of Behavioral Health | 301 South Park, 4th Floor Helena, MT 59620 |  | dlibsdbbh@mt.gov | http///boards.bsd.dli.mt.gov/ | Active | $\begin{array}{\|l\|l\|} \text { NAA - Not } \\ \text { displayed } \end{array}$ |  | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Continuing } \\ \text { education } \\ \text { required to } \\ \text { maintain license } \end{array} \\ \hline \end{array}$ |  | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|l} \text { Thid-party } \\ \text { exadmaty } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone license | 09/11/2018 |  |
| Board of Behavioral Health Professional Candidate | Board of Behavioral Health | 301 South Park, 4th Floor Helena, MT 59620 |  | dlibsdbbh@mt.gov | http//boards .bsd.dil.mt.gov/ | Active | N/A - Not displayed |  | $\begin{array}{\|l\|} \hline \text { Continuing } \\ \text { Cencaction } \\ \text { required to } \\ \text { maintain license } \\ \hline \end{array}$ |  | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|l} \hline \text { Work } \\ \text { exepence } \\ \text { required } \end{array}$ | Stand-alone license | 09/11/2018 |  |
| Alcohol or Drug Counselor | Nebraska Dept. of Health and Human Services~Division of <br> Public Health~Licensure Unit | P.O. Box 94986, 301 Centennial Mall S Lincoln $N E 68509$ incoln, NE 68509 | (402) 2472117 | dhhs.licensure2117@nebras ka.gov | dhhs.ne.gov/licensure/pages /professions-andoccupations.aspx | Active | A temporary <br> license is <br> availible to <br> miltary and <br> spouses until <br> formal license <br> approval |  |  |  |  |  |  | Stand-alone <br> license | 06/29/2021 |  |
| Disordered Gambling Counselor, Provisional Certified | Nebraska Gamblers Assistance Program | 700 S 16th St Lincoln, NE 68508 | (402) 2244450 | david.geier@nebrask..gov | problemgambling.nebraska. <br> gov | Active |  |  |  |  |  |  |  | $\begin{array}{\|l\|} \text { Preliminaryylte } \\ \text { mpoorary } \\ \text { license } \end{array}$ | 06/29/2021 |  |
| Alconol and Drug Abuse Counselor | Board of Examiners for Alcohol, Drug and Gambling Counselors | 400 W. King St., Suite 111 Carson City, 89703 | (775) 6847081 |  | http://www.alcohol.state.nv. <br> us | Active |  |  | Continuing <br> education <br> required to <br> maintain license | $\left\|\begin{array}{c} \text { No criminal } \\ \text { record } \\ \text { peroribibitions } \end{array}\right\|$ | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | State exam <br> required | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 01/14/2016 |  |
| Behavior Analyst and Assistant Behavior Analyst | Board of Psychological Examiners | 4600 Kietzke Lane, Bldg. B116 Reno, 89502 | (775) 6881268 | nbop@govmail.state.nv.us | http://psyexam.nv.gov | Active |  |  | Continuing education maintain license | $\left\lvert\, \begin{aligned} & \text { Backgroun } \\ & \text { deneck } \\ & \text { required } \end{aligned}\right.$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | State exam required | No experience required | Stand-alone <br> license | 01/14/2016 |  |
| Clinical Professional Counselor | Board of Examiners for Marriage \& Family Therapists, and Clinical Professional Counselors | P.O. Box 370130 Las Vegas, 89137 | (702) 4867388 | nvmftbd.mftbd.nv.gov | http://marriage.state.nv.us | Active | $\begin{aligned} & \text { Expedited } \\ & \text { processing is } \\ & \text { availabe for } \\ & \text { military and } \\ & \text { spouses } \end{aligned}$ |  | $\begin{array}{\|l\|l\|l\|l\|l\|l\|l\|l\|l\|l\|} \hline \text { enuacion } \\ \text { requird to } \\ \text { maintian license } \end{array}$ | $\begin{array}{\|l\|l\|} \substack{\text { No c cimiminal } \\ \text { accord } \\ \text { prorobibitions }} \end{array}$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \end{array} \left\lvert\, \begin{aligned} & \text { Third-party } \\ & \text { examired } \\ & \text { required } \end{aligned}\right.$ | $\begin{array}{\|l} \text { Work } \\ \text { experience } \\ \text { required } \end{array}$ | Stand-alone <br> license | 01/14/2016 |  |
| Problem Gambling Counselor | Board of Examiners for Alcohol, Drug and Gambling Counselors | 400 W. King St., Suite 111 Carson City, 89703 | (775) 6847081 |  |  | Active | $\begin{aligned} & \text { Expeditied } \\ & \text { Processin is } \\ & \text { povilibly for } \\ & \text { military ond } \\ & \text { spouses } \end{aligned}$ |  | Continuing education required to maintain license | $\left\|\begin{array}{l} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array}\right\|$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | State exam <br> required | Work experience required | Stand-alone license | 01/14/2016 |  |
| Alcohol and Drug Counselor | New Hampshire Board of Licensing for Alcohol \& Other Drug Use <br> Professionals~Office of <br> Professional Licensure and <br> Certification | 121 South Fruit Street Concord, NH 0330 | (603) 2716762 | $\frac{\text { nhladc.nhlicensingboard@op }}{\text { l.n.ah.gov }}$ | www.opl.chh.gov/alcohol- other-drugl | Active | $\begin{aligned} & \text { N/A- No } \\ & \text { displayed } \end{aligned}$ |  | $\begin{aligned} & \begin{array}{l} \text { Nocontinuing } \\ \text { ecucaction } \\ \text { requiment to } \\ \text { maintain license } \end{array} \end{aligned}$ | $\left\lvert\, \begin{aligned} & \text { No criminal } \\ & \text { recrorminal } \\ & \text { recoribitions } \end{aligned}\right.$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | State exam required | $\begin{aligned} & \text { Work } \\ & \text { Wexperience } \\ & \text { required } \end{aligned}$ |  | 06/01/2020 |  |
| ALCOHOL AND DRUG counselor | Board of Marriage and Family Therapy Examiners~Alcohol and Drug Counselor Committee | PO Box 45040, 124 Halsey Street Newark, NJ 7102 | (973) 5046582 | İveray@dca.\|ps.state.n.us | http://www.nj.gov/lps/ca/me dical/familytherapy.htm | Active | $\begin{array}{\|l\|l\|} \text { NAI - Not } \\ \text { displayed } \end{array}$ |  | No continuing <br> education <br> requirement to <br> maintain license |  | $\begin{array}{\|l} \begin{array}{l} \text { No } \\ \text { educational } \\ \text { requirements } \end{array} \\ \hline \end{array}$ | No exam required | No experience required | Stand-alone | 02/26/2020 |  |
| ASSOCIATE COUNSELOR |  | PO Box 45044 Newark, NJ 7101 | (973) 5046582 |  | $\frac{\text { http://www.niconsumeraffair }}{\text { s.gov/mft }}$ | ctive | N/A - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { edeucation } \\ & \text { reaurifo } \\ & \text { maintian license } \end{aligned}$ |  | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { examired } \\ \text { required } \end{array}$ | Work experience reauired | Stand-alone license | 02/26/12020 |  |

## CareerOneStop License Finder Results

We found $\mathbf{1 5 7}$ licenses for Substance Abuse and Behavioral Disorder Counselors in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License Type | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| DIRECTOR OF SCHOOL counseling services | Department of Education~Office of Licensing and Credentials | PO Box 503 <br> Trenton, NJ 8625 | (609) 2922070 | robert.higgins@doe.state.nj. <br> us | https://www.ni.goveducation Alicensel | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  | $\begin{aligned} & \hline \begin{array}{l} \text { No continuing } \\ \text { educaction } \\ \text { requirent } \mathrm{to} \\ \text { maintain license } \end{array} \\ & \hline \end{aligned}$ | No crimina record prohibitions | educationa requirements | No exam required | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 02/26/2020 |  |
| PROFESSIIONAL COUNSELOR | Department of Law and Public Safety~Board of Marriage and Family Therapy <br> Examiners~Professiona <br> Counselor Examiners <br> Committee | PO Box 45044 Newark, NJ 7101 | (973) 5046582 |  | http://www.niconsumeraffair s.gov/mitt | elive | N/A - Not displayed |  | $\begin{array}{\|l} \text { Continuing } \\ \text { education } \\ \text { require to } \\ \text { maintain license } \end{array}$ |  | Degree required | $\begin{aligned} & \text { Third-party } \\ & \text { Pexam } \\ & \text { Tequir } \end{aligned}$ required | $\left\lvert\, \begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}\right.$ | Stand-alone <br> license | 02/26/2020 |  |
| SUBSTANCE AWARENESS COORDINATOR | Department of Education~Office of Licensing and Credentials | PO Box 503 <br> Trenton, NJ 8625 | (609) 2922070 | robert.higgins@doe.state.nj. <br> us | https://www.ni.govededucation Alicensel | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  | $\begin{aligned} & \text { No continuing } \\ & \text { enduction } \\ & \text { erequirement to } \\ & \text { mainain } \end{aligned}$ |  | $\begin{array}{\|l} \text { No } \\ \text { educational } \\ \text { requirements } \end{array}$ | No exam required | No experience <br> required | Stand-alone <br> license | 02/26/2020 |  |
| Alcohol and Drug Counselor | New Mexico Counseling and <br> Therapy Practice Board | $\begin{aligned} & 2550 \text { Cerillos Road, } \\ & \text { Second Floor, P.O. Box } \\ & \text { 25001 } \end{aligned}$ $\text { Santa Fe, NM } 87505$ | (505) 4764622 | counseling.board@state.nm us | $\begin{array}{\|l} \text { http://www.rld.state.nm.us/b } \\ \begin{array}{l} \text { oards/Counselig and Ther } \\ \text { apy Practice.ing asp } \end{array} \\ \hline \end{array}$ | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { dispodayed } \end{aligned}$ |  | Continuing education maintain licens | No criminal record prohibitions | $\begin{aligned} & \text { No } \\ & \text { educational } \\ & \text { requirements } \end{aligned}$ | State exam required | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 07/08/2021 |  |
| American Red Cross Lifeguard Certificate (Additional Specialties) | American Red Cross Lifeguard Certification | 7445 Pan American Fwy NE Albuquerque, NM 87109 | (505) 2658514 |  | hitps:///www.redcross.org/tak <br> e-a- <br> liasslifeguarding/ifeguard- <br> training/lifeguard-certification | ctive | N/A - Not displayed |  | No continuing education requirement to maintain licens | No criminal record prohibitions | No <br> educational requirements | No exam required | No experience <br> required | Stand-alone <br> license | 07/08/2021 |  |
| Substance Abuse Associate | New Mexico Counseling and Therapy Practice Board | $\begin{aligned} & \text { 2550 Cerillos Road, } \\ & \text { 25000n Floor, P.O. Box } \\ & \text { 25101 } \end{aligned}$ $\text { Santa Fe, NM } 87505$ | (505) 4764622 | counseling.board@state.nm <br> us | http://www.rd.state.nm.us/b oards/Counselig_and_Ther apy Practice.ispx | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { dispoday } \end{aligned}$ |  | Continuing leducation require to maintain license | No crimina record prohibitions | $\begin{array}{\|l} \text { No } \\ \text { educational } \\ \text { requirements } \end{array}$ | State exam <br> required | No experience <br> required | Stand-alone <br> license | 07/08/2021 |  |
| Bus Diver | NYS Department of Motor Vehicles~Bus Driver Unit | 6 Empire State Plaza, Swan St. Bldg., Room 331 Albany, NY 12228 |  | wayne.traficante@dmv.ny.go <br> $\underline{\square}$ | Ittps://www.dmv.ny.gov/ | ctive | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  | No continuing <br> education <br> requirent to <br> maintain license | $\begin{array}{\|l\|l} \text { Speecific } \\ \text { typof } \\ \text { coovicion } \\ \text { provibited } \end{array}$ | $\begin{array}{\|l\|l} \text { Specific } \\ \text { cousse } \\ \text { reauired } \end{array}$ | State exam required | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 03/29/2021 |  |
| Commercial Pesticide Applicator/Technician | NYS Department of Environmental <br> Conservation~Division of Materials <br> Management~Pesticide Reporting and Certification Section | 625 Broadway, 9th Floor Albany, NY 12233-7254 | (518) 4028748 | marline.agnew@dec.ny.gov dec.sm.Pestmgt [pestmgt@dec.ny.gov](mailto:pestmgt@dec.ny.gov) | https://www.dec.ny.gov/ | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  |  | $\begin{aligned} & \text { Specific } \\ & \text { course } \\ & \text { cequired } \end{aligned}$ | State exam <br> required | $\left\lvert\, \begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}\right.$ | Stand-alone <br> license | 03/05/2021 |  |
| Cosmetologist, Natural Hairstylist, Esthetician, Nail Specialist, Waxing | State~Division of Licensing Services~One Commerce Plaza | 99 Washington Avenue, PO Box 22001 P.O. Box 22001 Albany, NY 12201-2001 | (518) 4744229 | leeanne.jones@dos.ny.gov | nttps://www.dos.ny.gov/ | Active | N/A - Not displayed |  | $\begin{aligned} & \text { No continuing } \\ & \text { edocation } \\ & \text { requirent to } \\ & \text { maintain license } \end{aligned}$ | record prohibitions | Degree required | State exam <br> required | $\begin{aligned} & \text { Work } \\ & \text { Wexperence } \\ & \text { required } \end{aligned}$ | Stand-alone | 03/26/2021 |  |
| Crane Operator | NYS Department of LabortDivision Safty and Heathth-License and Certificate Unit, Bldg 12, Rm 161 | Harriman State Office Campus, Building 12, Room 161 Albany, NY 12240-0001 | (518) 4857815 | Kirk.Fisher@labor.ny.gov | https://dol.ny.gov/ | Active | N/A - Not displayed |  | No continuing education requirement to maintain licens |  | $\begin{aligned} & \text { No } \\ & \text { educational } \\ & \text { requirements } \end{aligned}$ | State exam <br> required | Wor experience | Stand-alone | 03/30/2021 |  |
| Licensed Clinical Social Worker | NYS Education <br> Department~Office of the Professions~State Board for Social Work | 89 Washington Avenue Albany, NY 12234 | $\left.\right\|_{\text {ext } 550} ^{(551474817}$ |  | http://www.op.nysed.gov/pro <br> f/ | active |  |  | education required to maintain license | No crimina <br> prohibit <br> prohibitions |  | $\begin{array}{\|l\|l\|l\|} \text { Third-party } \\ \text { exeam } \\ \text { required } \end{array}$ | $\begin{aligned} & \begin{array}{l} \text { Work } \\ \text { experience } \\ \text { required } \end{array} \end{aligned}$ | Stand-alone <br> license | 12/21/2020 |  |
| Certified Alcohol and Drug Counselor | NC Addictions Specialist <br> Professional Practice Board | P.O. Box 10126 <br> Raleigh, NC 27605 | (919) 8325975 | barden@ncsappb.org | nttos://www.nosappb.ora/ | Active | N/A - Not displayed |  | $\begin{aligned} & \begin{array}{l} \text { Continuing } \\ \text { education } \\ \text { require to } \\ \text { maintain license } \end{array} \\ & \hline \end{aligned}$ | Backgroun d check required | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | State exam <br> required | Work experience required | Stand-alone <br> license | 05/14/202 | No physical requirements |

