



THE STATE
of **ALASKA**

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

MFT

FOR DIVISION USE ONLY

Board of Marital and Family Therapy

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfMaritalAndFamilyTherapy@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfMaritalFamilyTherapy

Marital and Family Therapy Renewal

January 1, 2023 – December 31, 2024

- Your license lapses after December 31, 2022. There is no grace period — it is illegal to work if your license has lapsed.
- Emailed applications will not be accepted.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a 4–6-week processing time for correct and complete renewal applications.
- Once the renewal is processed, your license certificate will be available for printing via the MY LICENSE self-service portal.

PART I Payment of Fees

Renewal Fees:	<input type="checkbox"/> Full-Term Biennial License Renewal	\$1,250.00
	<i>(For licenses first issued on or before December 31, 2021)</i>	

	<input type="checkbox"/> Prorated License Renewal	\$ 625.00
	<i>(For licenses first issued on or after January 1, 2022)</i>	

PART II Personal Information

Full Legal Name: Name change: <input type="checkbox"/>	Marital and Family Therapy License Number:	
<i>If you have had a legal name change since your last license was issued, you must complete a <u>Change of Name</u> form.</i>		
Mailing Address: Address change: <input type="checkbox"/>	P.O. Box or Street	City State Zip
Contact Phone:	Date of Birth:	
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.		
Email Address:	Select One: <input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail	
Note: If both boxes are selected above, you will receive correspondence electronically.		
SOCIAL SECURITY NUMBER: AS 08.01.100 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.		

PART III Marital and Family Therapy Supervisor

I have been approved as a marital and family therapy supervisor in accordance with 12 AAC 19.210.
Supervisors must obtain two contact hours of continuing education related to the practice of supervising a marital and family therapist. You may include the two hours in the total continuing education hours required for renewal.

Sponsoring Organization:			
Class Location:			
Class Title:			
Instructor Name:		Dates Attended:	
Class Description:			
Publications or Presentations:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hours Attended:

PART IV 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. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

When in doubt, disclose and explain.

Since the date your last Alaska license was issued or renewed:

- 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
- Have you been convicted of a crime or are you currently charged with committing a crime? For the purpose of this question, "crime" includes a misdemeanor, felony, or a military offense, including, but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.

Yes
 No
- Have you experienced or been treated for bipolar disorder, schizophrenia, paranoia, depression, (except for situational or reactive depression), psychotic disorder, or other mental or physical disability which may impair or interfere with your ability to practice as a marital and family therapist?

Yes
 No

PART IV Professional Fitness Questions (continued)

4. Have you been treated for substance abuse, or have you been addicted to, or excessively or illegally used, alcohol or a controlled substance which may impair or interfere with your ability to practice as a marital and family therapist? Yes No

"Yes" Answers

If you answered "yes" to questions 3 or 4, in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice marital and family therapy. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

Continuing Competency

Your license cannot be renewed unless you have met the continued competency requirements in Article 3 of 12 AAC 19 (see attached regulations).

Random Audit

The board will audit a percentage of the license renewals. If your license is randomly selected for audit, you will be sent a letter and required to submit documentation and proof that you satisfied the continued competency requirements as you stated on this renewal form. Save your documents for at least four years to respond to any audits.

PART V Statement of Compliance

By checking the appropriate box below, you are verifying your compliance with the continuing competency requirements of Article 3 of 12 AAC 19 during the license period from January 1, 2021 to December 31, 2022.

Check one of these boxes if your renewal application is postmarked on or before December 31, 2022:

- Licenses initially issued on or before June 30, 2021.

I certify that I have successfully completed the required 45 contact hours which included two contact hours in each; professional ethics, addictions, cross-cultural education and domestic violence, and two contact hours in teletherapy including teletherapy ethics (if I participate in teletherapy).

- Licenses initially issued between July 1, 2021 and December 31, 2021.

I certify that I have successfully completed the required 30 contact hours which included two contact hours in each; professional ethics, addictions, cross-cultural education and domestic violence, and two contact hours in teletherapy including teletherapy ethics (if I participate in teletherapy).

- Licenses initially issued on or after January 1, 2022.

I certify that I have successfully completed the required 23 contact hours which included two contact hours in each; professional ethics, addictions, cross-cultural education and domestic violence, and two contact hours in teletherapy including teletherapy ethics (if I participate in teletherapy).

Late Renewal Applicants

Complete this section if your renewal application is postmarked on or after January 1, 2023:

- I certify that I have successfully completed some or all of my hours of continuing education after December 31, 2022. These hours were earned in accordance with Article 3 of 12 AAC 68.

