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## State Authorization and Medical Education

States may require out-of-state institutions to register and meet certain requirements to operate higher education programs within a given state – a process known as “state authorization.” Depending on the State, this regulation can be triggered by a physical presence within the state, online courses, recruitment/advertising, and clinical rotations, among other activities.

The recent growth in online courses and programs has spawned increased state and federal oversight. In 2010, the Department of Education proposed to directly tie an institution’s eligibility for federal student aid to state authorization compliance. A 2011 lawsuit successfully challenged the proposed regulation on procedural grounds. However, the controversy has drawn attention to this issue and elevated the importance of compliance with state laws (a condition for access to federal student aid that existed prior to the Department of Education’s vacated rule).

Every state has different rules and regulations about when authorization is required. According to a [survey](#) by the State Higher Education Executive Officers Association (SHEEO), clinical rotations in the third and fourth year of medical school could trigger the need for authorization in approximately half of all states (see attached table). It is our understanding that while there is no risk to students who perform clinical rotations in another State, institutions are appropriately evaluating their current out-of-State activities.

Several states have joined the State Authorization Reciprocity Agreement (SARA), and will recognize the authorization of other SARA states. A list of current and expected [SARA member states](#) is maintained by the National Council for State Authorization Reciprocity Agreements (NC-SARA). The institution sponsoring the away rotation must also apply to participate in SARA for reciprocity. NC-SARA hosts an interactive map of approved [SARA institutions](#).

Under SARA, “A contract for supervised field experiences ... Cannot provide for the placement of more than ten students from an individual academic program placed simultaneously at one clinical or practicum site, unless approval for a larger number is provided by the host state SARA portal agency.”

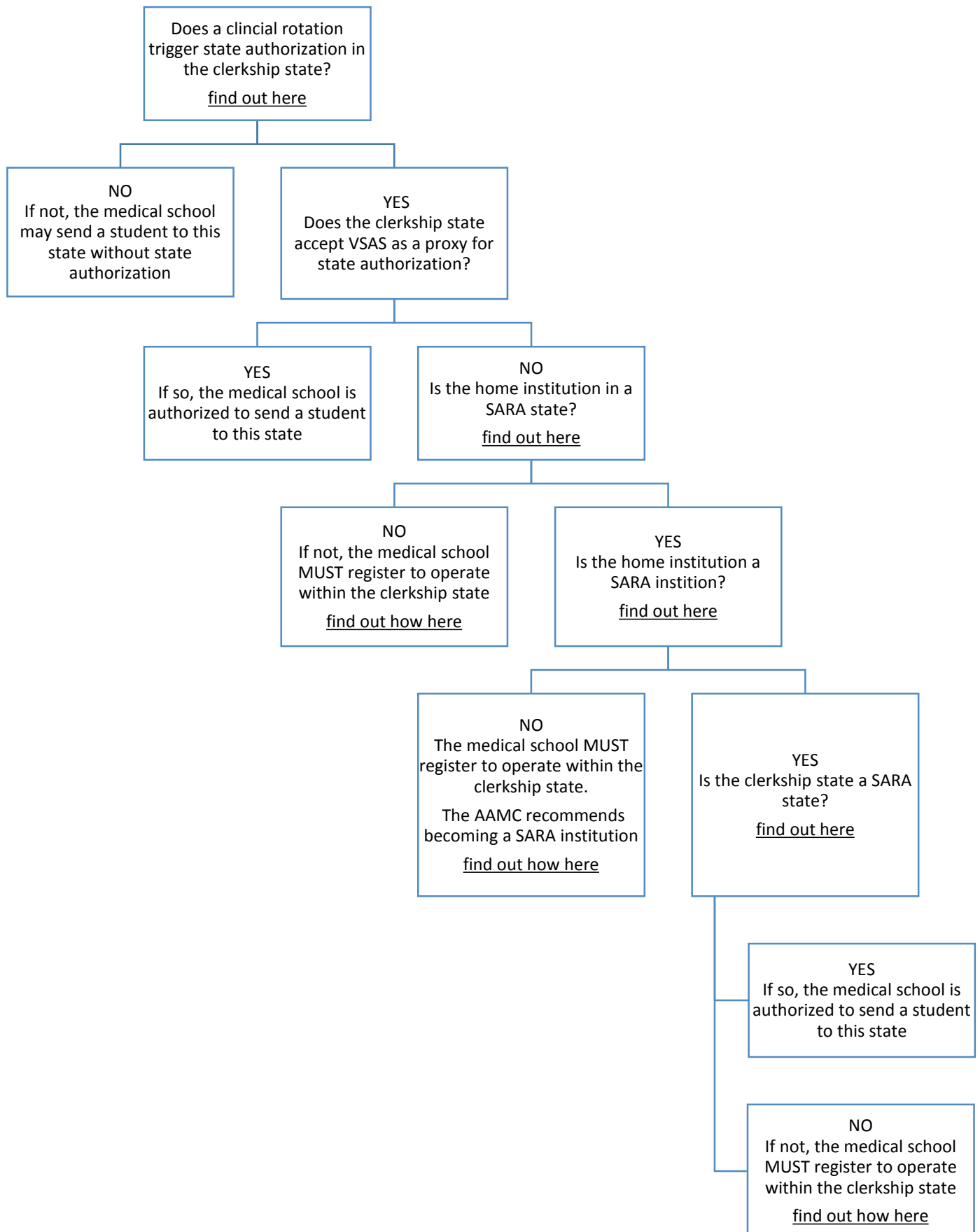
In addition to examining when clinical rotations trigger state authorization, medical schools should explore online programs — e.g., continuing medical education (CME) — and recruitment/advertising activities. SHEEO maintains a list of [state authorization agencies](#) with contact information.