## CareerOneStop License Finder Results

We found $\mathbf{1 5 7}$ licenses for Substance Abuse and Behavioral Disorder Counselors in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License Type | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Certified Criminal Justice Addictions Professional | NC Addictions Specialist Professional Practice Board | P.O. Box 10126 <br> Raleigh, NC 27605 | (919) 8325975 | barden@ncsappb.org | nttps://www.ncsappb.org/ | Active | $\begin{array}{\|l\|l\|} \text { NAIA - Not } \\ \text { displayed } \end{array}$ |  | Continuing education required to maintain licens | Backgroun required | $\begin{array}{\|l\|l} \begin{array}{l} \text { Specific } \\ \text { cousse } \\ \text { reauired } \end{array} \\ \hline \end{array}$ | State exam required | No experience required | Stand-alone license | 05/14/2021 |  |
| Fee-Based Practicing Pastoral Counselor | NC Board of Examiners of Fee-Based Practicing Pastoral Counselors | P.O. Box 447 Kernersville, NC 27285 | (336) 7943470 | ncoftppoc@aol.com | https://www.ncpastoralcouns eling.orgl/ | Active | $\begin{array}{\|l\|l\|} \text { NAF - Not } \\ \text { displayed } \end{array}$ |  | Continuing education maintain license | $\begin{array}{\|l\|} \hline \text { No criminal } \\ \text { record } \\ \text { prohibitions } \\ \hline \end{array}$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | State exam required | Work expenience reauired | Stand-alone <br> license | 04/27/2021 |  |
| Fee-Based Practicing Pastoral Counselor Associate | NC Board of Examiners of Fee-Based Practicing Pastoral Counselors | P.O. Box 447 Kernersville, NC 27285 | (336) 7943470 | ncoffppoc@al.com | https://www.ncpastoralcouns eling.org/ | ctive | $\begin{array}{\|l\|l\|} \text { NAI - Not } \\ \text { displayed } \end{array}$ |  | Continuing education maintain license |  | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | State exam required | Work <br> experience required | Stand-alone <br> license | 04/27/2021 |  |
| Licensed Clinical Addictions <br> Specialist | NC Addictions Specialist <br> Professional Practice Board | P.O. Box 10126 Raleigh, NC 27605 | (919) 8325975 | barden@ncsappb.org | https://www.ncsappb.oral | Active | $\begin{aligned} & \text { NAA - Not } \\ & \text { displayed } \end{aligned}$ |  |  | Backgroun d check required | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | State exam <br> required | No experience required | Stand-alone | 066182/2021 | No physical requirements |
| Psychiatric Hospita/I/Operate (Or Substance Abuse Hospital) | NC Department of Health \& Human Services~Health Service Regulation | 2701 Mail Service Center Raleigh, NC 27699-2701 | (919) 8553750 | mark.payne@dhhs.nc.gov | https://info.ncdhhs.gov/dhsr/ testrules.htm | Active | N/A - Not displayed | Certification required | $\begin{array}{\|l\|l} \text { No continuing } \\ \text { education } \\ \text { requirement to } \\ \text { reaintion } \end{array}$ maintain license | No criminal <br> record <br> prohibitions |  | No exam required | No experience required | ${ }_{\text {Tied to }}^{\text {business }}$ | 066/22/2021 | No physical requirements |
| Applied Behavior Analysts | ND State Board of Integrative Health Care | 6046-B 14th St. S Fargo, ND 58104 | (218)7910908 |  | http://www.ndbico.orgl | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ | Certification required | Continuing education required to maintain license | Backgroun d check required | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | Work experience required | Stand-alone license | 05/25/2021 | No physical requirements |
| Licensed Addicition Counselors | ND Board of Addiction Counseling Examiners | PO Box 175 Carrington, ND 58421 | (701) 2551439 |  | nttp://www.ndbace.ord | Five | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education required to maintain licens | No criminal <br> record <br> rochibitions | \|l|l|l|legree | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | Work experience required | Stand-alone <br> license | 05/25/2021 | No physical requirements |
| Licensed Associate Professional Counselors | ND Board of Counselor Examiners | 2112 10th Ave SE Mandan, ND 58554 | (701) 6675969 |  | http://www.nobce.org/ | ctive | $\begin{array}{\|l\|l\|} \text { NAF - Not } \\ \text { displayed } \end{array}$ |  | Continuing education maintain license | Backgroun d check required | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | Work experience required | Preliminarylte mporary license | 05/25/2021 | No physical requirements |
| Licensed Clinical Addiction Counselors | ND Board of Addiction Counseling Examiners | PO Box 175 Carrington, ND 58421 | (701) 2551439 |  | http://www.ndbace.org/ | Active | $\begin{array}{\|l\|l\|} \text { NAI - Not } \\ \text { displayed } \end{array}$ |  | Continuing education maintain license | $\substack{\text { No criminal } \\ \text { record } \\ \text { prohibitions }}$ | $\begin{aligned} & \text { Pegree } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | Work <br> experience <br> required | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 05/25/2021 | No physical requirements |
| Licensed Master Addiction Counselors | ND Board of Addiction Counseling Examiners | PO Box 175 Carrington, ND 58421 | (701) 2551439 |  | nttp://www.ndbace.ora/ | Active | $\left\lvert\, \begin{aligned} & \text { NAA - Not } \\ & \text { displayed } \end{aligned}\right.$ |  | Continuing education maintain license | $\substack{\text { No criminal } \\ \text { record } \\ \text { prohibitions }}$ | Degree required | $\begin{array}{\|l\|l\|} \hline \text { third-party } \\ \text { exam } \end{array}$ \|required | Work experience required | Stand-alone <br> license | 05/25/2021 | No physical requirements |
| Licensed Professional Counselors | ND Board of Counselor Examiners | 2112 10th Ave SE Mandan, ND 58554 | (701) 6675969 |  | http://www.ndbce.org/ | Active | N/A - Not displayed |  | Continuing <br> education required to maintain license | Backgroun d check required | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | $\begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone <br> license | 05/25/2021 | No physical requirements |
| Certified Chemical Dependency Counselor | State Board of Education | 25 S. Front Street, Mail Stop 103 Columbus, OH 43215 | (614) 7282754 | sboe@education.ohio.gov | www.education.ohio.gov/Sta <br> te-Board | Active |  |  | Continuing education maintain license | $\left\|\begin{array}{\|l\|l\|} \text { No coriminal } \\ \text { (recrorition } \\ \text { prohibitions } \end{array}\right\|$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party require require | No experience required | Stand-alone license | 10/13/2020 |  |
| Professional Clinical Counselor | Counselor, Social Worker and Marriage and Family Therapist Board of Ohio | 77 S . High Street, 24th Floor, Room 2468 Columbus, OH 43215-6171 | (614) 4660912 | cswmft.info@cswb.state.oh. <br> us | mwn.cswmft.ohio.gov | Active | Expedited processing is available for miltary and spouses, with a tomporary license aveiable in the interim |  | Continuing education equired to maintain license | No criminal record probibitions | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party required | No experience required | Stand-alone <br> license | 10/1312020 |  |

## CareerOneStop License Finder Results

We found $\mathbf{1 5 7}$ licenses for Substance Abuse and Behavioral Disorder Counselors in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | $\begin{aligned} & \text { Criminal } \\ & \text { Record } \end{aligned}$ | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \end{aligned}$ | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Professional Counselor | Counselor, Social Worker and Marriage and Family Therapist Board of Ohio | 77 S. High Street, 24th Floor, Room 2468 Columbus, OH 43215-6171 | (614) 4660912 | cswmft.info@cswb.state.oh. <br> us | www.cswmft.onio.gov | Active |  |  | $\begin{aligned} & \text { Continuing } \\ & \text { edocuation } \\ & \text { require to } \\ & \text { mainain license } \end{aligned}$ | $\begin{array}{\|l\|l} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array}$ | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { examired } \\ \text { required } \end{array}$ | Work experience required | Stand-alone <br> license | 10/13/2020 |  |
| Certified Alcohol Drug Counselor | Oklahoma State Board of Licensed Alcohol and Drug Counselors | 101 NE 51st St Oklahoma City, OK 73105 | (405) 5210779 | rpierson@okdrugcounselors <br> org | mww.okdruccounselors.org | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  | $\begin{array}{\|l\|} \begin{array}{l} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array} \end{array}$ | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ |  |  | Stand-alone <br> license | 06/25/2020 |  |
| Certified Behavioral Health Case Manager | Oklahoma Department of Mental Health and Substance Abuse Services | 2000 N. Classen Blvd, Suite 2-600 Oklahoma City, OK 73106 | (405) 2489029 | ssay@odmhsas.org | www.ok.govodmhsas! | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohbibitions } \end{aligned}$ | No <br> educationa <br> requirement |  |  | Stand-alone <br> license | 06/25/2020 |  |
| Counselor, Licensed Professional | Oklahoma State Board of Behavioral Health Licensure | 3815 N. Santa Fe, Suite 110 Oklahoma City, OK 73118 | (405) 5223696 | Eric.Ashmore@bbhl.ok.gov | https://www.ok.gov/cosmol | Active | N/A - Not displayed |  | $\begin{array}{\|l} \hline \begin{array}{l} \text { Continuing } \\ \text { education } \\ \text { required to } \\ \text { maintain license } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \begin{array}{l} \text { Noc criminalal } \\ \text { record } \\ \text { prohibitions } \end{array} \end{aligned}$ | Degree required | $\begin{array}{\|l\|l} \text { Third-party } \\ \text { Team } \\ \text { required } \end{array}$ | Work experience required | Stand-alone <br> license | 05/11/2021 |  |
| Licensed Alcohol and Drug Counselor/Mental Health (LADC/MH) | Oklahoma State Board of Licensed Alcohol and Drug Counselors | 101 NE 51st St Oklahoma City, OK 73105 | (405) 5210779 | rpierson@okdrugcounselors. org | www.okdrugcounselors.org | Active | $\begin{aligned} & \text { NA- - ot } \\ & \text { displayed } \end{aligned}$ |  |  | $\begin{array}{\|l\|l} \begin{array}{l} \text { No criminaal } \\ \text { record } \\ \text { prohibitions } \end{array} \\ \hline \end{array}$ |  |  |  | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \\ & \hline \end{aligned}$ | 06/25/2020 |  |
| Licensed Alcohol Drug Counselor | Oklahoma State Board of Licensed Alcohol and Drug Counselors | 101 NE 51st St Oklahoma City, OK 73105 | (405) 5210779 | rpierson@okdrugcounselors org | ww.okdrugcounselors.org | Active | $\begin{array}{\|l\|l} \text { N/A - Not } \\ \text { displayed } \end{array}$ |  |  | $\left.\begin{array}{\|l\|} \text { No coriminal } \\ \text { record } \\ \text { prohibitions } \end{array} \right\rvert\,$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ |  |  | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 06/25/2020 |  |
| Licensed Behavioral Practitioner | Oklahoma State Board of Behavioral Health Licensure | 3815 N. Santa Fe, Suite 110 Oklahoma City, OK 73118 | (405) 5223696 | Eric.Ashmore@bbhl.ok.gov | https://www.ok.gov/cosmol | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | $\begin{aligned} & \hline \begin{array}{l} \text { Continuing } \\ \text { education } \\ \text { require to } \\ \text { maintain license } \end{array} \\ & \hline \end{aligned}$ | No criminal <br> record <br> prohibitions | $\left.\right\|_{j} ^{\text {Degree }} \text { required }$ | $\begin{array}{\|l\|l} \text { Third-party } \\ \text { Texam } \\ \text { required } \end{array}$ | No experience required | Stand-alone <br> license | 05/11/2021 |  |
| Behavior analysis (behavior analyst assistant behavior analyst, behavio a | Oregon Health Licensing Agency | 700 Summer St NE \#320 Salem, OR 97301-1287 |  |  | https://www.oregon.gov/ohal ph/hlo/pages/index.aspx | Active | $\begin{array}{\|l\|l\|} \text { NAA - Not } \\ \text { displayed } \end{array}$ |  | Continuing <br> education <br> require to <br> maintain license | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { No criminalal } \\ \text { record } \\ \text { prohibibitions } \end{array} \\ \hline \end{array}$ | Degree required | $\begin{array}{\|l} \hline \begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | No experience required | Stand-alone license | 04/04/2018 |  |
| Professional Counselor | Oregon Board of Licensed Professional Counselors and Therapists | 3218 Pringle Rd SE, \#250 <br> Salem, OR 97302-6312 |  |  | https://www.oregon.gov/OBL <br> PCT/Pages/index.aspx | ctive | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | $\begin{aligned} & \text { Continuing } \\ & \text { education } \\ & \text { required to } \\ & \text { maintain license } \end{aligned}$ | No criminal <br> record <br> prohibitions | Degree required | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | Work experience required | Stand-alone <br> license | 04/04/2018 |  |
| Professional Counselor |  <br> Occupational Affairs~Social Workers; Marriage \& Family Therapists; \& Professiona Counselors Board | $\left\|\begin{array}{l} \text { P.O. Box } 2649 \\ \text { Harisisurg, PA 17105-2649 } \end{array}\right\|$ | (717) 7831389 |  |  | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education required to maintain license |  | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | $\begin{array}{\|l\|l\|} \hline \end{array} \left\lvert\, \begin{aligned} & \text { Third-party } \\ & \text { examired } \\ & \text { required } \end{aligned}\right.$ | Work <br> experience <br> required | Stand-alone <br> license | 03/11/2021 |  |
| Professonal Counselor | Puerto Rico Department of Health~Office of <br> Regulations \& Certification of Health <br> Professionals |  |  |  |  | Active | N/A - Not displayed |  | Continuing edacalion maintain license |  | Degree required | State exam required | Work <br> experience required | Stand-alone <br> license | 07/19/2019 | No physical requirements |
| Speech-language Therapist | Puerto Rico Department of Health |  |  |  |  | Active | N/A - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education } \\ & \text { requiren to } \\ & \text { maintain license } \end{aligned}$ | $\substack{\text { Speeific } \\ \text { typo of } \\ \text { convition } \\ \text { prohibited }}$ | Degree required | State exam required | Affidavit or <br> referral required | Stand-alone <br> license | 07/19/2019 | No physical requirements |
| Behavioral Analyst / Assistant Analyst | RI Department of Health~Health Professions Regulation | 3 Capitol Hill, Room 104 Providence, RI 02908 | (401) 2222828 |  | http://www.health.ri.gov/licen ses/ | ctive | $\begin{array}{\|l\|l\|} \text { NAA - Not } \\ \text { displayed } \end{array}$ |  |  |  | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|l\|l\|l\|l\|l\|l\|l\|l\|l\|l\|l\|l\|} \text { exequired } \\ \text { read } \end{array}$ | No experience <br> required | Stand-alone <br> license | 10011/2019 |  |
| Chemical Dependency Clinical Supervisor | Health~Board of Licensing for Chemical Dependency Professionals | 3 Capitol Hill, Room 104 Providence, RI 02908-5097 | (401) 2222828 |  | $\frac{\text { http://health.ri.gov/licenses/d }}{\text { etail.phpid }=282}$ | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | $\begin{aligned} & \text { Continuing } \\ & \text { education } \\ & \text { requiren to } \\ & \text { maintain license } \end{aligned}$ |  | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|l\|} \substack{\text { Third-party } \\ \text { exam } \\ \text { required }} \end{array}$ | No experience required | Stand-alone <br> license | 10/01/2019 |  |

## CareerOneStop License Finder Results

We found 157 licenses for Substance Abuse and Behavioral Disorder Counselors in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License Type | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Chemical Dependency Professional | RI Department of <br> Health-Board of Licensing for <br> Chemical Dependency <br> Professionals | 3 Capitol Hill, Room 104 Providence, RI 02908-5097 | (401) 2222828 |  | http://health.r.i.gov/licenses/d etail.phpid $=282$ | ctive | $\begin{aligned} & \text { NAA - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education required to maintain licens |  | Degree required |  | $\begin{array}{l}\text { No experience } \\ \text { required }\end{array}$ | Stand-alone license | 10/012019 |  |
| Licensed Professional Counselor |  | 110 Centerview Drive Kingstree Bldg. Suite 202, Columbia, SC 29211-1329 | (803) 8964658 | glennp@l\|r.sc.gov | http://www.IIr.state.sc.us/PO LCounselors/ | Active | A temporary <br> license is <br> available to <br> miltary and <br> spouses until <br> formal license <br> approval |  | Continuing education required to maintain license |  | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|l\|l\|} \hline \text { Third-party } \\ \text { examired } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 06/18/2013 |  |
| Licensed Professional Counselor Interns | SC Board of Examiners for Licensuro of Professional Counsers $-M a r i a g e ~ a n d ~$ Family Therapists-Psycho Educational Specialists | 110 Centerview Drive Kingstree Bldg. Suite 202, Columbia, SC 29211-1329 | (803) 8964658 | glennp@lirsc.gov | http://www.IIr.state.sc.us/PO L/Counselors | Active | A temporary license is azaiale to military sing and spouses until formal icense appoval |  | Continuing education required to maintain license |  | Degree required |  | Work experience required | $\begin{aligned} & \text { Preliminary/te } \\ & \text { mpoorary } \\ & \text { license } \end{aligned}$ | 06/18/2013 |  |
| Licensed Professional Counselor Supervirsor | SC Board of Examiners for Licensure of Professional Counselors-Marriage and Family Therapists-Psycho- Educational Specialists | 110 Centerview Drive Kingstree Bldg. Suite 202, Columbia Columbia, SC 29211-1329 | (803) 8964658 | glennp@lirsc.gov | http://www.Ilr.state.sc.us/PO L/Counselors/ | Active | Abproval A temporary license is avaiable to mailtary and spouses until formal license fapproval al |  | Continuing education required maintain license |  | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { examired } \\ \text { required } \end{array}$ | Work experience required | Stand-alone <br> license | 06/18/2013 |  |
| Licensed Professional Counselor Supervisor in Training |  | 110 Centerview Drive Kingstree Bldg. Suite 202, Columbia, SC 29211-1329 | (803) 8964658 | glennp@lirsc.gov | $\frac{\text { htp://www.IIr.state.sc.us/PO }}{\text { L/Counselors }}$ | Active | A temporary <br> license is <br> available to <br> miltary and <br> spouses until <br> formal license <br> approval |  | Continuing education required maintain license |  | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { examired } \\ \text { required } \end{array}$ | Wor experience required | Stand-alone license | 06/18/2013 |  |
| Cerified Addiction Counselor (CAC) | South Dakota Board of Addiction and Prevention Professionals | 3101 W 41st St Ste 205 Sioux Falls, SD 57105 | (605) 3322645 | bap@@midconetwork.com | $\begin{aligned} & \mathrm{http} \cdot / / \mathrm{dss} . \text { sd.gov/licensingoo } \\ & \text { ards//bapp.aspx } \end{aligned}$ | Active |  |  | Continuing <br> educaton <br> required to <br> maintain license |  | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { examired } \\ \text { required } \end{array}$ | No experience required | Stand-alone <br> license | 09/23/2019 |  |
| Certified Chemical Dependency Counselor Level I (CCDC I) | South Dakota Board of Addiction and Prevention Professionals | 3101 W 41st St Ste 205 Sioux Falls, SD 57105 | (605) 3322645 | bapp@midconetwork.com | $\frac{\text { htp://dss.sd.gov/licensingbo }}{\text { ards/bapp.aspx }}$ | Active | $\begin{aligned} & \text { spouses } \\ & \begin{array}{l} \text { Expedited } \\ \text { processing is } \\ \text { availabbe ofr } \\ \text { miltary and } \\ \text { spouses } \end{array} \\ & \hline \end{aligned}$ |  | Continuing education required to maintain license |  | $\begin{array}{\|l\|l} \text { Degree } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { examprired } \\ \text { \|equired } \end{array}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 09123/2019 |  |
| Licensed Addicition Counselor (LAC) | South Dakota Board of Addiction and Prevention Professionals | 3101 W 41st St Ste 205 Sioux Falls, SD 57105 | (605) 3322645 | bapp@midconetwork.com | $\frac{\text { http://dss.sd.gov/licensingbo }}{\text { ardsl/bapo. aspx }}$ | Active |  |  | Continuing education equired to maintain license |  | Degree required | $\begin{array}{\|l\|l\|l\|l\|l\|l\|l\|l\|l\|l\|l\|l\|l\|} \hline \text { exami } \\ \text { required } \end{array}$ | $\begin{array}{l}\text { No experience } \\ \text { required }\end{array}$ | Stand-alone <br> license | 09123/2019 |  |
| Licensed Professional Counselor | Counselors and Marriage and Family Therapists Examiners | 1351 N. Harrison Pierre, SD 57501 | (605) 2241721 | SDBCE@midwestsolutionss d.com | http://dss.sd.govlicensingbo ardslexaminers.aspx | Active |  |  | Continuing education maintain license | $\begin{array}{\|l\|l\|} \substack{\text { No coriminalal } \\ \text { record } \\ \text { probibitions }} \end{array}$ |  |  | $\left\lvert\, \begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}\right.$ | Stand-alone <br> license | 09123/2019 |  |
| ALCOHoL AND DRUG ABUSE COUNSELORS | Health~Division of Health Related Boards~Board of Alcohol and Drug Abuse Counselors | 665 Mainstream Drive 2nd floor Nashville, TN 37243 | (615) 5323202 |  |  | Active | $\begin{aligned} & \text { NAA - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education required to maintain license | $\left\lvert\, \begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}\right.$ | Degree required |  | $\begin{array}{l}\text { No experience } \\ \text { required }\end{array}$ | Stand-alone license | 09/12/2018 |  |

