

## Memorandum

**To: Behavioral Healthcare Workforce Stakeholders**

Brian Amaro, Chief Judge, Henry County, Superior Court  
Michael Boggs, Chief Justice, Georgia Supreme Court  
Candice L. Broce, Commissioner, Georgia Department of Human Services  
Brenda Fitzgerald, MD, Behavioral Health Reform and Innovation Commission  
Judy Fitzgerald, Commissioner, Georgia Department of Behavioral Health and Developmental Disabilities  
Kim Jackson, Senator, Georgia Senate  
Todd Jones, Representative, Georgia House of Representatives  
Eric Lewkowicz, MD, Professor, Augusta University  
Caylee Noggle, Commissioner, Georgia Department of Human Services  
Mary Margaret Oliver, Representative, Georgia House of Representatives  
David Ralston, Speaker, Georgia House of Representatives  
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Kevin Tanner, Commissioner, Forsyth County  
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**Date:** September 30, 2022

**Re:** Removing Barriers for Foreign-Trained Mental Health Professionals

### Summary

This memorandum identifies licensing barriers and potential remedies for Foreign-Trained Behavioral Health Professionals (FTBHPs) in Georgia, including:

- Professional Counselors (LPC)
- Master Clinical Social Workers (LMSW/LCSW)
- Marriage & Family Therapist (LMFT)
- Psychologists, nurses with psychiatric and mental health specialization, including:
  - Psychiatric Mental-Health-Board Certified Registered Nurse (PMH-BC)
  - Psychiatrist Mental-Health Advanced Practice Registered Nurse (PMH-APRN)
- Psychiatric physicians (Psychiatrist)

These barriers can lead to underemployment for foreign trained healthcare professionals or result in them forgoing a career in healthcare altogether. The findings of this memorandum not only illuminate policy opportunities to bolster our behavioral health workforce, but also identify state policies that work to integrate other foreign-trained healthcare provider types into the workforce.

### Recommendations



1. Create a subcommittee of the Healthcare Workforce Commission to identify ways to integrate foreign-trained health professionals into Georgia's healthcare workforce. Building off the 2021 House Study Committee on Innovative Ways to Maximize Global Talent, Georgia could create a subcommittee under the current Healthcare Workforce Commission. This subcommittee should engage a wider range of stakeholders in a more thorough review of current policy to identify barriers and make state specific recommendations for integrating internationally trained health professionals into the healthcare work force.
2. Create a specific licensure pathway for foreign trained health professionals who are licensed in other countries. Georgia could create a specific pathway to licensure for foreign-educated counselors, Master Social Workers, and Marriage and Family Therapists like the one created by the Nursing Board for Registered Nurse licensure. Specifically, the Counseling Board could establish an accreditation or other qualifying process for foreign education and let comparable foreign experience count towards supervision requirements. Georgia could also revise rules and regulations to so that foreign education could be more easily recognized. Specifically, Georgia could allow credit evaluation services to certify foreign education.
3. Allow issuance of temporary licenses while foreign trained health professionals work on meeting full licensure requirements. Georgia could create temporary licenses for certain healthcare positions, including behavioral healthcare, so that foreign trained healthcare professionals can work under supervision while completing any additional training. This will allow them to pursue full licensure while earning an income to support themselves and their families.

## **Background**

Georgia is in a healthcare crisis.

- The registered nursing workforce in Georgia showed little growth (3%) between 2009 and 2018 despite a 10% growth in the state's overall population.<sup>i</sup>
- Workforce reports show an overall downward trend in the prevalence of general and specialty practitioners between 2017 and 2020.<sup>ii</sup>
- As of 2020, 149 of the state's 159 counties were federally designated as Health Provider Shortage Areas.<sup>iii</sup> Not only are these shortages an issue in Georgia's rural counties, but 7 counties comprising parts of Atlanta, Savannah and Augusta contained populations that are federally designated as Medically Underserved Areas.<sup>iv</sup>
- In 2020, over 40% of Georgia's counties did not have a pediatrician and 18 counties did not have a family medicine practitioner.<sup>v</sup>
- On top of the existing shortage, COVID-19 exacerbated exhaustion and burnout among the healthcare workforce, causing many to leave or consider leaving their jobs.<sup>vi</sup>

The behavioral health workforce shortage has also been a challenge for Georgia.



