

# Compact Connect State Date Submission Field Descriptions



Field Name	Description	Format	Example
dateOfBirth*	Provider's date of birth	YYYY-MM-DD	1980-01-31
dateOfExpiration*	License expiration date	YYYY-MM-DD	2025-12-31
dateOfIssuance*	Date when license was originally issued	YYYY-MM-DD	2020-01-01
dateOfRenewal*	Most recent license renewal date	YYYY-MM-DD	2023-01-01
familyName*	Provider's family/last name	String (max 100 chars)	Smith
givenName*	Provider's given/first name	String (max 100 chars)	John
homeAddressCity*	City of provider's home address	String (max 100 chars)	Springfield
homeAddressPostalCode*	Postal/ZIP code of provider's home address	String (5-7 chars)	12345
homeAddressState*	State/province of provider's home address	String (max 100 chars)	IL
homeAddressStreet1*	First line of provider's street address	String (max 100 chars)	123 Main St
licenseType*	Type of professional license. Types you provide must be associated with the compact you are uploading for.	One of: audiologist, speech-language pathologist, occupational therapist, occupational therapy assistant, licensed professional counselor	occupational therapist

ssn*	Social Security Number	Format: XXX-XX-XXXX	123-45-6789
licenseStatus*	Current status of the license. "active" means they are allowed to practice their profession. Note: licenses will automatically be displayed as inactive after their date of expiration, even if the last upload still showed them as active.	One of: active, inactive	active
licenseStatusName	An optional more descriptive name of the license status.	String (max 100 chars)	SUSPENDED
compactEligibility*	Whether this license makes the licensee eligible to participate in the compact based on the compact's requirements. Cannot be eligible if licenseStatus is inactive. Note: licenses will automatically be displayed as ineligible after their date of expiration, even if the last upload still showed them as eligible.	One of: eligible, ineligible	eligible
emailAddress	Provider's email address (optional)	Email (max 100 chars)	john.smith@example.com
homeAddressStreet2	Second line of provider's street address (optional)	String (max 100 chars)	Suite 100
licenseNumber	License number (optional)	String (max 100 chars)	OT12345
middleName	Provider's middle name (optional)	String (max 100 chars)	Robert
npi	National Provider Identifier (optional)	10-digit number	1234567890
phoneNumber	Provider's phone number (optional)	<u>ITU-T E.164 format</u> (must include country code, no spaces or dashes)	+12025550123
suffix	Provider's name suffix (optional)	String (max 100 chars)	Jr.

Answer all your state data submission questions here:

