



Board of Professional Counselors

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: ProfessionalCounselors@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/ProfessionalCounselors

Approved Professional Counselor Supervisor Application Instructions

A person must be approved and certified by the board as an Approved Counselor Supervisor to supervise Professional Counselors who are in the process of obtaining their postgraduate experience.

12 AAC 62.220 SUPERVISED EXPERIENCE

(c) Beginning July 1, 2007, to meet the supervised experience requirements of AS 08.29.110(a)(6), the board will accept the hours of supervised experience, accumulated by an applicant for licensure, under the supervision of a person that is certified, before the supervision begins, as an approved counselor supervisor under 12 AAC 62.200.

The board will approve the following individuals to provide supervision:

- Licensed Professional Counselor;
- Licensed Clinical Social Worker;
- Licensed Marital and Family Therapist; or
- Licensed Psychologist;
- Licensed Psychological Associate;
- Licensed Physician;
- Licensed Advanced Practice Registered Nurse who is certified to provide psychiatric or mental health services.

CODE OF ETHICS

In accordance with AS 08.29.210(a)(5) and 12 AAC 62.200(a)(3) and (b), the Board of Professional Counselors is requiring that the applicant adhere to the AMHCA Code of Ethics, adopted by reference in 12 AAC 62.900. (AMHCA = American Mental Health Counselors Association)

The following must be received by the division before your application for Approved Professional Counselor Supervisor can be reviewed:

1. APPLICATION

A signed, completed application (#08-4430, pages 1-4).

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$200.00

Perpetual Supervisor Certification Fee: \$150.00

Total Fees Due: \$350.00

3. STATEMENT OF LICENSURE

Provide to the board a statement that you are currently licensed to practice and have at least five years of counseling experience. If applying from another jurisdiction, submit a copy of the applicant's license in that jurisdiction.

4. STATEMENT OF PHILOSOPHY/ORIENTATION/EXPERIENCE

Provide to the board a statement that details your supervision philosophy, counselor orientation, and counselor experience.

5. CONTINUING EDUCATION

Submit a completed Board Approved Supervisor Continuing Education Documentation form (#08-4430a) and documentation of having completed at least 25 contact hours of continuing education related to supervision of professional counselors within the two years preceding the date of application; the 25 contact hours of continuing education must include at least 12 hours earned through attendance and completion of synchronous courses, seminars, and workshops; the 25 contact hours must be obtained through any of the following:

- (A) a three semester-hour graduate course in clinical supervision;
- (B) a course approved by the National Board of Certified Counselors (NBCC);
- (C) a course approved by the American Counseling Association (ACA);
- (D) a course approved by the American Mental Health Counselors Association (AMHCA); OR
- (E) other courses related to professional counseling supervision and presented to the board for pre-approval as equivalent to courses described in (B) - (D) of this paragraph

In some instances, the board will approve out-of-state supervision for applicants. If you are applying to be a supervisor and you are not licensed in Alaska, you must submit a copy of your current professional license.

General Information

APPLICATION PROCESSING:

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the application will be forwarded to the Board of Professional Counselors for review. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

PROFESSIONAL FITNESS QUESTIONS:

A “yes” response in the application does not mean your application will be denied. If you have responded “yes” to any professional fitness questions, submit an explanation with the charging and closing court documentation (e.g. court records, fitness letters, etc.).

DENIAL OF APPLICATION:

Be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's responsibility to notify the division, in writing, of changes of address or name. Name and address change notification forms are available on the division's website. The address of record with the division will be used to send renewals and all other official notifications. The name appearing on the license must be your current legal name.

CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a “certified true copy of the original document”. To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, “I certify this is a true copy of the original document” and sign your name. The notary will compare the original document with the copy and then notarize your signature.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 requires a U.S. Social Security Number be on file with the division before a professional license is issued. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form located at ProfessionalLicense.Alaska.Gov.

PUBLIC INFORMATION:

All information on the application form will be available as a public record, unless required to be kept confidential by state or federal law.

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or BusinessLicense.Alaska.Gov.

STALE DOCUMENTS:

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the division's website: ProfessionalLicense.Alaska.Gov. To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: RegulationsAndPublicComment@Alaska.Gov.



THE STATE
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Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

PCO

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Approved Professional Counselor Supervisor Application

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Application and Certification Fee* (\$200 is Non-Refundable)	\$350.00
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*This is a perpetual certification – it does not renew.

PART II Personal Information

Full Legal Name:			
<p>Provide all other names used (maiden, nicknames, aliases). If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Other Names Used: _____</p>			
Mailing Address:	P.O. Box or Street	City	State Zip
Contact Phone:		Date of Birth:	
<p>EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.</p>			
Email Address:		Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<p>Note: If both boxes are selected above, you will receive correspondence electronically.</p>			
<p>SOCIAL SECURITY NUMBER: AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.</p>			

PART III Current Licensure

This is the license your certification will be based on. If this license lapses, your certification will expire.