- As of 2015, there were 97 counties in Georgia that did not have a psychiatrist, 43 of which also did not have a psychologist or a Licensed Social Worker.<sup>vii</sup>
- In 2017, there were 84 counties without a psychiatrist.<sup>viii</sup>
- As of 2020, there were still 72 counties without a psychiatrist.<sup>ix</sup>
- In 2019, 25% of Georgia's adults reported unmet behavioral healthcare needs, and 67% of youth with major depression reported that they were not receiving mental health services.<sup>x</sup>

Factoring in the lack of culturally and linguistically diverse providers only confounds this issue.

- As of 2018, 14% of Georgia's residents spoke a language other than English at home.<sup>xi</sup>
- As of 2019, over 10% of Georgia's population was foreign-born, which is an almost 40% increase from 1990.<sup>xii</sup>
- According to the 2020 United States Census, Asian and Hispanic populations have increased by 53% and 32%, respectively, while White individuals make up barely over half of the population.

Studies have shown that health services, particularly behavioral health services, are more effective in an individual's native language and when the provider understands the potential impacts of a client's culture (e.g., coping style, stigma, preferred social supports). Therefore, identifying and resolving barriers in the licensing process for FTBHPs can help to increase the number of healthcare workers in the state as well as the availability of a more culturally and linguistically diverse behavioral health workforce.

### **Behavioral Health Licensing Requirements in Georgia as Relates to Foreign-Trained Professionals (See Table 1)**

Currently, Georgia Official Code sets forth general rules and guidelines for licensure but leaves most decisions regarding licensure requirements to the respective provider boards. All license applications require the applicant to submit documents proving citizenship or qualified alien status. There are 4 separate boards which govern licensure for behavioral health professionals:

- Board of Professional Counselors, Social Workers, and Marriage & Family Therapists (Counseling Board)
- Board of Psychology (Psychology Board)
- Board of Nursing (which licenses Psychiatric Mental-Health-Board Certified Registered Nurses (PMH-BC) and Psychiatric Mental-Health Advanced Practice Registered Nurses (PMH-APRN) (Nursing Board)
- Georgia Composite Medical Board (which licenses Psychiatrists) (Medical Board)

#### *Counseling, Social Work and Marriage & Family Therapy*

The Counseling Board currently requires all candidates to have advanced degrees that are accredited by certain councils and/or commissions; to date, none of these councils certify advanced degrees from



outside the United States (U.S.).<sup>1</sup> In addition to education, licensure under this board requires a specific amount of time spent in an internship or practicum and, depending on the position, supervised practice. The Counseling Board [Rules and Regulations](#) surrounding who is a qualified supervisor vary by the type of license sought and the date the supervision occurred. The Counseling Board requires that all supervisors must be licensed or certified. Although the Counseling Board may also determine whether a supervisor is qualified, there is no language in the Rules and Regulations that indicates that the Board would qualify a supervisor licensed in a foreign country.<sup>xiii</sup> As such, **there is no pathway for foreign-trained counselors, marriage and family therapists or social workers to become licensed in Georgia without repeating their education and fulfilling the current supervision requirements.**

### *Psychology*

While the Psychology Board does license some foreign-trained applicants, it is still mostly contingent upon educational accreditation. The [Rules and Regulations](#) for the Psychology Board automatically recognize graduates of doctoral programs in Canada that are accredited by the Canadian Psychological Association.<sup>xiv</sup> If the applicant has matriculated outside the U.S. or Canada, the university must have been professionally accredited at the time and **it is at the Board's discretion to determine whether the standards have been met.**<sup>xv</sup> Once the educational requirements have been met or approved, then the rules regarding licensure by endorsement are the same for graduates of U.S., Canadian, and all other board approved doctoral programs. The applicant must pass the national licensing exam as well as the Georgia jurisprudence exam. There are no rules requiring an English language proficiency exam.<sup>xvi</sup>

### *Nursing*

The Nursing Board establishes a **specific pathway to licensure for registered nurses (RNs) who are graduates of international nursing education programs.** The [Nursing Rules and Regulations](#) Rule 410-2-.03 states that foreign-educated nurses must pass the National Council Licensure Examination for Registered Nurses (NCLEX-RN) and an English proficiency exam. The applicant must also submit verification of current licensure, educational transcripts, and proof of experience.<sup>xvii</sup> While this process is somewhat cumbersome, it does create a clear and specific path for licensure. Once a nurse has been licensed as a registered nurse, they can specialize in psychiatric mental health.