## CareerOneStop License Finder Results

We found 157 licenses for Substance Abuse and Behavioral Disorder Counselors in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License <br> Type | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| LICENSED AND CERTIIIED PROFESSIONAL COUNSELORS | Health~Division of Health Related Boards~Board of Licensed Professional and Family Therapists and Licensed Pastoral Therapist | 665 Mainstream Drive, 2nd Floor Nashville, TN 37243 | (615) 5325132 |  |  | Active | N/A - Not displayed |  | Continuing education maintain license | No criminal record prohibitions | Degree required | State exam required | Work experience required | Stand-alone <br> license | 09/12/2018 |  |
| Licensed assistant behavior ANALYST | Health~Division of Health Belated Boards~Applied Committee | 665 Mainstream Drive, 2nd Floor <br> Nashville, TN 37243 |  |  |  | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  | $\begin{aligned} & \text { Continuing } \\ & \text { education } \\ & \text { required to } \\ & \text { maintain license } \end{aligned}$ |  | Degree required | Third-party required | No experience <br> required | Stand-alone <br> license | 10/13/2020 |  |
| LICENSED BEHAVIOR ANALYST | Department of Heathn-Divioio of Health Related Boards~Applied Behavivor Analyst Licensing Committee | 665 Mainstream Drive, 2nd Floor Nashville, TN 37243 |  |  |  | Active | $\begin{array}{\|l\|l\|} \text { N/A - Not } \\ \text { displayed } \end{array}$ | Certification required | Continuing <br> educuation <br> required to <br> maintaia license | Backgroun d check require | $\begin{aligned} & \text { Speaific } \\ & \text { Socurse } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exeam } \\ \text { required } \end{array}$ |  | Stand-alone | 10/13/2020 |  |
| COUNSELOR, CHEMICAL DEPENDENCY | Texas Health and Human Services <br> Commission~Licensing Credentialing and Regulation | PO Box 13247 Austin, TX 78711-3247 | (512) 4246500 |  | $\frac{\text { https://hhs.texas.gov/doing- }}{\text { business-hhslicensing- }}$ business-hhslicensing- credentiaing-regulation | Active |  |  | Continuing education maintain license | Felony convictions prohibited | Specific course required | State exam <br> required | No experience required | Stand-alone <br> license | 10127/2020 |  |
| COUNSELOR, PROFESSIONAL | Texas Health and Human Services <br> commission-Licensing, <br> Credentiaing and Regulatio | PO Box 13247 Austin, TX 78711-3247 | (512) 4246500 |  |  | Active |  |  | Continuing required to maintain license |  | Degree required | State exam required | Work experience required | Stand-alone <br> license | 10/27/2020 |  |
| sUBSTANCE ABUSE COUNSELOR | Utah Department of Commerece~Division of Occupational \& Professional Licensing icensing | 160 East 300 South, PO <br> Box 146741 <br> Salt Lake City, UT 84114- <br> 6741 | (801) 5306628 | DOPLWeb@utah.gov | https:/Idop. Utah.gov | ative |  |  | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { No continuing } \\ \text { educaction } \\ \text { requiremento } \\ \text { maintain license } \end{array} \\ \hline \end{array}$ | No crimina record prohibitions | Degree required | $\begin{array}{\|l\|l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | $11 / 04 / 2019$ |  |
| Alcohol and Drug Abuse Counselor | Vermont Secretary of State-Office Sif of ofssional Regulation-Alcohol and Diug Abuse Counselor Licensing | 89 Main Street, 3rd floor Montpelier, VT 05620 |  | diane. Iafaille@vermont.gov | https://sos.vermont.gov/alaco | ctive | N/A - Not displayed |  | $\begin{aligned} & \text { Continuing } \\ & \text { education } \\ & \text { required to } \\ & \text { maintain license } \end{aligned}$ | Felony convictions | Degree required | $\begin{array}{\|l} \hline \begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | Work experience required | Stand-alone | 02/19/2020 | No physical requirements |
| Applied Behavior Analyst | Regulation~Applied Behavio Analyst Licensing | 89 Main Street, 3rd floor Montpelier, VT 05620 |  | diane. Iafaille@vermont.gov | https://sos.vermont.gov/appli | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ |  | $\begin{aligned} & \text { Continuing } \\ & \text { education } \\ & \text { require to } \\ & \text { maintain license } \end{aligned}$ | Felony convictions prohibited | Degree required | Third-party exam required | Work <br> experience <br> required | Stand-alone <br> license | 02/19/2020 | No physical requirements |
| Counselor, Certified Substance Abuse | Department of Health Professions~Board of Professional Counselors | 6606 West Broad Street, 4th Floor <br> Richmond, VA 23230-1717 | (804) 6629908 |  |  | Active | $\begin{aligned} & \text { NA N Not } \\ & \text { displayed } \end{aligned}$ |  |  | No criminal recrard record prohibitio | Degree required | $\begin{array}{\|l\|l\|l} \text { Third-party } \\ \text { exeam } \\ \text { required } \end{array}$ | Work experience required | Stand-alone <br> license | 05/29/2014 |  |
| Counselors, Professional | Department of Health Professions~Board of Professional Counselors | 6606 West Broad Street, 4th Floor Richmond, VA 23230-1717 | (804) 6629908 |  |  | Active | $\begin{aligned} & \text { NAR - Not } \\ & \text { dispoded } \end{aligned}$ |  | $\begin{array}{\|l\|} \hline \text { Continuing } \\ \text { education } \\ \text { required to } \\ \text { maintain license } \end{array}$ | record prohibitions | Degree required | State exam required | $\begin{aligned} & \text { Work } \\ & \text { exerencence } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 05/29/2014 |  |
| Chemical Dependency Professional | Department of Heath | 101 Israel Rd SE <br> Tumwater, WA 98501 | (360) 2364700 | customerservice@cpaboard. wa.gov | http://www.doh.wa.gov | dive | Expedited processing is available for miltary and |  | $\begin{array}{\|c\|c\|c\|c\|c\|c\|crl} \text { renent to } \\ \text { maintain license } \end{array}$ | No criminal record prohibitions | Degree required |  | Work experience required | Stand-alone <br> license | 06/30/2016 |  |

## CareerOneStop License Finder Results

We found $\mathbf{1 5 7}$ licenses for Substance Abuse and Behavioral Disorder Counselors in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License Type | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Counselor | Department of Health | 101 Israel Rd SE Tumwater, WA 98501 | (360) 2364700 | customerservice@cpaboard. wa.gov | http///www.doh.wa.gov | Active |  |  | Continuing <br> education maintain license | $\left\|\begin{array}{\|l\|l\|} \text { No criminal } \\ \text { record } \\ \text { rocoribitions } \end{array}\right\|$ | Degree required | State exam required | Work required | license | 066/30/2016 |  |
| Licensed behavior analyst | Department of Heath | 101 Israel Rd SE Tumwater, WA 98501 | (360) 2364700 |  | ntto://www.doh.wa.gov | Active |  |  | No continuing education equirement to maintain licens |  | Degree required | Third-party <br> require | Work experience required | Register with licensing | 066/30/2016 |  |
| BEHAVIOR ANALYST | Soressicena vision of Processing | 1400 E. Washington Ave. P.O. Box 8935 <br> Madison, WI 53708-8935 | (608) 2662112 | dsps@wisconsin.gov | $\frac{\text { htpp://dsps.wi.gov/Pages/Pr }}{\text { ofessions/Default.aspx }}$ | ctive | Fees are reduced for military and spouses |  | Continuing <br> education required to maintain license | $\substack{\text { No criminal } \\ \text { record } \\ \text { prohibitions }}$ | Degree required | Third-party <br> exam <br> required | No experience <br> required | Stand-alone <br> license | 12/02/2020 |  |
| CLINICAL SUBSTANCE ABUSE counselor | WI Department of Safety and Professiona <br> vision of Professional Credential Processing | 1400 E. Washington Ave., P.O. Box 8935 Madison, WI 53708-8935 | (608) 2662112 | dsps@wisconsin.gov | $\frac{\text { https://dsps.wi.gov/Pages/Pr }}{\text { ofessions/Default.aspx }}$ | ative | Fees are reduced for military and spouses |  | Continuing <br> education <br> maintain licens | $\substack{\text { No criminal } \\ \text { record } \\ \text { prohibitions }}$ | Degree required | Third-party <br> exam <br> required | Work experience required required | Stand-alone <br> license | 12/02/2020 |  |
| COUNSELOR, PROFESSIONAL | WI Department of Safety and Professional <br> Division of <br> Professional Credential <br> Processing | 1400 E. Washington Ave., P.O. Box 8935 Madison, WI 53708-8935 | (608) 2662112 | dsps@wisconsin.gov | $\frac{\text { https://dsps.wi.gov/Pages/Pr }}{\text { ofessions/Default.aspx }}$ | ative | Fees are reduced for military and spouses |  | Continuing <br> education maintain license | $\substack{\text { No criminal } \\ \text { record } \\ \text { prohibitions }}$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | Third-party <br> exam <br> required | Work <br> experience required | Stand-alone <br> license | 12102/2020 |  |
| SUBSTANCE ABUSE COUNSELOR | Professional <br> Services~Division of <br> Processi <br> Processing | 1400 E. Washington Ave. P.O. Box 8935 Madison, WI 53708-8935 | (608) 2662112 | dsps@wisconsin.gov | $\frac{\text { htpp://dsps.wi.gov/Pages/Pr }}{\text { ofessions/Default.aspx }}$ | ctive | Fees are reduced for military and spouses | Certification required | Continuing education required to maintain licens | Specific type of prohibited pronion | Degree required | Third-party exam required | No experience required | Stand-alone <br> license | 12/02/2020 |  |
| SUBSTANCE ABUSE COUNSELOR IN TRAIIING | WI Department of Safety and Professional on Porvisionivison on Professioinana Credential Processing | 1400 E. Washington Ave. P.O. Box 8935 <br> Madison, WI 53708-8935 | (608) 2662112 | dsps@wisconsin.gov | $\frac{\text { https://dsps.wi.gov/Pages/Pr }}{\text { ofessions/Default.aspx }}$ | Active | Fees are reduced for military and spouses | Certification required | Continuing <br> education <br> required to <br> maintain license | $\substack{\text { No criminal } \\ \text { record } \\ \text { prohibitions }}$ | Degree required | Third-party exam require | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | license | 12/15/2020 |  |
| ADDICTIONS THERAPIST | MENTAL HEALTH profestions licensing BOARD~ATTN: MAXINE HERNANDEZ | 2001 CAPITOL AVENUE, EmERSON BUILDING, RM 104 EYENNE WY 82002 | (307) 7773628 | WvoMHPLB@wvo.gov | htto:/mentalaealth.wo.gov/ | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { disppd } \end{aligned}$ |  | No continuing eeducation requirement to maintain license | $\begin{array}{\|c} \text { Specific } \\ \text { typeor } \\ \text { conviction } \end{array}$ $\begin{aligned} & \text { prohibited } \\ & \text { Comolita } \end{aligned}$ | $\begin{array}{\|l\|l} \text { Degree } \\ \text { required } \end{array}$ | Third-party <br> exem <br> required | Work experience required | Stand-alone <br> license | 10/18/2017 |  |
| CERTIFIED ADDICTIONS PRACTITIONER | PROFESSIONS LICENSING BOARD~ATTN: MAXINE HERNANDEZ | 2001 CAPITOL AVENUE, EMERSON BUILDING, RM 104 CHEYENNE, WY 82002 | (307) 7773628 | WyoMHPLE@wyo.gov | http://mentalaeath. wyo.gov/ | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { dispodiay } \end{aligned}$ |  | No continuing education ment to maintain licens | Specific type of conviction prohibited | $\begin{array}{\|l\|l} \text { Degree } \\ \text { required } \end{array}$ | Third-party exam required | No experience <br> required | Stand-alone <br> license | 10/18/2017 |  |
| CERTIFIED ADDICTIONS PRACTITIONER ASSISTANT | MENTAL HEALTH PROFESSIONS LICENSING BOARD~ATIN MAXINE HERNANDEZ | 2001 CAPITOL AVENUE, EMERSON BUILDING, RM 104 HEYENNE, WY 82002 | (307) 7773628 | WvoMHPLB@wro.gov | htto:/mentalaealth.wo.gov/ | Activ | N/A - Not displayed |  | No continuing education requirenent to maintain license | Specific type of conviction prohibited | Degree required | Thir--party <br> requires | No experience required | Stand-alone <br> license | 10/18/2017 |  |
| PROFESSIONAL COUNSELOR | MENTAL HEALTH promessions Iicensing hernandez | 2001 CAPITOL AVENUE, EMERSON BUILDING, RM 104 CHENNE WY 82002 | (307) 7773628 | WyoMHPLB@wyo.gov | http://mentalaeath.wyo.gov/ | Active | N/A - Not displayed |  | Continuing education maintain licens | Specific tyee of conviction prohibited | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { require } \end{array}$ | Third-party exam required | Work experience required | Stand-alon <br> license | 10/18/2017 |  |

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## CareerOneStop License Finder Results

 We found $\mathbf{1 5 7}$ licenses for Substance Abuse and Behavioral Disorder Counselors in United States$\begin{array}{lllllll}\text { License Name } & \text { Licensing Agency } & \text { Address } & \text { Phone } & \text { Email } & \text { Active } & \text { Active Military } \\ \text { Certification } & \text { Continuing } & \text { Criminal } & \text { License } & \text { License } & \text { Physical }\end{array}$


