



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.

If you have questions concerning any of the admission requirements herein described, please contact the licensing examiner for the Board of Professional Counselors at (907) 465-2550.

The Board will approve the following individuals to provide supervision:

- Licensed Professional Counselor;
- Licensed Clinical Social Worker;
- Licensed Marital and Family Therapist;
- Licensed Psychologist;
- Licensed Psychological Associate;
- Licensed Physician; or
- Licensed Advanced Nurse Practitioner 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 completed application, signed and notarized (#08-4430, pages 1-3).

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 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 time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued. 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.

LICENSE TERM:

There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on October 31 of odd-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record.

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 in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

DENIAL OF APPLICATION:

Please 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.

RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee'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 and correspondence. 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 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at ProfessionalLicense.Alaska.Gov or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at ProfessionalLicense.Alaska.Gov under License Search.

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*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



THE STATE
of **ALASKA**

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

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Approved Professional Counselor Supervisor Application

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee	\$200.00
	<input type="checkbox"/> Perpetual Supervisor Certification Fee <i>(This is a perpetual certification – it does not renew)</i>	\$150.00

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"/> Clinical Social Worker <input type="checkbox"/> Marital and Family Therapist <input type="checkbox"/> Physician <input type="checkbox"/> Psychologist <input type="checkbox"/> Psychological Associate <input type="checkbox"/> Advanced 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

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

1. Supervision Philosophy:

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2. Counseling Orientation:

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3. Counseling Experience:

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Notary Signature Page

PART V Notarized Signature

I certify that I will adhere, and will continue to adhere, to the ethical guidelines adopted which are in accordance with AS 08.29.210(a)(5) and 12 AAC 62.200(a)(3).

I certify that the information on this form is true and correct to the best of my knowledge and that all credentials supplied by me to support my application are true and correct.

Notary Stamp	Applicant Printed Name:			
	Applicant Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	

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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 Clin. 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
Subtotals for Each Category:								
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 is defined as live/interactive courses in which the instructor and attendee may interact in real time. Courses that are pre-recorded or intended to be completed in your own time do not meet this requirement. At least 12 hours of continuing education must be synchronous.*

Applicant 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: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
1. Account Number: _____	All four fields MUST be completed! This section will be destroyed after the payment is processed.
2. Expiration Date: _____	
3. Billing ZIP Code: _____	
4. Security Code: _____	