To become licensed as a Psychiatric Mental-Health Advanced Practice Registered Nurse (sometimes referred to as a clinical nurse specialist), a nurse must have:

- An education (including a Master of Science in Nursing or a doctoral degree in advanced practice psychiatric nursing) accredited by one of the following:
  - American Association of Colleges of Nursing (AACN)

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<sup>1</sup> Licensed Professional Counselor degrees must be accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP), the Council on Rehabilitation Education (CORE) (merged with CACREP as of 2017), or a regional body recognized by the Council for Higher Education Accreditation (CHEA); Master of Social Work degrees must be accredited by the Council of Social Work Education; Marriage and Family Therapist degrees must be accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) and be in an educational institution which was accredited by a regional body recognized by the Council on Higher Education Accreditation (CHEA).



- Accreditation Commission for Education in Nursing (ACEN)
- Commission for Nursing Education Accreditation (CNEA)
- Additional supervised practice
- Evidence of advanced pharmacology curriculum<sup>xviii</sup>

The American Association of Colleges of Nursing and the Accreditation Commission for Education in Nursing accredit programs in foreign countries, although the number of programs is very limited.<sup>2</sup>

A Psychiatric Mental-Health-Board Certified Registered Nurse board certification requires:

- Registered nursing license
- At least two years of practice as a registered nurse
- 2,000 hours of clinical practice in mental health nursing
- 30 continuing education hours in mental health nursing in the last 3 years

If a registered nurse satisfies these requirements, then they must pass an exam to receive the “BC” (board certified) credential.<sup>xix</sup>

A Psychiatric Mental-Health Advanced Practice Registered Nurse board certification requires:

- Additional supervision
- Additional education
- Clinical training
- Passing score on a certification exam.<sup>xx</sup>

**Board certification is accredited by The Accreditation Board for Specialty Nursing which is autonomous and not subject to state laws and policies.**

#### *Psychiatrist*

There is a path for foreign-trained physicians to receive a medical license in Georgia but **credit for residency is highly dependent upon the country where one receives training.**

- Education:  
The [Medical Board Rules and Regulations License Requirements](#) state that all applicants must submit a certified medical school transcript (in English) that includes the dates the applicant attended the school and grades received. The medical school transcript requirement may also be waived at the Board’s discretion and the Board may accept results of the Federation of State Medical Boards (FSMB) verification service if the applicant can show due diligence in obtaining school transcripts.<sup>xxi</sup> The Federation of State Medical Boards verification service only requires an

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<sup>2</sup> The American Association of Colleges of Nursing currently accredits programs the U.S. and Puerto Rico and there are 14 American Association of Colleges of Nursing accredited programs in Puerto Rico, 1 in Columbia, 1 in Guam, 1 in the Virgin Islands and 7 throughout the Middle East and Turkey that include Associate, Bachelor and Master nursing programs.



“official transcript of medical education”, a Verification of Medical Education form, certified medical degree diploma or verification of Fifth Pathway<sup>3</sup>, if applicable.<sup>xxii</sup>

If the applicant attended a medical school in the U.S., Canada, or Puerto Rico, they must have 2 years of pre-medical education approved by the Liaison Committee on Medical Education (LCME), American Osteopathic Association (AOA) Commission on Osteopathic College Accreditation, or the Committee of Accreditation of Canadian Medical Schools (CACMS).<sup>xxiii</sup> **It should be noted that none of these accreditation agencies accredit any medical school in Puerto Rico.**