CareerOneStop License Finder Results

## We found $\mathbf{1 0 9}$ licenses for Accountants and Auditors in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | $\begin{aligned} & \text { Criminal } \\ & \text { Record } \\ & \hline \end{aligned}$ | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \\ & \hline \end{aligned}$ | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Registered Certified Public Accountant | Alabama State Board of Public Accountancy | P.O. Box 300375 <br> Montgomery, AL 36130 | (334) 242570 | bovd.busby@asta.alabama.gov | umw.asbpa.alabama.gov | Active | $\begin{array}{\|l\|l\|} \text { NAspo- Not } \\ \text { diped } \end{array}$ | Certification required | $\begin{array}{\|l\|l} \hline \text { Continuing } \\ \text { edecuator } \\ \text { reauirato } \\ \text { maintain license } \end{array}$ | $\begin{aligned} & \hline \begin{array}{l} \text { Specific } \\ \text { type of } \\ \text { conviction } \\ \text { prohibited } \end{array} \end{aligned}$ | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | $\begin{array}{\|l} \hline \text { Both state } \\ \text { and thidr } \\ \text { party exams } \\ \text { required } \end{array}$ |  | Stand-alone license | 10/312020 |  |
| Registered Public Accountant | Alabama State Board of Public Accountancy | P.O. Box 300375 Montgomery, AL 36130 | (334) 2425700 | bovd.busbv@asta.alabama.gov | umw.asboa.alabama.gov | Active |  | Certification required | Continuing education required to maintain license |  | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | $\begin{array}{\|l\|l} \text { Both state } \\ \text { and third } \\ \text { paptye exams } \\ \text { required } \end{array}$ |  | Register with licensing agency | 03/0412021 |  |
| Accountant, Cerified Public | Alaska Department of <br>  <br> Economic <br> Development-Division of <br> Corporations, Business, and <br> Professional Licensing-State <br> Board of Public Accountancy | $\begin{aligned} & 550 \text { West 7th Avenue, } \\ & \text { Suite } 1500 \\ & \text { Anchorage, AK 99501- } \\ & 3567 \end{aligned}$ | $\left.\right\|_{\text {ext } 0} ^{(907)} 2698160$ | BoardoffublicAccountancy@Alaska.Gov |  | ctive | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | No continuing education requirement to maintain license |  | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | No experience required | Stand-alone license | 09/11/2018 |  |
| Accountant, Public - CPA (Certification) | Accountancy, Board of | 100 N 15th Avenue, Suite 165 Phoenix, AZ 85007 | (602) 3640804 | kstone@azaccountancy.gov | http://www.azaccountancy.go vI | Active |  | Certification required | Continuing education maintain license | $\left\lvert\, \begin{gathered} \text { Nocriminal } \\ \text { recororibitions } \\ \text { probition } \end{gathered}\right.$ | ${ }_{5}^{5} \text { Degree } \text { required }$ | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exeamired } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|l} \text { Work } \\ \text { experience } \\ \text { required } \end{array}$ | Stand-alone <br> license | 09/112013 |  |
| Cerified Public Accountant | Arkansas State Board of Public Accountancy | 101 East Capitol Ave., Suite 450 <br> Little Rock, AR 72201 | (501) 6821520 | ASBPA@arkansas.gov | http://www.arkansas.gov/asb | Active | A temporary license is avaisalo to military and spousas until formal license approval | Certification required | No continuing education requirement to maintain license | $\left\|\begin{array}{l} \text { Backround } \\ \text { anecrond } \\ \text { required } \end{array}\right\|$ | $\begin{array}{\|l\|l\|} \text { Degree } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|l\|} \hline \text { Thir-party } \\ \text { Seadp } \\ \text { required } \end{array}$ | Work experience required | Stand-alone license | 091232019 |  |
| Accountants, Certified Public | Department of Consumer Affaris-Califormia Board of Accuountancy-Licensing Division |  | (916) 2633680 | webmaster@cba.ca.gov | htps://mww.dca.ca.gov/cbal | Active | $\begin{array}{\|l\|l\|} \text { NAA - Not } \\ \text { displayed } \end{array}$ | Certification required | No continuing eaducation reauirent to maintain ilicense | $\left.\begin{array}{\|l\|l\|} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array} \right\rvert\,$ | $\text { Smegree } \begin{aligned} & \text { s) } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|l} \text { Work } \\ \text { exeperienee } \\ \text { required } \end{array}$ | Stand-alone license | 07/09/2021 |  |
| Certified Public Accountant Certificate | Department of Regulatory <br> AAgnciess-Division of <br> Professions $\&$ <br> OOccupations-Board of <br> Accountancy | 1560 Broadway Ste 1340 Denver, CO 80202 | (303) 8947800 |  | http://www.dora.state.co.us/a ccountants/index.htm | Active | $\begin{array}{l}\text { Military and } \\ \text { spouses are } \\ \text { exemp } \\ \text { exen from } \\ \text { icensure } \\ \text { requirements }\end{array}$ | Certification <br> required | $\begin{array}{\|l} \begin{array}{l} \text { Nocontinuing } \\ \text { ecucacion } \\ \text { requifent to } \\ \text { maintain license } \end{array} \\ \hline \end{array}$ | $\left\lvert\, \begin{array}{\|c\|c\|c\|c\|c\|c\|crr\|} \substack{\text { Necordinal } \\ \text { probibitions }} \end{array}\right.$ | ${ }_{5}^{5} \text { Segree } \begin{aligned} & \text { required } \end{aligned}$ | $\begin{array}{\|l\|l\|} \substack{\text { Third-party } \\ \text { examived } \\ \text { requirie }} \end{array}$ | $\begin{aligned} & \text { work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 07/012021 |  |
| Key License (gaming) | Dept. of Revenue~Divison of Gaming | 1707 Cole Blvd, Ste 300 Lakewood, Co 80401 | (303) 2051300 | dor gamingweb@sstate.co.us | https://wuw.colorado.gov/pac <br> ific/enforcement/gaming | Active | $\left\lvert\, \begin{aligned} & \text { NAA - Not } \\ & \text { displayed } \end{aligned}\right.$ |  | No continuing eaducation to reauirent to mainain in license | $\begin{array}{\|l\|} \begin{array}{\|l\|l} \text { No criminalal } \\ \text { record } \\ \text { poribitions } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|l} \text { No } \\ \text { educational } \\ \text { erequirements } \\ \hline \end{array}$ | No exam required | No experience required <br> required | Stand-alone license | 07/012021 |  |
| Public Accounting Firm | Department of Regulatory <br> Agenciess-Division of <br>  <br> Occuations-Board of <br> Accountancy | 1560 Broadway Ste 1340 Denver, CO 80202 | (303) 8947800 |  | $\frac{\text { http://www.dora.state.co.us/a }}{\text { ccountants/index.htm }}$ | Active |  |  | No continuing edecuation reauirent to mainamin license |  | $\begin{aligned} & \text { No } \\ & \text { educational } \\ & \text { requirements } \end{aligned}$ | No exam required | No experience <br> required | Register with <br> licensing <br> agency | 070112021 |  |
| Casino Class II Manager | Department of Consumer <br>  <br> Professional Licensing | 165 Capitol Avenue <br> Hartford, CT 06106-1630 | (860)7136135 | occprotrads@oct.gov | unv.ct.gov/dcp | Active | $\left\lvert\, \begin{aligned} & \text { NAA - Not } \\ & \text { displayed } \end{aligned}\right.$ |  | Continuing <br> eaducaton <br> reairet <br> maino <br> mainain license |  | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ |  | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone license | 03/09/2021 |  |
| Certified Public Accountant Certificate | Department of Consumer Protection~Occupational \& Professional Licensing | 165 Capitol Avenue <br> Hartford, CT 06106-1630 | (860) 7136135 | occprotrades@ct.gov | umw.ct.gov/dcp | Active | $\left\lvert\, \begin{aligned} & \text { NAA - Not } \\ & \text { displayed } \end{aligned}\right.$ |  |  |  | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Work } \\ & \text { Wexerence } \\ & \text { required } \end{aligned}$ | Stand-alone license | 03/09/2021 |  |
| Certified Public Accountant License | Department of Consumer Protection~Occupational \& Professional Licensing | 165 Capitol Avenue Hartford, CT 06106-1630 | (860) 7136135 | occprotrades@ct.gov | mww.ct.govdcp | Active | $\begin{array}{\|l\|l\|} \text { NAs-Not } \\ \text { displayed } \end{array}$ |  |  |  | $\begin{aligned} & \text { Degree } \\ & \text { reguired } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Thir-party } \\ \text { Seadp } \\ \text { required } \end{array}$ | Work <br> experience <br> required | Stand-alone license | ${ }^{3} / 0912021$ |  |

## CareerOneStop License Finder Results

## We found $\mathbf{1 0 9}$ licenses for Accountants and Auditors in United State

| License Name | Licensing Agency | Address | Phone | Email | Website | $\begin{aligned} & \text { Active } \\ & \text { Status } \end{aligned}$ | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \\ & \hline \end{aligned}$ | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Accountant | Board of <br> Accountancy~Division of Professional Regulation | Cannon Building, 861 Silver Lake Blvd., STE. 203 Dover, DE 19904-2467 | (302) 7444500 |  |  | Active | A temporary <br> license is <br> available to <br> military and <br> spouses until <br> formal license <br> approval |  | Continuing education maintain license |  | Degree required | $\begin{array}{\|l\|l\|} \substack{\text { Third-party } \\ \text { exam } \\ \text { requiried }} \end{array}$ | Work <br> experience <br> required | Stand-alone <br> license | $10 / 2412018$ |  |
| ACCOUNTANT(CERTIFIED PUBLIC) | Government of the District Columbia~Department of Affairs~Occupational \& Professional Liscensing Administration | 941 North Capitol Street, NE, Suite 7200 Washington, 20002 | (202) 4424330 |  |  | Activ | $\begin{array}{\|l\|l\|} \text { NAA - Not } \\ \text { displayed } \end{array}$ |  | $\begin{aligned} & \text { No continuing } \\ & \text { edecuation } \\ & \text { reaument to } \\ & \text { maintain license } \end{aligned}$ |  | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exearmire } \\ \text { required } \end{array}$ | No experience <br> required | Stand-alone license | 06/23/2016 |  |
| Cardroom superisor | AL Dept. of Business and <br> Professional <br> Regulation~Division of <br> Professions | 1940 N. Monroe Street Tallahassee, FL 32399 0760 | (850) 4871395 | call.center@dbor.state.f.us | mwv.myfiloridalicense.com/d <br> bprl | Active | $\begin{array}{\|l\|l\|} \text { Nisp - Not } \\ \text { dispayed } \end{array}$ |  | No continuing <br> eudaciton <br> reairenent to <br> maintain license | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array} \\ \hline \end{array}$ | № requirement | No exam required | No experience required | Stand-alone <br> license | 02125/2020 |  |
| Cerified Public Accountant | FL Dept. of Business and Professional Regulation~Division of Professions | 1940 N. Monroe Street Tallahassee, FL 32399 0760 | (850) 4871395 | call.center@dbpr.state.f.us | mww.myfloridalicense.com/d <br> bprl | Active | $\left\lvert\, \begin{aligned} & \text { NAA - Not } \\ & \text { displayed } \end{aligned}\right.$ |  |  | $\begin{array}{\|l\|} \begin{array}{l} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array} \\ \hline \end{array}$ | No educational requirements | No exam required | No experience <br> required | Stand-alone license | 02125/2020 |  |
| Slot Combo Professional License | FL Dept. of Business and <br> Professional <br> Regulation Division of <br> Professions | 940 N. Monroe Street Tallahassee, FL 32399 0760 | (850) 4871395 | call.center@dbpr.state.f.us | ${ }^{\text {mom.myloridalicense.com/d }}$ | Active | $\left\lvert\, \begin{aligned} & \text { NAA - Not } \\ & \text { displayed } \end{aligned}\right.$ |  | No continuing <br> eevuation <br> requirenent to <br> maintain license | $\begin{array}{\|l} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array}$ | $\begin{aligned} & \text { No } \\ & \text { educational } \\ & \text { requirements } \end{aligned}$ | No exam required | No experience required | Stand-alone <br> license | 02125/2020 |  |
| Slot Machine Business Employee | FL Dept. of Business and <br> Professional <br> Regulationnivision of <br> Professions | 1940 N. Monroe Street Tallahassee, FL 32399 0760 | (850) 4871395 | call.center@dbpr.state.f.lus | www.myfloridalicense.com/d <br> borl | Active | $\left\lvert\, \begin{aligned} & \text { NAA - Not } \\ & \text { displayed } \end{aligned}\right.$ |  | No continuing <br> eevuation <br> requirenent to <br> maintain license | $\begin{array}{\|l\|} \begin{array}{l} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \begin{array}{l} \text { No } \\ \text { eocuational } \\ \text { requirements } \end{array} \\ & \hline \end{aligned}$ | No exam required | No experience required | Stand-alone license | 02125/2020 |  |
| Certified Public Accountant | Georgia State Board of Accountancy | 237 Coliseum Drive Macon, GA 31217-3858 | (478) 2072440 |  | https://sos.ga.gov/index.php/ icensing | Active | $\left\lvert\, \begin{aligned} & \text { NAA - Not } \\ & \text { displayed } \end{aligned}\right.$ |  | No continuing <br> eevuation <br> requirenent to <br> maintain license |  | Degree required |  | No experience required | Stand-alone <br> license | 10/24/2019 |  |
| Foreign Accountant | Georgia State Board of Accountancy | 237 Coliseum Drive Macon, GA 31217-3858 | (478) 2072440 |  | https://sos.ga.govinindex.php/ licensing | Active | $\begin{array}{\|l\|l\|} \text { NAA - Not } \\ \text { displayed } \end{array}$ |  | No continuing <br> eevuation <br> requirenent to <br> maintain license |  | $\begin{array}{\|l\|l\|} \hline \text { Degree } \\ \text { required } \end{array}$ | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { reamp } \end{array} \\ \text { require } \end{array}$ | No experience required | Stand-alone license | 10/24/2019 |  |
| Temporary Accountant | Georgia State Board of Accountancy | 237 Coliseum Drive Macon, GA 31217-3858 | (478) 2072440 |  | https://sos.ga.govindex.php/ licensing | Active | $\left\lvert\, \begin{aligned} & \text { NAA - Not } \\ & \text { displayed } \end{aligned}\right.$ |  | No continuing <br> eevuation <br> requirenent to <br> maintain license |  | Degree required | $\begin{array}{\|l\|l\|} \hline \\ \text { Texird-party } \\ \text { requirired } \end{array}$ | No experience required | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Preliminary/te } \\ \text { mporary } \\ \text { license } \end{array} \\ \hline \end{array}$ | $10 / 2412019$ |  |
| Accountant, Certified Public | Guam Board of Accountancy | $\begin{array}{\|l} \hline 335 \text { S. Marine Corps Drive, } \\ \text { Suite 101 } \\ \text { Tamuning, GU } 96913 \\ \hline \end{array}$ | (671) 6470813 | guamboa@quamboa.ora | suamboa.org | Active | $\begin{array}{\|l\|l\|} \substack{\text { dispo-Not } \\ \text { displa }} \end{array}$ |  |  |  |  |  |  | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 02126/2020 |  |
| Tax Preparer | Department of Revenue and Taxation~Tax Audit Branch | P O Box 23607 Barrigada, GU 96921-3607 | (671) 6351850 |  | guamtax.com | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  |  |  |  |  | Stand-alone | 2226612020 |  |
| Cerified Public Accountant | Hawaii State Dept. of Commerce \& Consumer Affairs~Professional and Vocational Licensing Division~Board of Public Accountancy | P. O. Box $3469 .[335$ Merchant St. R R. 301 Merchant St., Rm. 301 Honolulu Hil 96813$]$ Honolulu, HI 96801 | (808) 5863000 | accountancy@dcca.hawai.gov | http://cca.hawaii.gov/pvl/boar ds/accountancy/ | ctive | $\begin{array}{\|l\|l\|} \text { NAA - Not } \\ \text { displayed } \end{array}$ | Certification required | No continuing ecucation requiremento maintain license |  | Degree required |  | Work required | Stand-alone <br> license | 08131/2020 |  |
| Cerified Public Accountant | daho State Board of Accountancy | 3101 W. Main Street Suite 210, PO Box 83720 Boise, ID 83720-0002 | (208) 3342490 | isbo@boa.state.id.us | htto:/Isbai.daho.gov/ | Active | $\begin{array}{\|l\|l\|} \text { Nispo - Not } \end{array}$ | Certification required | No continuing educotion raquiment to maintain license | $\begin{array}{\|l\|l\|} \text { No criminal } \\ \text { record } \\ \text { proribibitions } \end{array}$ | Degree required | $\begin{array}{\|l} \hline \begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 03/08/2018 |  |
| ACCOUntant, public | Illinois Department of Regulation | 320 West Washington <br> Springfield, IL 62786 | (217) 7828556 |  | https://wwwidfor.com/ | Active | $\begin{array}{\|l\|l\|} \text { NAs - Not } \\ \text { displayed } \end{array}$ | Certification <br> required | No continuing ecucotion raquiment to maintain license | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array} \\ \hline \end{array}$ | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | No experience required | Tied to business | 1012212014 |  |

