

Understanding Licensing, Credentialing, Certification, and Privileging Fact Sheet

Overview

Licensing, credentialing, certification, and privileging are used by regulatory agencies and private entities to ensure that a practitioner in a field has the required training, knowledge, and experience to perform as a qualified professional in that field. These mechanisms have been used predominantly in the healthcare field, but increasingly public health and other regulated professions are adopting these methods to ensure competency and protect patients and consumers. Depending on the profession and the state, the terms licensing, credentialing, and privileging may be used interchangeably at times. There are, however, distinctions among them as they are generally understood within the healthcare context.

These methods of classification and the requirements underpinning them are relevant when states modify the scope of practice of various practitioners to enhance public health emergency response capacity, as well as when healthcare and other regulated practitioners volunteer or are otherwise deployed during emergencies to other states. The ability of a state or other entity to determine if practitioners are competent to provide care and their permitted scope of practice is important in an emergency response situation. Because of the diversity of states' approaches to regulating professions and then modifying practice requirements in emergencies, it is important to review individual state laws and regulations.

Licensing

Licensing is the formal recognition by a regulatory agency or body that a person has passed all the qualifications to practice that profession in that state. Typically, licensure requirements include some combination of education, training and examination to demonstrate competency. Licensure requirements also involve continuing education, training, and, for some, periodic re-examination. If a practitioner licensed in one state seeks licensure in another state, the existing license and any disciplinary records are considered as part of the licensing process in the new state.

Credentialing

Credentialing is the process by which an employer, most frequently a hospital or health maintenance organization (HMO), verifies that a practitioner has the required education, training, and experience to practice in the state. State or local laws and rules can specify the types of credentials and verification processes that a hospital or other healthcare provider must address in credentialing a practitioner. Credentialing is typically done when a practitioner is first employed with an entity and may be updated periodically.

Privileging

Like credentialing, privileging typically arises in the healthcare context for hospitals, HMOs, and other healthcare providers to allow a practitioner to practice in or in a capacity associated with their institution. The granting of privileges to a practitioner will define the scope of permitted activities the practitioner may engage in while at the facility. A practitioner's credentials are checked as part of the privileging process.

Certification

Certification is a credential that a practitioner may seek in addition to their primary qualifying degree and examination. For example, a physician may seek certification in a specialty (e.g., emergency medicine) in addition to his or her medical degree. Certifications are generally administered by national boards that specify the education, training, competency, and examination requirements to achieve certification and re-certification. Certification may or may not be required as part of the licensure process.

Accreditation

Accreditation is recognition by an independent professional organization or nongovernmental agency that a healthcare entity has met predetermined standards.