If the applicant attended a medical school outside of the U.S., Puerto Rico, or Canada, the program must have a medical doctor degree or equivalent that requires two years of pre-medical education and have official transcripts that include at least 130 weeks of instruction.<sup>xxiv</sup>

- Residency:  
Regarding residency, graduates of **“approved medical schools”**<sup>4</sup> must show one year of postgraduate training approved by one of the following:
  - Accreditation Council for Graduate Medical Education (ACGME)
  - American Osteopathic Association (AOA)
  - Royal College of Physicians and Surgeons of Canada (RCPSC)
  - College of Family Physicians of Canada (CFPC)<sup>5</sup>

Graduates of **non-approved medical schools** must show three years of post-graduate training in a program approved by:

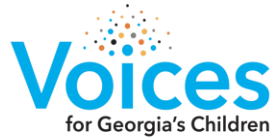
- Accreditation Council for Graduate Medical Education (ACGME)
- American Osteopathic Association (AOA)
- Royal College of Physicians and Surgeons of Canada (RCPSC)
- College of Family Physicians of Canada (CFPC)

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<sup>3</sup> Fifth Pathway is a policy, enacted in 1971, that allows students from foreign medical schools to enter graduate medical education programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and seek state licensure. It was originally aimed at U.S. citizens who had studied medicine at a medical outside of the U.S., Puerto Rico, and Canada, and had completed all formal requirements of the foreign medical school except for the internship and/or community service. The Council of Medical Education voted to discontinue the Fifth Pathway in 2009. ([i07-cme-fifth-pathway.pdf \(ama-assn.org\)](#))

<sup>4</sup> Approved medical schools are those located in the U.S., Puerto Rico, or Canada, those listed by the Medical Board of California (adopted February 4, 2010) and schools that have been approved by a regional accreditation authority with standards equivalent to Liaison Committee on Medical Education and approved by the National Committee on Foreign Medical Education and Accreditation (NCFMEA). The Medical Board of California lists hundreds of medical programs in over 140 countries. The National Committee on Foreign Medical Education and Accreditation does not post a list of accredited school on their website.

<sup>5</sup> The Accreditation Council for Graduate Medical Education accredits psychiatry programs in Singapore, Qatar, United Arab Emirates, Lebanon, and Oman ([ACGME - Accreditation Data System \(ADS\)](#)). The Royal College of Physicians and Surgeons of Canada and College of Family Physicians of Canada only accredit psychiatric residencies in Canada. The American Osteopathic Association does not accredit any programs outside of the U.S.



The Board may consider an applicant to have met the residency requirements if certified by a member board of the American Board of Medical Sciences; however, **it is unclear how an applicant may be certified by a member board if the applicant does not yet have a medical license.**<sup>xxv</sup>

Additionally, graduates of medical schools outside of the U.S. or Canada must show proof of certification by the Educational Commission for Foreign Medical Graduates (ECFMG)<sup>6</sup> unless they show proof of successful completion of American Medical Association approved Fifth Pathway program and passing the Educational Commission for Foreign Medical Graduates qualifying medical component examination with a score of 75 or above.

In short, any graduate of an international medical program outside of the U.S., Puerto Rico, or Canada must provide a certified transcript of their medical degree (or Federation of State Medical Boards Certification if the transcript is not available) from a program whose requirements meet those set forth in the Medical Board Rules and Regulations. The applicant must also have one to three years of post-graduate experience, depending on if they attended an “approved” medical school but that training must be approved by one of four agencies that only accredit programs in 5 countries outside the U.S. and Canada. Once they meet these requirements, they must pass or have passed a U.S. national licensing examination, or a licensing examination in Canada or Puerto Rico.

Once a physician receives a medical license, they may take the certification exam which is required to practice psychiatry. The American Board of Psychiatry and Neurology (ABPN) states that to qualify to sit for examination, an applicant must meet certain requirements, however, **the American Board of Psychiatry and Neurology is a national organization and not subject to state policy.** One requirement of note is that to be eligible to sit for the certification exam, the applicant must complete all training in either a U.S. program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Board of Psychiatry and Neurology or in a Canadian program accredited by the Royal College of Physicians and Surgeons of Canada. As previously mentioned, the Royal College of Physicians and Surgeons of Canada does not accredit programs outside of Canada and the Accreditation Council for Graduate Medical Education only accredits programs in 5 foreign countries. The American Board of Psychiatry and Neurology does not publish their accredited program list, so it is unknown whether they accredit foreign programs. If they do not, this could be another barrier for any foreign-trained physician seeking a psychiatry certification.