## CareerOneStop License Finder Results

## We found $\mathbf{1 0 9}$ licenses for Accountants and Auditors in United State

| License Name | Licensing Agency | Address | Phone | Email | Website | $\begin{aligned} & \text { Active } \\ & \text { Status } \end{aligned}$ | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { License } \\ & \text { Updated } \end{aligned}$ | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| ACCOUNTING SUPERVIISOR | Illinois Gaming Board |  | (312) 8144700 |  | htto:/mwwwi.gbililinis. .oov/ | Active | $\left\lvert\, \begin{aligned} & \mathrm{NA} \text { (isplatate } \end{aligned}\right.$ |  | No continuing <br> education <br> requirement to <br> maintain license | $\left.\begin{array}{\|l\|l\|} \text { No criminal } \\ \text { record } \\ \text { prohibibitions } \end{array} \right\rvert\,$ | $\begin{array}{\|l\|} \begin{array}{l} \text { No } \\ \text { erucational } \\ \text { requirements } \end{array} \\ \hline \end{array}$ | No exam required | No experience required <br> required | Stand-alone <br> license | 10/2212014 |  |
| CLERK, ACCOUNTING/PAYROLL | Ilinois Gaming Board |  | (312) 8144700 |  | htto:/mwwwi.gb.ilinois.gov/ | Active | $\left\lvert\, \begin{aligned} & \text { NAA - Not } \\ & \text { displayed } \end{aligned}\right.$ |  | No continuing education requirement to maintain license | No criminal record prohibitions | No <br> educational <br> requirement | No exam require | No experience required <br> required | Stand-alon license | 1012212014 |  |
| GENERAL ACCOUNTANT | Ilinois Gaming Board |  | (312) 8144700 |  | htto:/mwwwi.gbililinis.gov/ | Active | $\left\lvert\, \begin{gathered} \text { NAP - Not } \\ \text { displayed } \end{gathered}\right.$ | Certification required | No continuing education requirement to maintain license | No criminal record prohibitions | Degree required | $\begin{aligned} & \text { Third-party } \\ & \text { exam } \\ & \text { required } \end{aligned}$ | No experience required | Stand-alon <br> license | 10/2212014 |  |
| INTERNAL AUDIT MANAGER | Ilinois Gaming Board |  | (312) 8144700 |  | htto:/mwwwi.g.i.linois.gov/ | Active | $\begin{array}{\|l\|l\|} \text { NA: - Not } \\ \text { displayed } \end{array}$ |  |  |  |  |  |  | $\begin{aligned} & \text { Preliminary/te } \\ & \text { mporary } \\ & \text { license } \end{aligned}$ | 1012212014 |  |
| INTERNAL AUDITOR | Ilinois Gaming Board |  | (312) 8144700 |  | htt:///mww.igb.ililinois.gov/ | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  | $\begin{aligned} & \text { Nocomiminal } \\ & \begin{array}{l} \text { recorid } \\ \text { recoribitions } \end{array} \\ & \hline \end{aligned}$ |  |  |  | $\begin{aligned} & \text { Preliminary/te } \\ & \text { mporary } \\ & \text { license } \end{aligned}$ | 1012212014 |  |
| Accounting Practitioner | Indiana Professional Licensing Agency~Indiana Board of Accountancy | 402 West Washington Street, Room Wo72 Indianapolis, IN 46204 | (317) 2348800 | pla14@plai.ingov | http://mww.in.gov/pla/account ancy.htm | Active | $\begin{array}{\|l\|l\|} \text { NAA - Not } \\ \text { displayed } \end{array}$ |  | education required to maintain license |  | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | State exam <br> required | Work$\substack{\text { experience } \\ \text { require }}$ required | Stand-alone <br> licens | 0443012021 |  |
| Cerified Public Accountant | Indiana Professional Licensing Agency~Indiana Board of Accountancy | 402 West Washington Street, Room W072 Indianapolis, IN 46204 | (317) 2348800 | la14@plai.i.gov | http://mww.in.gov/pla/account ancy.htm | Active | $\begin{array}{\|l\|l\|} \text { NAA - Not } \\ \text { displayed } \end{array}$ | Certification <br> required | education required to maintain license | $\begin{array}{\|l} \text { Nocriminal } \\ \text { record } \\ \text { prohbibitions } \end{array}$ | $\left\lvert\, \begin{aligned} & \text { begree } \\ & \text { required } \end{aligned}\right.$ | $\begin{aligned} & \text { Third-party } \\ & \text { exeam } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l} \hline \text { Work } \\ \text { exeperience } \\ \text { required } \end{array}$ | Stand-alone | 0502212021 |  |
| Occupational Riverboat Gambling <br> License | Indiana Gaming Commission | $\begin{array}{\|l} \hline 101 \mathrm{w} \text {. Washington Street, }, \\ \text { East Tower, Suite } 1600 \\ \text { Indianapolis, IN } 46204 \\ \hline \end{array}$ | (317) 2330046 |  | htto://mwnwin.goviac/ | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | No continuing education requirement to maintain license | Felony <br> convictions <br> probibited | $\left\{\begin{array}{l} \text { Degree } \\ \text { required } \end{array}\right.$ | State exam <br> require | Work <br> experience <br> required | Stand-alon <br> license | 05/06/2021 |  |
| Public Accountant | Indiana Professional Licensing Agency~Indiana Board of Accountancy | 402 West Washington <br> Street, Room W072 <br> Indianapolis, IN 46204 | (317) 2348800 | pla14@plai.ingov | http://mww.in.gov/pla/account ancy.h.htm | Active | $\left\lvert\, \begin{gathered} \text { NAP - Not } \\ \text { displayed } \end{gathered}\right.$ | Certification required | No continuing education requirement to maintain license | No criminal <br> record <br> prohibitions | $\text { ; } \begin{aligned} & \text { pegreqea } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Third-pary } \\ & \text { exeam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone license | 05/06/2021 |  |
| Cerified Public Accountant (CPA) | Iowa Accountancy Examining Board~lowa Department of Commerce, lowa Division of Banking~Professional Bureau | 200 E. Gand Ave. Suite 350 <br> Des Moines, IA 50309 | (515) 7259022 | AccountancyEoardQiowa.gov | htto//mum.plbi.iowa.gov | ctive | $\begin{aligned} & \text { NAP - Not } \\ & \text { displayed } \end{aligned}$ | Certification required | No continuing education maintainent to maintain license | $\left\|\begin{array}{\|l\|l\|} \text { No coriminal } \\ \text { recororidion } \\ \text { probibitions } \end{array}\right\|$ | Degree required | Third-party require (1edr | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> licens | 101/212020 |  |
| Licensed Public Accountant (LPA) | Iowa Accountancy Examining Board~owa Department of Commerce, Iowa Division of Banking~Professional Licensing \& Regulation Bureau | 200 E. Gand Ave. Suite 350 <br> Des Moines, IA 50309 | (515) 7259022 | AccountancrBoard@iow. ${ }^{\text {gov }}$ | httol/mmu.plbi.iowa.gov | Active | N/A - Not displayed | Certification required | No continuing education maintain lice maintain license | $\left\|\begin{array}{l} \text { No criminal } \\ \text { recorid } \\ \text { pronibitions } \end{array}\right\|$ | ${ }_{5}^{\prime} \text { spegree }$ | Third-party <br> exeam <br> required | No experience required | Stand-alone license | 101/212020 |  |
| Certified Public Accountant (CPA) | Kansas Board of Accountancy | Ino SW Jackson, Suite Topeka, Ks 66612-1239 T56 | (785) 2962162 | ksboa@ks.gov | httol/mwn.ksboa.org | Active | $\begin{array}{\|l\|l\|} \text { NAF - Not } \\ \text { displayed } \end{array}$ | Certification required | No continuin education requirement to maintain license | No criminal <br> record <br> prohbibitions | $\left\{\begin{array}{l} \text { Degree } \\ \text { required } \end{array}\right.$ | $\begin{array}{\|l\|l} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | No experience required | Stand-alone <br> license | 11/1212019 |  |
| vell Gaming Occupation | Kansas Racing and Gaming <br> Commission | $\begin{aligned} & \text { (50 SW Harison, Suite } \\ & \text { 500 } \\ & \text { Topeka, } \text {, } 66603-3754 \end{aligned}$ | (785) 2965800 |  | htp://wmw.krga.ks.gov/ | Active | $\begin{aligned} & \text { NA- - ot } \\ & \text { displayed } \end{aligned}$ |  |  |  |  |  |  | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 11/1212019 |  |
| Cerified Public Accountant | Commonwealth of Kentucky~Board o Accountancy | 332 West Broadway, Suite <br> 310 <br> Louisville, KY 40202 | 502) 5953037 | cpa@k.gov | htto:Ilcpa.k.g.gov | Active | $\left\lvert\, \begin{gathered} \text { NAP - Not } \\ \text { displayed } \end{gathered}\right.$ | Certification <br> required | No continuing education requirement to maintain license | No criminal <br> record <br> prohbibitions | ${ }_{\text {Degree }}$ required | $\begin{array}{\|l\|l} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | No experience required <br> required | Stand-alone <br> license | 101/13/2020 |  |
| Certified Public Accountant (CPA) | State Board of Certified Public Accountants $\sim$ Board of Certified Public Accountant | 601 Poydras Street Suite 1770 <br> New Orleans, LA 70130 | (504) 5661244 | sitemaster@cpaboard. State.la.us | ntto://www.lcb.state.la.us/ | Active | $\left\lvert\, \begin{gathered} \text { NAP - Not } \\ \text { displayed } \end{gathered}\right.$ | Certification <br> required | education requirement to maintain license | No criminal <br> record <br> prohbibitions | ${ }_{5}^{5} \text { Pegreaed }$ | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exeampiry } \\ \text { required } \end{array}$ | $\begin{array}{\|l} \hline \begin{array}{l} \text { Work } \\ \text { exerenience } \\ \text { required } \end{array} \end{array}$ | Stand-alone | 6/108/2021 |  |

# CareerOneStop License Finder Results 

## We found $\mathbf{1 0 9}$ licenses for Accountants and Auditors in United State

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License Type | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Gaming, Casino and Video Occupations | Louisiana Gaming Control Board~Gaming Control Board | 7901 Indpendence Blvd. <br> Building A A <br> Baton Rouge, LA 70806 | (225) 92518 | GCB@dos.a.aov | htes:/mmw.\|sbefd. state.la. us | ctive | $\left\lvert\, \begin{aligned} & \text { NAA - Not } \\ & \text { displayed } \end{aligned}\right.$ |  |  | $\left\|\begin{array}{\|c\|c\|} \text { No criminalal } \\ \text { record } \\ \text { porobibitions } \end{array}\right\|$ | $\begin{array}{\|l\|l\|l\|} \hline & \text { eo } \\ \text { ecuctional } \\ \text { requirements } \end{array}$ | No exam required | No experience required | Stand-alone <br> license | 06/08/2021 |  |
| Accountant, Cerified Public | Maine Department of Regulation~Office ofProfessional and Occupationa <br> Regulation | Gardiner Annex/ 76 Northern Ave, 35 State House Station Augusta, ME 04333-0035 | (207) 6248603 |  | hitps:///muw.maine.gov/pof/pr <br> ofessionallicensing index.sht <br> m1 | ctive | $\left\lvert\, \begin{aligned} & \text { NAA - Not } \\ & \text { displayed } \end{aligned}\right.$ |  | Continuing education maintain license | $\left.\begin{array}{\|l\|l\|} \text { Backround } \\ \text { checro } \\ \text { required } \end{array} \right\rvert\,$ | $\begin{aligned} & \text { d } \begin{array}{l} \text { Degree } \\ \text { required } \end{array} \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { Thiradparty } \\ \text { erequiried } \end{array} \end{array}$ | Work $\underset{\substack{\text { experience } \\ \text { required }}}{ }$ | Stand-alone <br> license | 08/212020 | No physical requirements |
| Accountant, Firm Branches | $\square$ | Gardiner Annex/ 76 Northern Ave, 35 State House Station Augusta, ME 04333-0035 | (207) 6248603 |  | $\frac{\mathrm{https}: / / \mathrm{www} . \text { maine.gov/pfr/pr }}{\text { ofessionallicensing/index.sht }}$ ml | Active | $\left\lvert\, \begin{aligned} & \text { NAA - Not } \\ & \text { displayed } \end{aligned}\right.$ |  |  | $\begin{array}{\|l\|l} \text { Specific } \\ \text { type of } \\ \text { conviction } \\ \text { prohibited } \end{array}$ | $\begin{aligned} & \text { No } \\ & \text { educational } \\ & \text { requirements } \end{aligned}$ | No exam required | No experience <br> required | $\begin{array}{\|l\|} \hline \text { Tied io } \\ \text { business } \end{array}$ | 081212020 | $\underset{\substack{\text { No physical } \\ \text { requirements }}}{ }$ |
| Accountant, Firms | $\square$ | Gardiner Annex/ 76 Norther Ave, 35 State House Stataon Augusta, ME 04333-0035 | (207) 6248603 |  | https:///muw.maine.gov/pfr/pr <br> ofessionallicensingfindex.sht <br> mI | Active | $\begin{array}{\|l\|l\|} \text { NAA - Not } \\ \text { displayed } \end{array}$ |  | No continuing <br> educaition <br> reauienento <br> maintain icense | $\begin{array}{\|l\|l} \text { Speciic } \\ \text { type of } \\ \text { coonciotion } \\ \text { prohibited } \end{array}$ | $\begin{aligned} & \text { No } \\ & \text { educational } \\ & \text { requirements } \end{aligned}$ | No exam required | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Tied to business | 081212020 | No physical requirements |
| Accountant, PA | Regine Department of <br> Main <br> Professional \& Financial <br> Regulationnolfice of <br> Profesional and Occupational <br> Regulation | Gardiner Annex/ 76 Northern Ave, 35 State House Station Augusta, ME 04333-0035 | (207) 6248603 |  | https:///muw.maine.gov/pfr/pr <br> ofessionallicensinggindex.sht <br> m1 | Active | $\begin{array}{\|l\|l\|} \text { Nispotated } \end{array}$ |  | Continuing education required to maintain license | $\left.\begin{array}{\|l\|l\|} \hline \text { Backround } \\ \text { checro } \\ \text { required } \end{array} \right\rvert\,$ | $\begin{aligned} & \text { \| } \\ & \text { Pegree } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | Work experience required | Stand-alone <br> license | 08/212020 | No physical requirements |
| Oil Limited Energy Auditor Technician, Commercial or Residential | Maine Department of <br> Profssional \&Financial <br> Regulation-ffice of <br> Profesional and Occupational <br> Regulation | Gardiner Annex/ 76 Northern Ave, 35 State House Station Augusta, ME 04333-0035 | (207) 6248603 |  | $\frac{\mathrm{https}: / / \mathrm{www} . \text { maine.gov/pfr/pr }}{\text { ofessionallicensing/index.sht }}$ ml | ctive | $\left\lvert\, \begin{aligned} & \text { NAA - Not } \\ & \text { displayed } \end{aligned}\right.$ | Certification <br> required | $\begin{aligned} & \begin{array}{l} \text { No continuing } \\ \text { edecuarion } \\ \text { reaurento } \\ \text { maintan Iticense } \end{array} \\ & \hline \end{aligned}$ | $\left.\begin{array}{\|l\|l\|} \text { Backround } \\ \text { checrond } \\ \text { required } \end{array} \right\rvert\,$ | $\begin{aligned} & \text { No } \\ & \text { educational } \\ & \text { requirements } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { examived } \\ \text { require } \end{array}$ | No experience <br> required | Stand-alone <br> license | 08/212020 | $\begin{array}{l}\text { No physical } \\ \text { requirements }\end{array}$ |
| CERTIFIED PUBLIC ACCOUntant | Maryland Department of Labor | 500 North Calvert Street Baltimore, MD 21201 | (410) 2306258 |  | httol//wwwaicpa.org | Active | $\begin{array}{\|l\|} \hline \text { Expedited } \\ \text { processing is } \\ \text { availabe for } \\ \text { anilitary and } \\ \text { spouses } \end{array}$ | Certification <br> required | Continuing education required to maintain license | $\left\|\begin{array}{c} \text { No criminal } \\ \text { record } \\ \text { proribibitions } \end{array}\right\|$ | ${ }_{5}{ }_{5}^{\text {Degreqe }} \text { required }$ |  | $\begin{aligned} & \text { Work } \\ & \text { experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 10113/2020 |  |
| CERTIIED PUBLIC ACCOUNTANT | Board of Public <br> Accountancy~Division of Professional Licensure | 1000 Washington Street, Suite 710 <br> Boston, MA 02114 | (617) 72718 |  | http://www.mass.gov/ocabr/li censee/dpl-boards/pa/ | Active | $\left\lvert\, \begin{aligned} & \text { NAA - Not } \\ & \text { displayed } \end{aligned}\right.$ | Certification <br> required | Continuing eatucaton reairet maino mainain license | $\begin{array}{\|c} \begin{array}{c} \text { Noc cimiminal } \\ \text { record } \\ \text { prohbibitions } \end{array} \\ \hline \end{array}$ | ${ }^{5} \text { s } \begin{aligned} & \text { requiré } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | $\begin{aligned} & \text { Work } \\ & \text { Wexerence } \\ & \text { required } \end{aligned}$ | Stand-alone license | 05/09/2018 |  |
| GAMING EMPLOYEE | Massachusetts Gaming Commision Massansusts Commission | 84 State Street, 10th Floor Boston, MA o2109 | (617) 9798400 |  | $\frac{\text { https://massgaming.com/lice }}{\text { nsing/ }}$ | Active | $\begin{array}{\|l\|l\|} \text { NAspo- Not } \\ \text { diped } \end{array}$ |  | Continuing edacuaton reauien maino mainain license | $\left\lvert\, \begin{array}{\|c\|c\|} \begin{array}{c} \text { No criminalal } \\ \text { record } \\ \text { porobibitions } \end{array} \\ \hline \end{array}\right.$ | ${ }^{5} \text { s } \begin{aligned} & \text { requiré } \end{aligned}$ |  | $\begin{array}{\|l\|l} \text { Work } \\ \text { exeperienee } \\ \text { required } \end{array}$ | Stand-alone license | 05/09/2018 |  |
| Certified Public Accountant, Licensed | Michigan Department of Licensing and Regulatory Licensing | P.O. Box 30670 Lansing, MI 48909 | (517) 2410199 | bphelp@michigan.gov |  | Active | $\begin{array}{\|l\|l\|} \text { NAA - Not } \\ \text { displayed } \end{array}$ | Certification <br> required |  | $\begin{array}{\|l\|} \substack{\text { No crimininal } \\ \text { record } \\ \text { poribibitions }} \\ \hline \end{array}$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ |  | $\begin{array}{\|l\|l} \text { Work } \\ \text { exerenence } \\ \text { required } \end{array}$ | Stand-alone license | 02/25/2020 |  |
| Horse Racing Occupational License | Michigan Department of Agriculture and Rural Development | P.O. Box 30017 <br> Lansing, MI 48909-8246 | (800) 2923939 | mda-info@michigan.gov. |  | Ac | $\begin{array}{\|l\|l\|} \text { NAA - Not } \\ \text { displayed } \end{array}$ |  | $\begin{aligned} & \text { Continuing } \\ & \text { elucation } \\ & \text { require to } \\ & \text { maintain license } \end{aligned}$ | $\left\|\begin{array}{l} \text { Felony } \\ \text { convicions } \\ \text { prohibitited } \end{array}\right\|$ | $3 \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Crird-party } \\ \text { ereaurired } \end{array}$ | No experience required | Stand-alone | 02/25/2020 |  |
| Cerified Public Accountant (CPA) | Minnesota Board of Accountancy | 85 7th Place East, Suite 125 <br> St Paul, MN 55101-2143 | (651) 2967938 |  | htto//mmw.boa. state.mn.us/ | Activ | $\begin{array}{\|l\|l\|} \text { NAA - Not } \\ \text { displayed } \end{array}$ | Certification <br> required | No continuing eaducation reauirent to maintain license | $\left.\begin{array}{\|l\|} \text { No criminalal } \\ \text { record } \\ \text { porobibitions } \end{array} \right\rvert\,$ | $\begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ |  | $\begin{array}{\|l\|l} \text { Work } \\ \text { exeperienee } \\ \text { required } \end{array}$ | Stand-alone <br> license | 101/6/2018 |  |
| Gambling Manager's License | Minnesota Gambling Control Board | $\begin{aligned} & \text { 1711 West County Rd B, } \\ & \text { Suite 3oo South } \\ & \text { Roseville, MN } 55113 \end{aligned}$ | (651) 6394000 | Teri.diver@gcb.state.mn.us | httol/mn.gov/gacbl | Active | $\begin{array}{\|l\|l\|} \text { NAspo- Not } \\ \text { diped } \end{array}$ |  |  |  | $\begin{array}{\|l} \begin{array}{l} \text { No } \\ \text { eucactional } \\ \text { requirements } \end{array} \\ \hline \end{array}$ | State exam required | No experience required | Stand-alone license | 101/6/2018 |  |
| CPA Owner | Minnesota Board of Accountancy | 857 th Place East, Suite 125 <br> St Paul, MN 55101-2143 | (651) 2967938 |  | htto//mwn.boa.state.mn.us/ | Active | $\begin{array}{\|l\|l\|} \text { NAspo- Not } \\ \text { disped } \end{array}$ |  |  |  | $\begin{aligned} & \text { No } \\ & \text { educational } \\ & \text { requirements } \end{aligned}$ | No exam required | No experience required | Stand-alone license | 101/6/2018 |  |