License Number:		State or Jurisdiction:	
Licensed As:	<input type="checkbox"/> Professional Counselor <input type="checkbox"/> Physician <input type="checkbox"/> Marital and Family Therapist	<input type="checkbox"/> Clinical Social Worker <input type="checkbox"/> Psychologist <input type="checkbox"/> Psychological Associate	<input type="checkbox"/> Advanced Practice Nurse Practitioner who is certified to provide psychiatric or mental health services
Issue Date:		Expiration Date:	
Have you practiced in the above profession for at least 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Practice Start Date:		Practice End Date:	

PART IV Professional Background

Give a statement that details your supervision philosophy, counseling orientation, and counseling experience.

1. Supervision Philosophy:

2. Counseling Orientation:

3. Counseling Experience:

PART V Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an **explanation and documentation**. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.

When in doubt, disclose and explain.

1. In the last three years, have you been disciplined by any state board for any violations of the Professional Counselor Practice Act, ethical standards of a profession in which you currently hold a license as established by the licensing jurisdiction, or unethical conduct? Yes No
2. Are you currently the subject of a complaint or an unresolved investigation for violation of ethical standards set out under 12 AAC 62.900. or as established by another state agency or jurisdiction? Yes No
3. In the last three years, have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending? Yes No

PART VI Alaska Law

- I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.29 and 12 AAC 62).



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Signature Page

Applicant Name:		
Alaska License Number (if known):		<input type="checkbox"/> <i>Application in Process</i>

PART VII Agreement

I hereby certify I am the person herein named and subscribing to this application. I further certify I have read the complete application, and I know the full content thereof. I declare all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, registration, certificate, or permit to practice in the state of Alaska.

I further understand it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Applicant Signature:		Date Signed:	
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Board Approved Supervisor Continuing Education Documentation

This form must accompany your application for certification as a Board Approved Supervisor. Failure to complete this form may lead to delays in licensure.

Note: Per 12 AAC 62.200(a)(4), The board will certify as an approved counselor supervisor an applicant who meets the requirements of AS 08.29.210 and of this section. An applicant for certification under this section must submit documentation of having completed at least 25 contact hours of continuing education related to supervision of professional counselors within the two years preceding the date of application; the 25 contact hours of continuing education must include at least 12 hours earned through attendance and completion of synchronous courses, seminars, and workshops; the 25 contact hours must be obtained through any of the following:

- (A) a three semester-hour graduate course in clinical supervision;
- (B) a course approved by the National Board of Certified Counselors (NBCC);
- (C) a course approved by the American Counseling Association (ACA);
- (D) a course approved by the American Mental Health Counselors Association (AMHCA); or
- (E) other courses related to professional counseling supervision and presented to the board for pre-approval as equivalent to courses described in (B) – (D) of this paragraph;

In the table below, the key for sponsoring organizations* is broken down as follows:

A – 3 Semester-Hour Graduate Course in Clinical Supervision; **B** – National Board of Certified Counselors (NBCC); **C** – American Counseling Association (ACA);
D – American Mental Health Counseling Association (AMHCA); **E** – Courses Pre-Approved by the Board**

Applicant Name:		License Number:	
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Dates of Attendance	Course Title and Description	Hours Claimed	Sponsoring Organization*					Synchronous***
			A	B	C	D	E	
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No

Dates of Attendance	Course Title and Description	Hours Claimed	Sponsoring Organization*					Synchronous***
			A	B	C	D	E	
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Hours of Continuing Education:								

****Pre-Approval** means that the course has been presented to the board for approval prior to taking the course. If you wish to request pre-approval of a specific course, please submit a signed and dated letter with your request, the course syllabi and the course agenda for review.

*****Synchronous** means instruction between an instructor and an attendee that occurs in real-time, either in person or through the Internet.

Applicant Signature:		Date Signed:	
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Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “yes” answers. A “yes” answer is not necessarily disqualifying but concealing one may be.

Each “yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include, but not be limited to, suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.



Write the professional fitness question number you are answering “yes” to in the box.

Location of Incident:		Date of Incident:	
Explanation of Incident: When in doubt, disclose and explain. <i>Make copies as necessary.</i>			

Did you attach all applicable documents associated with this incident?

- Court Orders
 Consent Agreements
 Disciplinary Actions
 Charging Documents
 Court Records
 Fitness to Practice
 All Other Documentation Related to This Incident
 I have additional incidents for this “yes” answer, or “yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

Full Name:		Program:	
Signature:		Date Signed:	



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee:			
Profession Type (e.g., Acupuncture):		License Number (if applicable):	
I wish to make payment by credit card for the following (check all that apply):			AMOUNT
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
			TOTAL:

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.

1. Credit Card Number:		All 3 fields MUST be completed. This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		