### **Barriers to Licensure in Georgia**

In 2021, the House Study Committee on Innovative Ways to Maximize Global Talent [report](#) recognized that Georgia’s population is becoming increasingly diverse and that there is a need to integrate global

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<sup>6</sup> Educational Commission for Foreign Medical Graduates Certification assesses an international medical graduate’s readiness to enter a U.S. graduate medical education program ([Programs Overview \(ecfm.org\)](https://www.ecfm.org/Programs-Overview))



talent into the workforce. Included in their recommendations was a need to streamline requirements for experienced professionals.<sup>xxvi</sup> Based upon the current licensing requirements for mental health professions, the following may be major barriers to foreign-trained mental health professionals seeking licensure in Georgia:

- Limited or no recognition of foreign education
- There is no recognition of practical experience (practicum/supervision) gained in a foreign setting (for licensing where practical experience is required)
- Issues navigating the licensure process

Together, these barriers result in such a prohibitive amount of time and cost (particularly for re-education and training), that most FTBHPs either forgo practicing in the state or are employed below their level of expertise.

### **Policy Solutions from Other States (See Table 2)**

Heading into the pandemic, states were just beginning to address healthcare workforce shortages. Most states who have taken steps to examine the issue have only done so in the last five years. Although many have created task forces to analyze and make recommendations on ways to expand the workforce, only a few states have enacted meaningful policy to reduce licensing barriers, including those for foreign-trained professionals. The following are some examples of progress from other states:

#### 1. Temporary Licensure

Many FTBHPs are unable to pursue licensure due to the time and costs associated with additional training they may need. Some states have allowed temporary licensure to those with medical education and training to practice under supervision while obtaining required experience.

Examples:

- During the pandemic, **Colorado** issued temporary licenses to international medical school graduates (IMGs) and foreign-trained nurses to practice under supervision.<sup>xxvii</sup>
- **Massachusetts** issued temporary licenses to international medical school graduates under an emergency order during the pandemic and currently provides limited licenses for international medical school graduates while enrolled in post-graduate training.<sup>xxviii</sup>
- Legislation signed in **Missouri** in 2014 established licensure as an “assistant physician” for any medical school graduate who is a U.S. citizen or legal resident alien who has completed the U.S. Medical Licensing Exam (but has not completed postgraduate residency in the U.S.) and is proficient in English. Education must be accredited by the Liaison Committee on Medical Examination or deemed reputable by the American





Medical Association, which relies on the Educational Commission for Foreign Medical Graduates for certification<sup>7, xxix</sup>

## 2. Pathways for Foreign-Trained Health Care Professionals

Board rules and regulations are often arbitrary or unclear as to whether foreign education and training will be recognized for licensure. To ease confusion, some states have created specific pathways which clearly state what is required for foreign-trained health professionals to obtain a license. Other states have made it easier for foreign education to be recognized, so that additional licensing requirements are the same for foreign-educated applicants as U.S. educated applicants.

Examples:

- In 2021, **Vermont** adopted the Foreign Credentialing rule which creates a pathway for foreign-trained professionals to become licensed in their field.<sup>xxx</sup> Eligible fields include, but are not limited to, Licensed Alcohol and Drug Abuse Counselors, Allied Mental Health, and Applied Behavior Analysis.<sup>xxxi</sup> Applicants who acquired qualifications outside of the United States for a profession for which they are seeking licensure can submit these qualifications to a credential evaluation service (CES)<sup>8</sup> who will evaluate their education and determine the equivalency of their licenses, supervised practice and/or competency exam as compared to those required for licensure in Vermont. If an applicant's credentials are determined to be equivalent, the applicant must pass the examinations required for licensure in the respective profession. There may also be a determination of partial equivalence in which case the applicant will be eligible for licensure upon completion of the unfulfilled requirements.<sup>9</sup>
- **Minnesota** passed a law in 2001 which allows internationally educated dental graduates to apply for licensure if the board determines that the training meets standards equivalent or greater to a dental college approved by the Commission of Dental Accreditation of the American Dental Association or a successor organization. The process to obtain such licensure is described on the Board's website.<sup>xxxii</sup>
- **Utah** allows licensing by endorsement to an occupational therapist or therapy assistant applicant who has been licensed in a state, district, U.S. territory or foreign country where the education, experience or examination requirements are not substantially equal to Utah's, if the applicant passes the applicable examination.<sup>xxxiii</sup>