In response to a request from House Education and Workforce Chair John Kline (R-MN), several health professions education associations including AAMC sent an April 30 [letter to Congress](#) recommending a nationwide exemption for clinical rotations from future Department of Education federal regulation pertaining to state authorization.

Additional resources are available from [SHEEO](#); [NC-SARA](#); WICHE Cooperative for Educational Technologies ([WCET](#)) and its [State Authorization Network \(SAN\)](#); the [Department of Education](#); and “[10 Steps You Can Take to Begin the State Authorization Process](#).” Professional consultants are available to help navigate your institution through state authorization.

In the meantime, please consult with your institution’s legal counsel regarding state authorization compliance.

For U.S. medical schools sending their students to other states for clinical rotations, the medical school must review state authorization compliance in every state that your medical students will attend a clerkship...



**Table: State Authorization of Medical School Clinical Rotations**

	<b>SARA Member (Sept. 2015)</b>	<b>State Requires Authorization for Clinical Rotations? (May 2015)</b>		<b>SARA Member (Sept. 2015)</b>	<b>State Requires Authorization for Clinical Rotations? (May 2015)</b>
Alabama	No	Yes	Montana	Yes	No
Alaska	Yes	No	Nebraska	Yes	No
Arizona	Yes	No	Nevada	Yes	Yes
Arkansas	Yes	No	New Hampshire	Yes	Yes
California	No	No	New Jersey	No	No
Colorado	Yes	No	New Mexico	Yes	Yes
Connecticut	No	No	New York	No	Yes
Delaware	No	Yes	North Carolina	No	Yes
D.C.	No	No	North Dakota	Yes	No
Florida	No	Yes	Ohio	Yes	Yes
Georgia	No	No	Oklahoma	Yes	No
Hawaii	No	No	Oregon	Yes	Yes
Idaho	Yes	Yes	Pennsylvania	No	No
Illinois	Yes	No	Rhode Island	No	Yes
Indiana	Yes	No	South Carolina	No	No
Iowa	Yes	No	South Dakota	Yes	No
Kansas	Yes	Yes	Tennessee	Yes	Yes
Kentucky	No	Yes	Texas	No	Yes
Louisiana	Yes	Yes	Utah	No	No
Maine	No	No	Vermont	Yes	No
Maryland	No	Yes	Virginia	Yes	No
Massachusetts	No	No	Washington	Yes	Yes
Michigan	Yes	No	West Virginia	Yes	Yes
Minnesota	Yes	Yes	Wisconsin	No	No
Mississippi	No	No	Wyoming	Yes	Yes
Missouri	Yes	Yes			

States that do not require official state authorization for clinical rotations may still:

- Request notification of activities;
- Require an application for exemption;
- Prohibit compensation of clinical supervisors;
- Place limitations on the number of students from an individual academic program; and/or
- Cap the percentage a clinical rotation represents of the total medical program (e.g., no more than 10-25%).

Table Sources:

National Council for State Authorization Reciprocity Agreements (NC-SARA) State Actions Regarding SARA; May 2015; <http://nc-sara.org/content/sara-state-status>.

State Higher Education Executive Officers Association (SHEEO) State Authorization Survey and Reports; May 2015; <http://www.sheeo.org/node/434>. (Please specify whether any of the following activities would constitute a physical presence or signify “operating” in your state, assuming that the named activity is the institution’s sole activity in your state: Permitting a student to complete an internship, externship, field experience, or clinical practicum organized by the institution?)