CareerOneStop License Finder Results

## We found $\mathbf{1 0 9}$ licenses for Accountants and Auditors in United States.

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \\ & \hline \end{aligned}$ | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Registered Accounting Practitioner (RAP) | Minnesota Board of Accountancy | $\begin{aligned} & 85 \text { 7th Place East, Suite } \\ & 125 \\ & \text { St Paul, MN 55101-2143 } \end{aligned}$ | (651) 2967938 |  | ntto:/Mww.boa. State.mn.us/ | Active | N/A - Not displayed |  | No continuing education requirement to maintain license | No criminal <br> record <br> prohbibitions | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { Rexamed } \\ \text { required } \end{array}$ | Work <br> experience <br> required | Stand-alone | 10/16/2018 |  |
| Cerified Public Accountant (CPA) | Mississippi State Board of Public Accountancy | $\begin{aligned} & \hline 5 \text { Od River Place, Suite } \\ & 104 \\ & \text { Jackson, MS 39202-3449 } \end{aligned}$ | (601) 3547320 | emai@msbpa.ms.gov | nttps://wwu.msbpa..ms.gov/ | Active | N/A - Not displayed |  | Continuing education required to maintain license | $\begin{aligned} & \text { Background } \\ & \text { cheock } \\ & \text { required } \end{aligned}$ | $\text { \| } \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exem } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Work } \\ & \text { Wexperience } \\ & \text { required } \end{aligned}$ | Stand-alon license | 071/92019 | $\underset{\substack{\text { No physical } \\ \text { requirements }}}{ }$ |
| CPA License Holder | Division Of Professional Registration~Board of Accountancy |  | (573) 7510012 ext 8007352966 | mosba@pr.mo.gov | http://pr.mo.gov/accountancy <br> .asp | Active | $\mathrm{N} / \mathrm{A}-\mathrm{Not}$ displayed |  | No continuin education requirement to maintain license | $\left.\begin{array}{\|l\|l\|} \text { No criminal } \\ \text { record } \\ \text { proribibitions } \end{array} \right\rvert\,$ | $\begin{aligned} & \begin{array}{l} \text { No } \\ \text { eocutional } \\ \text { requirements } \end{array} \\ & \hline \end{aligned}$ | State exam required | $\begin{array}{\|l\|l} \begin{array}{l} \text { Work } \\ \text { experince } \\ \text { required } \end{array} \\ \hline \end{array}$ | Stand-alone license | 091112018 |  |
| Public Accountant - CPA Certification | Board of Public Accountants | 301 South Park, 4th Floor, PO Box 200513 Helena, MT 59620-0513 | (406) 8412389 | dilibsdpac@mt.gov | http://boards.bsd.dli.mt.gov/p ac | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | No continuing education requirement to |  | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ |  | No experience required <br> required | Stand-alon license | 09/11/2018 |  |
| Public Accountant - CPA Pemit | Board of Public Accountants | 301 South Park, 4th Floor, PO Box 200513 Helena, MT 59620-0513 | (406) 8412389 | dilibsdpac@mt.gov | http://boards.bsd.dli.mt.gov/p ac | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | No continuing education requirement to maintain license |  | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { third-party } \\ \text { exemem } \end{array} \\ \text { required } \end{array}$ | No experience required <br> required | Stand-alone <br> license | 091112018 |  |
| Public Accountant - LPA Permit | Board of Public Accountants | 301 South Park, 4th Floor, PO Box 200513 Helena, MT 59620-0513 | 406) 8412389 | dibsdpac@mt.gov | http://boards.bsd.dli.mt.gov/p ac | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | No continuin education requirement to maintain license |  | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | $\begin{array}{\|l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | No experience required | Stand-alone <br> license | 09111/2018 |  |
| Accountant, Certified Public (CPA) | Nebraska State Board of Public Accountancy | $\begin{aligned} & \text { P.O. Box 94725, } 1526 \text { K St, } \\ & \text { Ste 410 } \\ & \text { Lincoln, NE } 68509 \end{aligned}$ | (402) 2473595 | dan.sweetwood@nebraska.gov | nopa. .ebraska.gov | Ative | A temporary license is avaialo to aniltary and spituses until formal liense approval |  |  |  |  |  |  | Stand-alone license | 066/29/2021 |  |
| Cerified Public Accountant | Board of Accountancy | $\begin{aligned} & 1325 \text { Airmotive Way Suite } \\ & \text { Reno, } 89502 \end{aligned}$ | (775) 7860231 | cpa@nvaccountancy.com | $\frac{\text { ntpol/muw.nvaccountancy.co }}{\text { m }}$ | Active | $\mathrm{N} / \mathrm{A}-\mathrm{Not}$ displayed | Certification <br> required | Continuing education required to maintain license | Background <br> check <br> required | ${ }^{2} \text { \|egree } \begin{aligned} & \text { required } \end{aligned}$ | Third-party <br> - <br> required | Work experience required | Stand-alone license | 01/142016 |  |
| Accountant, Certified Public | New Hampshire Board of Accountancy~Office of Professional Licensing and Certification | $\begin{aligned} & \begin{array}{l} \text { 121 South Fruit Street, } \\ \text { suite 201 } \\ \text { Concord, NH } 0330 \end{array} \\ & \hline \end{aligned}$ | (603) 2712219 | dawn.couture@ople.nh.gov | mww.oplc.nh.govaccountanc | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ | Certification <br> required | Continuing eudacion reairen to maintain license | $\left.\begin{array}{\|l\|l\|} \text { No criminal } \\ \text { record } \\ \text { proribibitions } \end{array} \right\rvert\,$ | $\text { \|legree } \begin{aligned} & \text { required } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { ream } \end{array}$ | $\begin{array}{\|l\|l} \begin{array}{l} \text { Work } \\ \text { experince } \\ \text { required } \end{array} \\ \hline \end{array}$ | Stand-alone <br> license | 06601/2020 |  |
| Game Operator (Professional), Employer | Licensing and Enforcement Division~New Hampshire Lottery Commission | ${ }^{14 \text { Integra Dive }} \begin{gathered}\text { Concord, NHO } 0330\end{gathered}$ | (603) 2713391 | regdivision@lottery.h.g.gov | mmur.racing.n..gov | Active | N/A - Not displayed |  | education required to maintain license | $\begin{array}{\|l} \text { Background } \\ \text { check } \\ \text { required } \end{array}$ | Degree required | $\begin{aligned} & \text { Third-party } \\ & \text { exeam } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Woork } \\ & \text { exeperience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 0660112020 |  |
| ACCOUNTANT (CPA) | Department of Law and Public Safety~Division of Consumer Affairs~Board of Accountanc | PO Box 45000 Newark, NJ 7101 | (973) 5046380 |  | http://www.state.nj.us/lps/ca/ <br> accountancy/index.htm | ctive | NA - Not displayed | Certification <br> required | Continuing education required to maintain license | No criminal <br> record <br> prohbibitions | ${ }_{\text {; }}^{\text {Dequired }}$ | $\begin{aligned} & \hline \begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \end{aligned}$ | Work experience required | Stand-alone <br> license | 0226612020 |  |
| CASINO KEY EMPLOYEE | New Jersey Division of Gaming Enforcement |  |  |  | https://mmu.ni.gov/oag/gelind ex.htm\| | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | Continuing education required to maintain license | No criminal <br> record <br> prohbibitions | Degree require | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { third-party } \\ \text { eraumed } \\ \text { require } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Work } \\ \text { experience } \\ \text { required } \end{array} \\ \hline \end{array}$ | Stand-alone | 0212612020 |  |
| countr finance officer | Department of Community Affairs~Office of Inspector Services | PO Box 816 <br> Trenton, NJ 8625 | (609) 9847834 | pran@dca.state.ni.us |  | Active | N/A - Not displayed |  | Continuing education maintain license | $\left\|\begin{array}{l} \text { No criminal } \\ \text { recorid } \\ \text { pronibitions } \end{array}\right\|$ | Degree require | Third-party exam <br> reauired | Work 㸚enence required | Stand-alone | 0212612020 |  |
| MUNIIIPAL ACCOUNTANT | Department of Law and Public Safety~Division of Consumer Affairs~Board of Accountancy | PO Box 45000 Newark, NJ 7101 | (973) 5046380 |  |  | Active | N/A - Not displayed | Certification required | Continuing education required to maintain license | $\substack{\text { No criminal } \\ \text { record } \\ \text { prohbibitions }}$ | $\text { \|legree } \begin{aligned} & \text { required } \end{aligned}$ | $\begin{aligned} & \text { Third-party } \\ & \text { exeam } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { Work } \\ \text { experience } \\ \text { required } \end{array} \end{array}$ | Stand-alon <br> license | 0212612020 |  |
| UNIIIPAL FINANCE OFFICER | Department of Community Affairs~Division of Local Government Services | PO Box 803 Trenton, NJ 8625 | (609) 2929757 | dkaminski@dca.state.ni.us | $\frac{\text { http://www.state.nj.us/dca/div }}{\text { isions/dlgs/programs/certific }}$ ation.html | Active | N/A - Not displayed |  | Continuing education required to maintain license | No criminal <br> record <br> prohbibitions | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exeam } \\ \text { required } \end{array}$ | Work experience required | Stand-alone | 02126/2020 |  |