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<sup>7</sup> The Educational Commission for Foreign Medical Graduates relies on The World Federation for Medical Education which recognizes programs in over 25 countries worldwide ([Agencies with Recognition Status - World Federation for Medical Education \(wfme.org\)](https://www.wfme.org))

<sup>8</sup> The credential evaluation service must be a member of the National Association of Credential Evaluation Services (NACES) or the Association of International Credential Evaluators, Inc. (AICE).

<sup>9</sup> Vermont Secretary of State. *Administrative Rules for Assessing Professional Credentials Obtained Outside of the United States*. <https://sos.vermont.gov/media/tujmifll/administrative-rules-for-assessment-of-professional-credentials-obtained-outside-the-united-states.pdf>



### 3. Task Forces

Aside from policy changes, several states have created task forces to review barriers to licensing and create pathways to licensure for foreign-trained health workers. These task forces, comprised of diverse stakeholders, performed extensive studies of current policy, and created detailed reports with specific recommendations and strategies for lawmakers.

Examples:

- The **Massachusetts** Special Commission on Foreign-Trained Medical Professionals (Commission) sets forth targeted regulatory or procedural changes in terms of administrative or legislative strategies.<sup>xxxiv</sup> Created in 2019, the Commission was comprised of 22 members from government, licensing boards, healthcare, higher education and community organizations, charged with making recommendations regarding the licensing of internationally trained health professionals (ITHP) with the purpose of improving medical services in rural and underserved communities. The [report](#) identifies barriers to licensure and makes Near-Term, Medium-Term, and Long-Term recommendations including:
  - Enhancing online resources and developing licensing guides to better information for internationally trained health professionals regarding licensing requirements and processes
  - Providing culturally appropriate training for healthcare staff and other stakeholders to better support internationally trained health professionals
  - Eliminating redundant English proficiency testing
  - Expanding credentialing services for nurses
  - Reestablishing a minimum of two years residency requirement (instead of three) for International Medical School Graduates
  - Removing/increasing the time limit for completing medical exams
  - Creating a pathway to full licensure for Limited License Physicians and Dentists
  - Facilitating access to residencies for International Medical School Graduates
  - Creating a revolving loan program for internationally trained health professionals
  
- In 2014, the **Minnesota** Commissioner of Health assembled the Task Force of Foreign-Trained Physicians (Task Force), comprised of 15 representatives from healthcare, higher education, community organizations, workforce development, government, and foreign-trained physicians. The Task Force was asked to study the demographics of the state's current medical providers compared to the population of the state; identify foreign-trained physicians (FTP) who are refugees/asylees and interested in meeting the requirements to practice medicine or other health careers; identify costs and barriers associated with the integration of these physicians; look at alternative roles/professions for those who are unable to practice as physicians; and identify potential funding sources

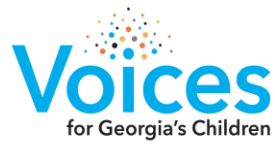


to assist with integration. In 2015, the Task Force returned an extensive [report](#) containing the requested information and recommendations which included a set of guiding principles and strategies to expand and diversify the healthcare workforce in Minnesota.<sup>xxxv</sup> These strategies include:

- Creating a statewide coordination council
- Establishing grant programs to support career guidance and services as well as clinical training
- Developing a standardized clinical assessment and certification
- Creating dedicated residency positions for immigrant physicians
- Revising time requirements to fulfill residency requirements
- Developing an apprenticeship program
- Creating new licensure options
- Streamlining paths to alternative professions

The Task Force also included specific recommended actions, funding, and timetables for each of these strategies.

