### Additional questions about proposed interstate licensing compacts

### To be completed by proposal sponsor. (500 Word Count Limit for this page)

### Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Please fill out this form in addition to the applicable Questionnaire A or B.*

Bill Number:

Who would be affected by the compact? Are any of these practitioners unionized? If so, which unions represent these practitioners?

How will practitioners who are not represented by the advocates learn about the bill?

Do standards for practice and/or licensing vary throughout the country? How?

Does the compact already exist? When did it become active? Which states are members of the compact?

If not, when will it become active?

How many of the affected occupation are currently working in Mn? How many are expected to work in Minnesota if the compact is approved?

Will Minnesota’s regulatory authority be notified when an out-of-state begins practice in Minnesota? What process, if any, will be followed?

How will out-of-state practitioners be regulated while in MN? Will Minnesota’s regulatory agency accept and investigate complaints regarding out-of-state licensees? If not, what is the process for a patient to make a complaint?

Does the regulator body have capacity/how will it increase capacity to handle additional complaints? Will out-of-state practitioners pay a fee to increase regulatory capacity?