## CareerOneStop License Finder Results

## We found $\mathbf{1 0 9}$ licenses for Accountants and Auditors in United State

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License Type | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| SCHOOL ACCOUNTANT | Department of Law and Public <br> Saftetr-Division of Consumer <br> Affairs-Board of Accountancy | PO Box 45000 <br> Newark, NJ 7101 | (973) 5046380 |  | http://muw.state.ni.us/lps/cal accountancoy/index..htm | Active | $\begin{array}{\|l\|l\|} \text { NAA - Not } \\ \text { displayed } \end{array}$ | Certification required | $\begin{array}{\|l} \text { Continuing } \\ \text { education } \\ \text { required to } \\ \text { maintain license } \end{array}$ | $\left\|\begin{array}{\|c\|}\begin{array}{c}\text { No criminal } \\ \text { record } \\ \text { proribitions }\end{array} \\ \hline\end{array}\right\|$ | ${ }_{5}^{5} \text { Segurived }$ | $\begin{aligned} & \text { Third-party } \\ & \text { exem } \\ & \text { required } \end{aligned}$ | Work <br> experience <br> required | Stand-alone | 02126/2020 |  |
| Certified Public Accountant | New Mexico Public Accountancy Board | 5500 San Antonio Drive NE, Suite A Albuquerque, NM 87109 | (505) 2229850 | accountancy.board@state.nm. | httr:///mw.Id.state.n. $\mathbf{l}$.us/bo ards/accountancy. aspx | Active | $\left\lvert\, \begin{aligned} & \text { NA A - Not } \\ & \text { displayed } \end{aligned}\right.$ |  |  |  | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exemarifed } \\ \text { requir } \end{array}$ | No experience required | Stand-alone <br> license | 07/08/2021 |  |
| Key Licensed | New Mexico Gaming Control <br> Board | 4900 Alameda Blvd NE Albuquerque, NM 87113 | (505) 8419700 | gcb.is@state.nm.us | https://mmw.nmgcb.org/licens ure.aspx ure.aspx | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  | $\left.\begin{array}{\|l\|l\|} \hline N o \text { c cimininal } \\ \text { record } \\ \text { porobibitions } \end{array} \right\rvert\,$ | $\begin{aligned} & \text { No } \\ & \text { educational } \\ & \text { requirements } \end{aligned}$ | $\begin{aligned} & \text { No exam } \\ & \text { required } \end{aligned}$ | No experience <br> required | Stand-alone <br> license | 07/08/2021 |  |
| Certified Motor Vehicle Inspector | NYS Department of Motor and Facility Services | P. O Box 2700 <br> Albany, NY 12220-0700 | (518) 4747998 | wayne.traficante@dmv. n y.gov | https://mwn.dmv.ny.govi | Active | NA - Not displayed |  |  |  |  | State exam required | Work experience required | Stand-alone | 03/2922021 |  |
| Accountant Privilege | $\begin{aligned} & \text { NC Department of } \\ & \text { Revenuan-Taxpayer } \\ & \text { Assistance } \end{aligned}$ | 4701 Atlantic Avenue, Ste <br> 118 <br> Raleigh, NC 27604 | (919) 7070880 | Privilege license@ncolorgov | https://mw.ncdor.gov/taxes- | Active | $\begin{array}{\|l\|l\|} \text { NAA - Not } \\ \text { displayed } \end{array}$ |  | No continuing <br> ecucation <br> requiremento <br> reaintain license |  | $\begin{aligned} & \text { No } \\ & \text { educational } \\ & \text { requirements } \end{aligned}$ | $\begin{aligned} & \text { No exam } \\ & \text { required } \end{aligned}$ | No experience <br> required |  | 06/28/2021 |  |
| Assistant Accountant Privilege | NC Department of Revenue-Taxpayer Assistance | 4701 Atlantic Avenue, Ste <br> 118 <br> Raleigh, NC 27604 | (919) 7070880 | Privilege license@ncdor.gov | https:///mwiv.ncdor.gov/taxes- | Active | $\begin{array}{\|l\|l\|} \text { NAs A - Not } \\ \text { disped } \end{array}$ |  | $\begin{aligned} & \text { No continuing } \\ & \begin{array}{l} \text { 雉uatoon } \\ \text { reaument too } \\ \text { maintan license } \end{array} \end{aligned}$ |  | $\begin{aligned} & \text { No } \\ & \text { educational } \\ & \text { requirements } \end{aligned}$ | No exam required | No experience <br> required |  | 06/28/2021 |  |
| Certified Public Accountant (CPA) License/Certificate- Original | NC Board of CPA Examiners | 1101 Oberlin Road, Ste 104 Raleigh, NC 27605-1169 | (919) 7334222 | dnance@nccraboard.gov | nttos:/Inccpaboard.gov/ | Active | $\left\lvert\, \begin{aligned} & \text { NAA - Not } \\ & \text { displayed } \end{aligned}\right.$ |  | $\begin{aligned} & \text { Continuing } \\ & \text { education } \\ & \text { required } \\ & \text { raintain license } \end{aligned}$ |  | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Thid-party } \\ \text { Hequarify } \end{array}$ | Work <br> experience required | Stand-alone <br> license | 0427712021 | No physical requirements |
| Certified Public Accountant (CPA) License/Certificate-Reciprocal | NC Board of CPA Examiners | 1101 Oberlin Road, Ste <br> 104 <br> Raleigh, NC 27605-1169 | (919) 7334222 | dnance@nccpaboard.gov | https:IInccpaboard.gov/ | Active | $\left.\right\|_{\substack{\text { Nispo } \\ \text { dispoted }}} ^{\text {Not }}$ | Certification required |  | $\begin{aligned} & \text { Background } \\ & \text { checr } \\ & \text { ceequired } \\ & \hline \end{aligned}$ | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exemarif } \\ \text { required } \end{array}$ |  | Stand-alone licens | 0427712021 | No physical requirements |
| Certified Public Accountants | ND State Board of <br> Accountancy | 215 N 3rd St Ste 202C Grand Forks, ND 58203 | (701)7757100 |  | nttp://wwu.nd.gov/ndsbal | Active | $\begin{array}{\|l\|l\|} \text { NAisp- Not } \\ \text { diayed } \end{array}$ | Certification required |  |  | $\begin{array}{\|l\|l\|l\|l\|l\|} \hline \text { Pegree } \\ \text { requir } \end{array}$ | $\begin{aligned} & \begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \end{aligned}$ | Work experience required | Stand-alone <br> licens | 05/25/2021 |  |
| Licensed Public Accountants | ND State Board of Accountancy | 215 N 3rd St Ste 202C Grand Forks, ND 58203 | (701) 7757100 |  | nttp://www.nd.gov/ndsbal | Active | $\begin{array}{\|l\|l\|} \text { NAs - Not } \\ \text { displayed } \end{array}$ | Certification <br> required |  |  | Degree required |  | No experience required | Stand-alone <br> license | 05/25/2021 |  |
| Cerified Public Accountant (CPA) | Accountancy Board of Ohio | 77 S. High Street, Suite Columbus, OH 43215-6128 | (614) 4664135 | iohn.e.pataerson@acc.ohio.gov | mweacc.ohio.gov | Active | $\begin{array}{\|l\|l\|} \text { NAs - Not } \\ \text { dispayed } \end{array}$ | Certificatio <br> required |  | $\begin{array}{\|c\|c\|} \hline \text { No coriminalal } \\ \text { recorabidions } \\ \text { porobitions } \end{array}$ | Degree required | $\begin{array}{\|l\|l\|l\|l\|l\|l\|l\|l\|l\|l\|l\|l\|l\|} \substack{\text { Texem } \\ \text { required }} \end{array}$ | No experience required | Stand-alone license | 10/1312020 |  |
| Accountant, Cerified Public (CPA) | Oklanoma Accountancy Board | 201 NW 63rd St., Suite 210 Oklahoma City, OK 73116 | (405) 5212397 | RRoss@oab.ok.gov | https:/mwwok.okgovoab webl | ctive | $\begin{array}{\|l\|l\|} \text { NAs - Not } \\ \text { dispayed } \end{array}$ | Certification <br> required |  | $\begin{array}{\|l\|l\|} \hline \text { No ciriminal } \\ \text { recorriditions } \\ \text { probibitions } \end{array}$ | $\text { ; } \begin{aligned} & \text { Pegree } \\ & \text { required } \end{aligned}$ | $\begin{aligned} & \text { TTird-party } \\ & \text { exeam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone license | 05/03/2021 |  |
| Accountant, Public (PA) | Oklahoma Accountancy Board | 201 NW 63rd St., Suite 210 Oklahoma City, OK 73116 | (405) 5212397 | RRoss@oab.ok.gov | https://mww.ok.gov/oab webl | ctive | $\underset{\substack{\text { NA - Not } \\ \text { displayed }}}{ }$ | Certification required |  | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { No ocimininal } \\ \text { perorobibitions } \\ \text { probitons } \end{array} \end{array}$ | $\left.\right\|_{5} ^{\text {Segree }} \text { required }$ | $\begin{aligned} & \text { TTird-party } \\ & \text { exeam } \\ & \text { required } \end{aligned}$ | Work experience required | Stand-alone license | 05/03/2021 |  |
| Accountants, Cerified Public | Oregon Board of Accountancy | 3218 Pringle Rd SE \#110 Salem, OR 97302-6307 |  |  | https:///mw.oregon.gov/BOA <br> Pages/index.aspx | Active | $\begin{array}{\|l\|l\|} \text { NAisp- Not } \\ \text { diayed } \end{array}$ | Certification required | $\begin{array}{\|l} \text { Non continuing } \\ \text { eocucaion } \\ \text { equairent } \\ \text { requite } \\ \text { maintain license } \end{array}$ | $\begin{array}{\|l\|l\|} \text { No criminal } \\ \text { recordinal } \\ \text { perobibitions } \end{array}$ | $; \text {;egree }$ | $\begin{array}{\|l\|l\|} \substack{\text { Third-party } \\ \text { exam } \\ \text { requirired }} \end{array}$ | No experience required | Stand-alone license | 040412018 |  |
| Accountants, Public | Oregon Board of Accountancy | 3218 Pringle Rd SE \#110 Salem, OR 97302-6307 |  |  | https://mwn.oregon.gov/BOA | Active | $\underset{\substack{\text { NA - Not } \\ \text { displayed }}}{ }$ | Certification required | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirement to } \\ & \text { maintain license } \end{aligned}$ | $\begin{array}{\|l\|l\|} \hline \text { No cirininal } \\ \text { recorm } \\ \text { probibitions } \end{array}$ | $; \text {; }$ | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { } \\ \text { requirired } \end{array} \\ \hline \end{array}$ | No experience required | Stand-alone license | 040412018 |  |

CareerOneStop License Finder Results

## We found $\mathbf{1 0 9}$ licenses for Accountants and Auditors in United State

| License Name | Licensing Agency | Address | Phone | Email | Website | $\begin{aligned} & \text { Active } \\ & \text { Status } \end{aligned}$ | Active Military / Veterans | Certification | Continuing <br> Education | $\begin{aligned} & \text { Criminal } \\ & \text { Record } \end{aligned}$ | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \\ & \hline \end{aligned}$ | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Municipal Auditor | Oregon Board of Accountancy | 3218 Pringle Rd SE \#110 Salem, OR 97302-6307 |  |  | https://mwn.oregon.gov/BOA <br> Pageslindex.aspx | Active |  |  |  | No criminal <br> record <br> prohibitions |  |  |  | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 04/0420018 |  |
| Tax Preparer | Oregon Board of Tax Practitioners | 3218 Pringle Rd SE \#120 <br> Salem, OR 97302-6308 |  |  | https:///mum.oregon.gov/lobtop <br> Pages/index.aspx | alive | NAA - Not displayed |  | $\substack{\text { No continuing } \\ \text { eudacition } \\ \text { reariment to } \\ \text { maintain Iicense }}$ | $\begin{array}{\|c\|c\|} \begin{array}{c} \text { No o cimininal } \\ \text { record } \\ \text { prohibibions } \end{array} \\ \hline \end{array}$ | Degree required | No exam required | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 04/0412018 |  |
| Cerified Public Accountant |  | P.O. Box 2649 <br> Harrisburg, PA 17105-2649 | (717) 7831404 |  |  | ctive | NAA - Not displayed |  | Continuing education required to maintain license |  | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { reampary } \\ \text { required } \end{array}$ |  | Stand-alone <br> license | 03/11/2021 |  |
| Public Accountant | of Professional \& Occupational Affairs~Accountancy Board | $\left\|\begin{array}{\|c\|c\|c\|} \text { P.O. Box 2649 } \\ \text { Harisburg. PA 17105-2649 } \end{array}\right\|$ | (717) 7831404 |  |  | Active | $\begin{array}{\|l\|l\|} \text { NAA - Not } \\ \text { displayed } \end{array}$ |  | Continuing education reauired to maintain license |  | Degree required | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { exirad-party } \\ \text { requared } \end{array} \\ \hline \end{array}$ | Work <br> experience <br> required | Stand-alone <br> license | 03/11/2021 |  |
| Cerified Public Accountant | Department of State |  |  |  | https://estado.pr.gov/en/auth orized-public-accountants/ | Active | $\begin{array}{\|l\|l\|} \text { NAA A - Not } \\ \text { dispayed } \end{array}$ |  | Continuing eudacion reairen to maintain license | $\left.\begin{array}{\|} \text { Felony } \\ \text { convicions } \\ \text { probibibied } \end{array} \right\rvert\,$ | Degree required | Third-party exam required | Work <br> experience <br> required | Stand-alone <br> license | 07/19/2019 | $\begin{array}{c}\text { No physical } \\ \text { requirements }\end{array}$ |
| Accountant, Certified Public | RI Department of Business Regulation~Board of Accountancy | 1511 Pontiac Ave, Building <br> $68-2$ <br> Cranston, RI 02920 | (401) 4629550 |  | http://www.dbr.ri.gov/division s/accountancy/ | Active | $\begin{aligned} & \text { NA - Not } \\ & \text { displayed } \end{aligned}$ | Certification <br> required | Continuing education maintain license | $\begin{array}{\|c\|c\|} \hline \text { No criminalal } \\ \text { record } \\ \text { prohibitions } \end{array}$ | Degree required | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { third-party } \\ \text { exam } \\ \text { required } \end{array} \end{array}$ | Work 㸚enience required | Stand-alone <br> license | 100112019 |  |
| Accounting Practitioners | SC Board of Accountancy | 110 Centerview Drive Kingstree Bldg. Suite 201, PO Box 11329 Columbia, SC 29211-1329 | (803) 8964770 | cubittd@l\|r.s.g.gov | hitp://mmum.lir.state.sc.us/POL | ctive | A temporary license is availabe to aniltary and situouses until formal license approval |  | No continuing education requirement to maintain license |  | $\begin{aligned} & \text { No } \\ & \text { educational } \\ & \text { requirements } \end{aligned}$ | No exam required | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 06/1822013 |  |
| Cerified Public Accountants | SC Board of Accountancy | $\begin{aligned} & \text { lio Centerview Drive } \\ & \text { Kingstree Eldgg. Suite 201, } \\ & \text { PO Box 1139 } \\ & \text { Columbia, SC 29211-1329 } \end{aligned}$ | (803) 8964770 | cubittd@l\|r.s.g.gov | http://www.IIr.state.sc.us/POL \|Accountancyl | ctive |  |  | No continuing education maintainent to maintain license |  | Degree required | ${ }^{\text {Third-party }}$ exequire requr | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | Stand-alone license | 06/1822013 |  |
| Practice Privilege Registration | SC Board of Accountancy | $\begin{aligned} & \text { l10 Centerview Drive } \\ & \text { Kingstree Eldgg. Suite 201, } \\ & \text { PO Box 1132 } \\ & \text { Columbia, SC 29211-1329 } \end{aligned}$ | 803) 8964770 | cubitddell.sc.gov | http://wuw.IIr.state.sc.us/POL \|Accountancy/ | Active | A temporary license is azailable to miltary and sitususes until formal license approval |  | No continuing education maintain licens maintain license |  | $\begin{aligned} & \text { No } \\ & \text { educational } \\ & \text { requirements } \end{aligned}$ | No exam required | $\begin{aligned} & \text { No experience } \\ & \text { required } \end{aligned}$ | $\begin{array}{\|l\|l} \text { Regisister with } \\ \text { incensing } \\ \text { agency } \end{array}$ | 06/18/2013 |  |
| Public Accountants | SC Board of Accountancy | $\begin{aligned} & \text { l10 Centerview Drive } \\ & \text { Kingstree Eldgg. Suite 201, } \\ & \text { PO Box 1132 } \\ & \text { Columbia, SC 29211-1329 } \end{aligned}$ | 803) 8964770 | cubitd@ll.s.s.gov | http://mum.IIr.state.sc.us/POL \|AccountancyI | Active | A temporary license is avaiale to miltary and spouses until formal license approval |  | education mainement to maintain license |  | $\left\lvert\, \begin{aligned} & \text { Degree } \\ & \text { required } \end{aligned}\right.$ | $\substack{\text { Third-party } \\ \text { exam } \\ \text { required }}$ | No experience required | Stand-alone license | 06/18/2013 |  |
| Accountant, Cerified Public | South Dakota Board of Accountancy | $\begin{aligned} & \begin{array}{l} 301 \text { E 14th St Ste 200 } \\ \text { sioux Falls, SD 57104- } \\ \text { 50022 } \end{array} \\ & \hline \end{aligned}$ | (605) 3675770 | sabdacct.sdbd@midiconetwork.com | https://dlr.sd.gov/accountanc <br> y | Active | NAA - Not displayed |  | No continuin education requirement to maintain license |  | $\left\lvert\, \begin{aligned} & \text { Pegree } \\ & \text { required } \end{aligned}\right.$ | $\substack{\text { Third-party } \\ \text { exam } \\ \text { required }}$ | No experience required | Stand-alone license | 091232019 |  |
| Gaming Key | South Dakota Commission on <br> Gaming | $\underset{\substack{\text { 87 Sherman St } \\ \text { Speartish, SD } \\ \text { 57883 }}}{ }$ | (605) 5783074 | craig.sparrow@state.sd.us | htto:/lgaming.s.d.gov/ | Active | NAA - Not displayed |  | No continuin education requirement to maintain license | $\begin{array}{\|c\|c\|} \begin{array}{c} \text { No o cimininal } \\ \text { record } \\ \text { proribibitions } \end{array} \\ \hline \end{array}$ | $\begin{array}{\|l\|l\|} \hline \text { No } \\ \text { eocuctional } \\ \text { sequirements } \\ \hline \end{array}$ | No exam required | No experience required | Stand-alone license | 0912312019 |  |
| CERTIFIED PUBLIC ACCOUNTANT (CPA) | Department of Commerce and Insurance~Division of Regulatory Boards $\sim$ Board of Accountancy |  | (615) 7412550 |  |  | Active | NAA - Not displayed | Certification required |  |  | $\left\{\begin{array}{l} \text { Degree } \\ \text { required } \end{array}\right.$ | Third-party exam required | $\begin{array}{\|l} \begin{array}{l} \text { Work } \\ \text { Wexperince } \\ \text { required } \end{array} \\ \hline \end{array}$ | Stand-alone license | 09112/2018 |  |