While there is a clear path for nursing licensure, other licensure rules surrounding other behavioral health professionals is either prohibitive, arbitrary, or subjective. With a rising demand for physical and behavioral health confounded by a growing immigrant population, Georgia not only has a demand, but potentially a supply for culturally diverse healthcare workers. Georgia must take a thorough look at its licensing policies and make meaningful changes to integrate its foreign-trained health workforce.



**Table 1 – Licensing Requirements**

| Position <sup>10</sup>            | Education Accreditation  | Exam  | Supervision <sup>11</sup>   | Pathway for Foreign Educated   |
|-----------------------------------|--|---|---|--|
| Professional Counselor            | Must be approved by CACREP/CORE or CHEA (no foreign programs)  | National licensing exam   | -4 Years Supervised<br>Or<br>-3 Years Supervised (with practicum)<br>-Work setting acceptable to board<br>*2 Years must be under Licensed Professional Counselor                  | None   |
| Social Worker                     | Must be approved by CACREP/CORE or CHEA (no foreign programs)  | National licensing exam   | First 2 years of practice must be under the supervision of a licensed Clinical Social Worker, Professional Counselor, Marriage and Family Therapist, Psychologist or Psychiatrist | None   |
| Marriage and Family Therapist     | Must be approved by CACREP/CORE or CHEA (no foreign programs)  | National licensing exam   | 3 years (1 year can be a practicum),<br>2 years must be supervised practice by a licensed or AAMFT supervisor   | None   |
| Registered Nurse (by endorsement) | U.S. accreditation not required  | -Licensing Exam<br>-NCLEX-RN transcripts from RN Program<br>-English proficiency exam | No additional supervision required  | -NCLEX-RN<br>-Transcripts from RN Program<br>-English proficiency exam<br>-500 hours of licensed practice or Board Reentry Program<br>-Verification of active licensure in foreign country |
| PMH-APRN                          | Master of Science in Nursing or doctoral degree in advanced psychiatric practice<br>Must be accredited by AACN, ACEN or CNEA | None  | Supervised practice for graduate courses in psychiatric/mental health nursing   | None   |

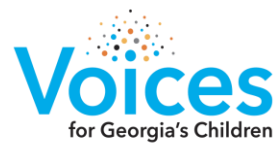
<sup>10</sup> Professional Counselors, Social Workers and Marriage and Family Therapists may be licensed by endorsement if they hold licenses in another state or jurisdiction but there is no pathway to licensure by endorsement for foreign educated applicants.

<sup>11</sup> Supervision varies by type of license sought by and degree of education of the applicant. Supervision requirements shown in table are for Licensed Professional Counselor with a master’s degree, Licensed Social Worker with a master’s degree and Licensed Marriage and Family Therapist with a master’s degree.

|   |   |  |   |  |
|---|---|--|---|--|
| Psychologist (by endorsement)                                 | Must be accredited by APA or CPA (if not, Board may approve)  | * National Licensing Exam<br>* Georgia Jurisprudence Exam<br>* Oral Exam   | No additional supervision required  | No designated pathway but possible through Licensing by Endorsement) |
| Physician (Psychiatrist)<br>*Must be US resident for one year | If foreign educated, then must have degree that required minimum of 2 years of pre-med education and 130 weeks of instruction | One of following:<br>* USMLE<br>* FLEX (Before 1985)<br>* FLEX Components I and II (after 1985)<br>* NBME<br>* State Medical Board of Examinations (before 1973)<br>* MCCQE<br>* NBOME<br>* COMLEX<br>* Certifying Exam of Puerto Rico Medical Board | * For Grads of Med Schools in US, PR, and Canada, Med schools approved by the Medical Board of California and schools approved by a regional accreditation authority with standards equivalent to LCME and approved by NCFMEA:<br>- 1 year of post-grad training approved by ACGME, AOA, RCPSC<br>- May consider current certification of member board of ABMS<br>* For med schools not approved by board<br>- 3 years of post-grad training in program approved by ACGME, AOA, RCPSC, or CFPC<br>- Current cert. by ABMS board | None   |

**Abbreviations**

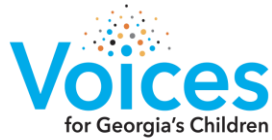
CACREP - Council for the Accreditation of Counseling and Related Educational Programs  
 CORE – Council on Rehabilitation Education  
 CHEA - Council for Higher Education Accreditation  
 AAMFT – American Association for Marriage and Family Therapy  
 NCLEX-RN – National Council Licensure Examination  
 AACN – American Association of Colleges of Nursing  
 ACEN - Accreditation Commission for Education in Nursing  
 CNEA – Commission for Nursing Education Accreditation  
 APA – American Psychological Association  
 CPA – Canadian Psychological Association  
 USMLE – United States Medical Licensing Examination  
 FLEX – Federation Licensing Examination  
 NBOME – National Board of Medical Examiners  
 MCCQE - Medical Council of Canada Qualifying Examination  
 NBMOE – National Board of Osteopathic Medical Examiners  
 COMLEX – Comprehensive Osteopathic Medical  
 LCME – Liaison Committee on Medical Examination



NCFMEA – National Committee on Foreign Medical Education and Accreditation  
ACGME – Accreditation Council for Graduate Medical Education  
AOA – Association Commission on Osteopathic College Accreditation  
RCPSC – Royal College of Physicians and Surgeons of Canada  
ABMS – American Board of Medical Studies  
CFPC – College of Family Physicians of Canada  
USMLE – United States Medical Licensing Examination  
FLEX – Federal Licensing Examination  
NBME – National Board of Medical Examiners  
MCCQE – Medical Council of Canada Qualifying Examination  
NBOME – national Board of Osteopathic Medical Examiners  
COMLEX – Comprehensive Osteopathic Medical Licensing Exam

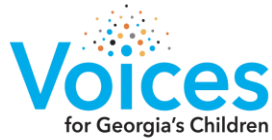
**Table 2 – State Scan**

| Policy Type                        | Temporary Licensing  | Ease/Modify Licensing Requirements  | Task Force Creation  |
|------------------------------------|--|---|--|
| Executive Orders                   | <ul style="list-style-type: none"> <li>Colorado <a href="#">Executive Order D 2020 038</a> and Massachusetts <a href="#">Public Health Emergency Order No. 2022-04</a> allowed for the issuance of temporary licenses to international medical school graduates (IMGs) and foreign trained nurses to practice under supervision.</li> </ul>  | <ul style="list-style-type: none"> <li><a href="#">Utah's Executive Order 2021-01</a> directed the Department of Commerce to review of all regulated occupations and professions to streamline licensure.</li> </ul>  |  |
| Legislation                        | <ul style="list-style-type: none"> <li><a href="#">243 Mass. Reg.2.03</a> issues limited licenses for IMGs while enrolled in post graduate training</li> <li><a href="#">Missouri Senate Bill 716</a> allows medical school graduates (citizens and legal residents) to be licensed as “Assistant Physicians” after they have passed the U.S. Medical Licensing Exam but before they have completed residency requirements.</li> </ul> | <ul style="list-style-type: none"> <li><a href="#">Utah Code 58-1-302</a> establishes licensing by endorsement for occupational therapists who have been licensed in a foreign country.</li> <li>The Minnesota Board of Dentistry passed <a href="#">legislation</a> in 2001 allowing foreign-trained dentists to apply for licensure.</li> </ul> | <ul style="list-style-type: none"> <li><a href="#">2014 Minnesota Session Law Chapter 228, Article 5, Section 12</a> tasked the health commissioner with creating a task force to develop strategies to integrate foreign trained physicians into the state’s healthcare workforce.</li> <li><a href="#">2019 Massachusetts Session Law Chapter 41, Section 102</a> establishes a commission to study and make recommendations for licensing foreign trained medical professionals.</li> </ul> |
| Board Rules and Regulations (R&Rs) |  | <ul style="list-style-type: none"> <li>Vermont’s <a href="#">Foreign Credentialing Rule</a> creates a pathway for foreign-trained professionals to become licensed in their field.</li> </ul>   |  |



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