## CareerOneStop License Finder Results

## We found $\mathbf{1 0 9}$ licenses for Accountants and Auditors in United State

| License Name | Licensing Agency | Address | Phone | Email | Website | Active <br> Status | Active Military / Veterans | Certification | Continuing Education | $\begin{aligned} & \text { Criminal } \\ & \text { Record } \end{aligned}$ | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \\ & \hline \end{aligned}$ | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| LICENSED Public accountant | Department of Commerce and <br> Insurance-Division of <br> Regulatry Booards - Board of <br> Accountancy |  | (615) 7412550 |  |  | Active | $\begin{aligned} & \text { NAs - Not } \\ & \text { displayed } \end{aligned}$ | $\begin{array}{l}\text { Certification } \\ \text { required }\end{array}$ | Continuing education required to maintain license |  | Degree reguired | State exam required | $\begin{array}{\|l\|l} \begin{array}{l} \text { Work } \\ \text { experines } \\ \text { required } \end{array} \\ \hline \end{array}$ | $\begin{aligned} & \text { Stand-alone } \\ & \text { license } \end{aligned}$ | 10/13/2020 |  |
| ACCOUNTANT, CERTIFIED PUBLIC | Texas State Board of Public Accountancy | 333 Guadalupe Street, Tower III, Suite 900 Austin, TX 78701-3900 | (512) 3057800 |  | https://mwn.tspa.texas.gov/ | Active | $\left\lvert\, \begin{aligned} & \text { NAA - Not } \\ & \text { displayed } \end{aligned}\right.$ | Certification <br> required |  |  | Degree required |  | $\begin{array}{\|l\|l} \begin{array}{l} \text { Work } \\ \text { experines } \\ \text { required } \end{array} \\ \hline \end{array}$ | Stand-alone <br> license | 1012712020 |  |
| AcCountant, CERTIIIED PUBLIC | Utah Department of Commerece~Division of Occupational \& Professional Licensing | 160 East 300 South, PO Box 146741 Salt Lake City, UT $84114-$ 6741 | (801) 5306628 | DOPLWeb@utah.gov | https:/Idop.utah.gov/ | Active |  | Certification required | No continuing <br> education <br> requirement to <br> maintain license | $\begin{array}{\|l} \substack{\text { No ociminal } \\ \text { record } \\ \text { probibibitions }} \end{array}$ | Degree required | $\begin{aligned} & \text { Third-party } \\ & \text { exem } \\ & \text { required } \end{aligned}$ | No experience required | Stand-alone <br> license | $11 / 0412019$ |  |
| Accountant, Cerified Public | Vermont Secretary of State~Office of Professiona Regulation~Board of Public Accountancy | 89 Main Street, 3rd floor Montpelier, VT 05620 |  | apille.morison@vermont.gov | https://sos.vermont.gov/acco untancyl | ctive | $\left\lvert\, \begin{aligned} & \text { NAA - Not } \\ & \text { displayed } \end{aligned}\right.$ |  | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Continuing } \\ \text { education } \\ \text { required to } \\ \text { maintain license } \end{array} \\ \hline \end{array}$ |  | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | Work experience required | Stand-alone <br> license | 02191/2020 | No physical requirements |
| Accountant, Certified Public | and~Occupational Regulation~Board for Accountancy | 3600 West Broad Street <br> Richmond, VA 23230-4917 | (804) 3678505 |  |  | Active | $\begin{array}{\|l\|l\|} \text { NAIA - Not } \\ \text { dispayed } \end{array}$ | Certification <br> required | maintain license | $\begin{array}{\|l\|l} \begin{array}{l} \text { No cimininal } \\ \text { record } \\ \text { probibibitions } \end{array} \\ \hline \end{array}$ | $;$ | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exam } \\ \text { required } \end{array}$ | No experience required | Stand-alone <br> licens | 05/2912014 |  |
| Accountant | Board of Accountancy | 711 Capitol Ways <br> Olympia, WA 98507-9131 | (360) 7532586 | email | http://www.cpaboard.w.g.gov | Ative | $\begin{array}{\|l\|l\|} \text { NAisp- Not } \\ \text { diayed } \end{array}$ | Certification <br> required | $\begin{aligned} & \begin{array}{l} \text { No continuing } \\ \text { education } \\ \text { requirenent to } \\ \text { maintain license } \end{array} \\ & \hline \end{aligned}$ | No criminal <br> record <br> prohibitions <br> co | $; \text {;egree }$ | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Third-party } \\ \text { exam } \\ \text { required } \end{array} \\ \hline \end{array}$ | No experience required | Stand-alone <br> licens | 06/3012016 |  |
| Certified Public Accountant | Board of Accountancy | 711 Capitol Way S Olympia, WA 98507-913 | (360) 7532586 | email | http://www.cpaboard.w.g.gov | Active | $\begin{array}{\|l\|l\|} \text { NAs A - Not } \\ \text { disped } \end{array}$ | Certification <br> required | $\begin{aligned} & \text { No continuing } \\ & \text { education } \\ & \text { requirenent to } \\ & \text { maintain license } \end{aligned}$ | No criminal <br> record <br> prohibitions | $y_{3} \text { Pegree } \text { required }$ | Third-party <br> exam <br> required | No experience required | Stand-alone <br> license | 06/3012016 |  |
| Accountant/Certified Public Accountant | West Virginia Board of Accountancy | 200 L \& S Building, 812 Quarrier Street Charleston, WV 25321 2695 | (304) 5583557 |  |  | Active | $\begin{array}{\|l\|l\|} \text { NAIA - Not } \\ \text { dispayed } \end{array}$ | Certification <br> required | Continuing education required to maintain license | $\begin{array}{\|l\|l\|} \substack{\text { No ociminaral } \\ \text { recordiditions } \\ \text { prohitio }} \end{array}$ | $\left.\right\|_{5} ^{5} \text { Pegree } \text { required }$ | Both state <br> and third <br> party exams <br> required | $\begin{array}{\|l\|l\|} { }_{15} \text { Work } \\ \text { experience } \\ \text { Iequired } \end{array}$ | Stand-alone <br> licens | 0101120010 |  |
| CERTIFIED PUBLIC ACCOUNTANT | WI Department of Safety and Professional Servicos Privision of Profosssional Credential Processing | 1400 E. Washington Ave. <br> P.O. Box 8935 <br> Madison, WI 53708-8935 | (608) 2662112 | dsps@wisconsin.gov | https://dsps.wi.gov/Pages/Pr <br> ofessions/Defaut.aspx | Active | N/A - Not displayed | Certification <br> required | No continuing <br> educution <br> reairent to <br> maintain Ilicense | $\begin{array}{\|l} \substack{\text { No ociminala } \\ \text { record } \\ \text { proribibitions }} \end{array}$ | Degree required | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exeam } \\ \text { required } \end{array}$ | $\begin{array}{l}\text { No experience } \\ \text { required }\end{array}$ | Stand-alone <br> license | 120212020 |  |
| PUBLIC ACCOUNTANT | Wi Department of Safety and <br> Professional <br> Services~ivivison of <br> Professional Credential <br> Processing | 1400 E. Washington Ave. <br> P.O. Box 8935 <br> Madison, WI 53708-8935 | (608) 2662112 | dsps@wisconsin.gov | $\frac{\text { https: } / / \text { dsps.wi.gov/Pages/Pr }}{\text { ofessions/Default.aspx }}$ | (ive | NA - Not displayed |  | No continuing education equirement to maintain license |  | $\begin{array}{\|l\|l\|l\|} \hline \text { Degree } \\ \text { require } \end{array}$ | $\begin{array}{\|l\|l\|} \hline \text { Third-party } \\ \text { exeam } \\ \text { required } \end{array}$ | No experience required | Stand-alone <br> licens | 120112020 |  |
| CERTIFIED Public accountant | WYOMING BOARD O CERTIFIED PUBLIC ACCOUNTANTS~Attn Jennifer Gorman, Licensing Coordinator | 325 W. 18TH ST., STE. 4 CHEYENNE, WY 82002 | (307) 7777551 | eennier.gorman2@wo.gov | Itto:Icpaboard. state.w. $\mathbf{y}$.us | Ative | NA - Not displayed | Certification <br> required | Continuing <br> eeucation <br> requiren to <br> maintain license | $\left\lvert\, \begin{aligned} & \text { Felony } \\ & \text { convicions } \\ & \text { probibibied } \end{aligned}\right.$ | Degree required | Third-party exam <br> required | $\begin{array}{\|l\|l} \begin{array}{l} \text { Work } \\ \text { experience } \\ \text { required } \end{array} \end{array}$ | Stand-alone <br> license | 10/18/2017 |  |

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## CareerOneStop License Finder Results

We found 9 licenses for Automotive Service Technicians and Mechanics in United States

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military / Veterans | Certification | Continuing Education | Criminal <br> Record | Education | Exam | Experience | $\begin{aligned} & \text { License } \\ & \text { Type } \\ & \hline \end{aligned}$ | License Updated | Physical <br> Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Brake/Lamp Adjuster | Department of Consumer <br> Affairs~Bureau of Automotive Repair~Licensing Unit | 10949 North Mather Boulevard <br> Sacramento, CA 95670 | (855) 7350462 | barmaster@dca.ca.gov | https://www.bar.ca.gov/ | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array} \\ \hline \text { Prhivin } \end{array}$ |  | $\begin{aligned} & \text { State exam } \\ & \text { required } \end{aligned}$ | ${ }^{\text {Werk }}$ experience required | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 07/09/2021 |  |
| AUTOMOTIVE PARTS RECYCLER | Ilinois Secretary of State | Capitol Building, Room 213 Springfield, IL 62756 | (217) 7827817 |  | $\qquad$ com/ | ctive | $\begin{array}{\|l\|l} \hline \text { N/A - Not } \\ \text { displayed } \end{array}$ |  |  | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array} \end{array}$ |  |  |  | Stand-alone <br> license | 10122/2014 |  |
| LIMITED MECHANIC LICENSE | Ilinois State Fire Marshall | 1035 Stevenson Drive Springfield, IL 62703 | (217) 7851010 |  | http://www.state.i.l.us/osfm | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  |  |  |  |  | $\begin{array}{\|l\|} \hline \text { Stand-alone } \\ \text { ficense } \end{array}$ | 07/09/2021 |  |
| Rebulider | Ilinois Secretary of State | Capitol Building, Room 213 Springfield, IL 62756 | (217) 7827817 |  | http://mww.cyberdriveillinois. com/ | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { No coriminal } \\ \text { (recoridion } \\ \text { probibitions } \end{array} \\ \hline \end{array}$ |  |  |  | Stand-alone license | 10122/2014 |  |
| REPAIRER LICENSES | Illinois State Fire Marshall | 1035 Stevenson Drive Springield 1662703 | (217) 7851010 |  | http:/www.state.i.l.us/osfm | Active | $\begin{array}{\|l\|l\|} \hline \text { N/A - Not } \\ \text { displayed } \end{array}$ |  |  |  |  |  |  | $\begin{array}{\|l\|} \hline \begin{array}{l} \text { Stand-alone } \\ \text { license } \end{array} \\ \hline \end{array}$ | 07/09/2021 |  |
| All-terrain Vehicle (ATV) Manufacturer License | Minnesota Department of Natural Resources (DNR) | 500 Lafayette Road St. Paul, MN 55155-4026 | (651) 2966157 |  | http://www.dnr.state.mn.us | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  | $\begin{array}{\|l\|l\|} \hline \begin{array}{l} \text { No coimininal } \\ \text { record } \\ \text { prohbibitions } \end{array} \end{array}$ |  | $\begin{aligned} & \text { No exam } \\ & \text { required } \end{aligned}$ |  | Tied to business | 10/16/2018 |  |
| Vehicle Manufacturer | Department of State~Bureau <br>  <br> Occupational Affairs~Vehicle <br> Board | $\begin{aligned} & \text { P.O. Box } 2649 \\ & \text { Harrisburg, PA 17105- } \\ & 2649 \end{aligned}$ | (717) 7831697 |  |  | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  | $\begin{array}{\|l\|} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array}$ |  |  |  | Tied to business | 03/11/2021 |  |
| Automotive Technicians | Department of State |  |  |  | https://estado.pr.gov/en/auto motive-technicians-andmechanics/ | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  | $\begin{array}{\|l\|} \hline \text { Continuing } \\ \text { education } \\ \text { required to } \\ \text { maintain license } \end{array}$ | Any conviction prohibited | Degree required | $\begin{aligned} & \text { State exam } \\ & \text { required }\end{aligned}$ | $\begin{aligned} & \left\lvert\, \begin{array}{l} \text { Affidavit or } \\ \text { referral } \\ \text { required } \end{array}\right. \\ & \hline \end{aligned}$ | Stand-alone | 07/19/2019 | Physical exam required |
| AUTOMOBILE CLUB OR AUTOMOBILE ASSOCIATION AGENT | Department of Commerce and Insurance~Insurance <br> Division-Self- <br> Insurance/Surous Lines | Davy Crockett Tower 4th Floor, 500 James Robertson Pkwy hville, TN 37243 | (615) 5321239 |  |  | Active | $\left\lvert\, \begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}\right.$ |  |  | $\begin{aligned} & \text { Backgroun } \\ & \text { d check } \\ & \text { required } \end{aligned}$ |  |  |  | Stand-alone <br> license | 09/12/2018 |  |

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## CareerOneStop License Finder Results

We found $\mathbf{1 0}$ licenses for Welders, Cutters, Solderers, and Brazers in United States.

| License Name | Licensing Agency | Address | Phone | Email | Website | Active Status | Active Military <br> / Veterans | Certification | Continuing Education | Criminal Record | Education | Exam | Experience | License Type | License Updated | Physical Requirements |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Welding Contractor | Department of Consumer <br> Affairs~Contractors State <br> License Board~License Information Center | 9821 Business Park Drive Sacramento, CA 95827 | (800) 3212752 | Natalie.Watmore@cslb.ca.g <br> ov | http://www.csli.ca.gov/ | ctive | $\begin{aligned} & \text { N/A - Not } \\ & \text { displaye } \end{aligned}$ |  |  | $\begin{array}{\|l\|l\|} \begin{array}{c} \text { Noc criminalal } \\ \text { record } \\ \text { prohibitions } \end{array} \\ \hline \end{array}$ |  |  | $\begin{aligned} & \text { Work } \\ & \text { experines } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 07/09/2021 |  |
| Veterinarian | NYS Education <br> Department~Office of the Professions~State Board for Veterinary Medicine | 89 Washington Avenue Albany, NY 12234-1000 | $\left\lvert\, \begin{aligned} & (518) 4743817 \\ & \text { ext } 210 \end{aligned}\right.$ |  | http://www.op.nysed.gov/pro <br> II | Active |  |  | Continuing education required to maintain license | $\left\|\begin{array}{\|l\|} \text { No criminal } \\ \text { record } \\ \text { prorobibitions } \end{array}\right\|$ | $\begin{aligned} & \text { Specific } \\ & \text { sourse } \\ & \text { cequired } \end{aligned}$ | Third-party require required | No experience required | Stand-alone <br> license | 0209/2021 |  |
| Welder | NYS Department of Transportation-Structures $\sim M$ etal Engineering Division | 50 Wolf Road, POD 4-3 Albany, NY 12232 |  | Justin.Burth@dot.ny.gov | https://www.dot.ny.gov/index | Active | $\begin{array}{\|l\|l} \text { N/A - Not } \\ \text { displayed } \end{array}$ |  |  | $\begin{array}{\|l\|} \hline \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array}$ | $\begin{array}{\|l\|} \hline \text { No } \\ \text { educational } \\ \text { requirements } \end{array}$ |  | $\begin{aligned} & \text { No oxperience } \\ & \text { required } \end{aligned}$ | Stand-alone <br> license | 04/13/2021 |  |
| Weld Test Facility | Department of Labor | 3017 N. Stiles, Suite 100 5212 | (405) 5216100 | Peggy.Beaty@omes.ok.gov | https://www.ok.gov/ | Active | $\begin{array}{\|c} \text { N/A - Not } \\ \text { displayed } \end{array}$ |  |  |  |  |  |  | Stand-alone <br> license | 07/14/2020 |  |
| Welding Certification | Department of Labor | 3017 N. Stiles, Suite 100 Oklahoma City, OK 731055212 | (405) 5216100 | Peggy.Beaty@omes.ok.gov | https://www.ok.gov/ | Active | $\begin{array}{\|l\|l} \text { N/A - Not } \\ \text { displayed } \end{array}$ |  |  |  |  |  |  | Stand-alone license | 07/14/2020 |  |
| Welding Inspector | Department of Labor | 3017 N. Stiles, Suite 100 Oklahoma City, OK $73105-$ 5212 | (405) 5216100 | Peggy.Beaty@omes.ok.gov | https://www.ok.gov/ | Active | $\left\lvert\, \begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}\right.$ |  |  | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ |  |  |  | Stand-alone <br> license | 07/14/2020 |  |
| Welder Class 6 (CL6) | DCBS - Building Codes Division - Boiler Pressure Vessel Division | PO Box 14470 Salem, OR 97309-0404 |  |  | https://mww.oregon.gov/bcd// | Active | $\begin{array}{\|l\|l} \text { N/A - Not } \\ \text { displayed } \end{array}$ |  |  | $\begin{aligned} & \text { No criminal } \\ & \text { record } \\ & \text { prohibitions } \end{aligned}$ |  |  |  | Stand-alone license | 04/04/2018 |  |
| elder | $\begin{aligned} & \text { R Department of Labor and } \\ & \text { Training-Professional } \\ & \text { Regulation } \end{aligned}$ | 1511 Pontiac Ave Cranston, RI 02920 | (401) 4628580 |  | http://www.dltri.igov/profregs | Active | $\begin{array}{\|l\|l} \text { N/A - Not } \\ \text { displayed } \end{array}$ |  |  |  |  |  |  | Stand-alone <br> license | 10011/2019 |  |
| WELD TEST CONDUCTOR Physical \& Radiographic | WI Department of Safety and <br> Professionat <br> Sorrences- <br> Pivision of <br> Professional Credential <br> Processing | 1400 E. Washington Ave., P.O. Box 8935 Madison, WI 53708-8935 | (608) 2662112 | dsps@wisconsin.gov | https://dsps.w. wigov/Pages/Pr ofessions/Default.aspx | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  | $\left\|\begin{array}{c} \text { No criminal } \\ \text { record } \\ \text { prohibitions } \end{array}\right\|$ |  |  |  | Stand-alone <br> license | 12/02/2020 |  |
| WELDER | WI Depeparment of Safety and <br> Professional <br> Sornices-ivision of <br> Professional Credential <br> Processing | 1400 E. Washington Ave., P.O. Box 8935 Madison, WI 53708-8935 | (608) 2662112 | dsps@wisconsin.gov | https://dsps.w. wigov/Pages/Pr ofessions/Default.aspx | Active | $\begin{aligned} & \text { N/A - Not } \\ & \text { displayed } \end{aligned}$ |  |  | $\left\|\begin{array}{c} \text { Nocriminal } \\ \text { record } \\ \text { prohibitions } \end{array}\right\|$ |  | State exam required |  | Stand-alone <br> license | 12/15/2020 |  |

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