I have attached copies of certificates documenting completion of continuing education. Per 12 AAC 02.965, I understand that the hours I earned after December 31, 2020, may not be used for the subsequent renewal period (January 1, 2023 – December 31, 2024).

PART VI Attestation

- I certify that I am in compliance with the requirement to furnish clients with a disclosure statement that meets the requirements of AS 08.63.230.



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Signature Page

Applicant Name:

PART VII Agreement

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

I understand that 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, certificate, or permit to practice in the state of Alaska.

I further understand that 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:

Continuing Education Documentation

Continuing Education Requirements:

- **Licenses initially issued on or before June 30, 2021:** 45 contact hours of continuing education, including two contact hours in each: professional ethics, addictions, cross-cultural education and domestic violence, and two contact hours in teletherapy including teletherapy ethics (if participating in teletherapy).
- **Licenses initially issued between July 1, 2021 and December 31, 2021:** 30 contact hours of continuing education, including two contact hours in each: professional ethics, addictions, cross-cultural education and domestic violence, and two contact hours in teletherapy including teletherapy ethics (if participating in teletherapy).
- **Licenses initially issued on or after January 1, 2022:** 23 contact hours of continuing education, including two contact hours in each: professional ethics, addictions, cross-cultural education and domestic violence, and two contact hours in teletherapy including teletherapy ethics (if participating in teletherapy).

List only courses that you have taken and completed. Do not list courses you anticipate taking.

- Attach the Certificate of Completion for each course in the order they are listed on the form.
- Courses that do not have a Certificate of Completion will not be counted for credit - see 12 AAC 02.960(k).

In the table below, the categories for hours are broken down as follows:

G – General; P – Professional Ethics; A – Addictions; CC – Cross-Cultural Education; D – Domestic Violence; T – Teletherapy Practice

Registrant Name:	
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Dates of Attendance	Course/Seminar or Workshop Title/Brief Description	Principal Instructor	Sponsoring Organization	G	P	A	CC	D	T

Dates of Attendance	Course/Seminar or Workshop Title/Brief Description	Principal Instructor	Sponsoring Organization	G	P	A	CC	D	T
Subtotal Hours for Each Category:									
Total Hours of Continuing Education:									

Applicant Signature:		Date Signed:	
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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 and sent to you. 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 December 31 of even-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. If your program offers temporary licenses, they are issued for either 30 consecutive days or until the end of the calendar year, whichever period is shorter.

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.

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.

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.

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.

PRESCRIPTION DRUG MONITORING PROGRAM:

All Alaska-licensed practitioners with a DEA registration number valid to use in any state or practice location must register with the Alaska Prescription Drug Monitoring Program (PDMP) within 30 days of initial licensure and use the PDMP to review a patient's prescription history each time before prescribing or administering a federally scheduled II or III controlled substance. For more information, please visit *PDMP.Alaska.Gov*

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*

ARTICLE 3. LICENSE RENEWAL AND CONTINUING EDUCATION.

Section

300. License renewal

310. Continuing education requirements

320. Approved continuing education activities

330. Audit of continuing education requirements

340. Failure to meet continuing education requirements and license reinstatement 350. Application for continuing education course approval

12 AAC 19.300. LICENSE RENEWAL. (a) A license to practice marital and family therapy expires on December 31 of even-numbered years.

(b) A marital and family therapist applying for license renewal shall

(1) complete a renewal application on a form provided by the department;

(2) pay the license renewal fee established in 12 AAC 02.242; and

(3) submit a statement of the continuing education contact hours completed during the concluding license period; the statement must include the following information, when applicable, for each course, seminar, or workshop:

(A) the name of the sponsoring organization;

(B) the location of the course, seminar, or workshop;

(C) the title and a brief description of the course, seminar, or workshop;

(D) the principal instructor;

(E) the dates of attendance;

(F) the titles, issues, and dates of publications or presentations; and

(G) the number of continuing education contact hours claimed.

(c) An applicant renewing a license who participates in teletherapy must complete two hours of continuing education that relates to teletherapy practice and that includes teletherapy ethics.

12 AAC 19.310. CONTINUING EDUCATION REQUIREMENTS. (a) An applicant for renewal of a marital and family therapy license who has been licensed 18 months or more of the concluding license period shall document completion of 45 contact hours of continuing education acceptable to the board that was earned during the concluding license period including at least

(1) two contact hours in professional ethics;

(2) two contact hours in addictions;

(3) two contact hours in cross cultural education; and

(4) two contact hours related to issues of domestic violence.

(b) An applicant for renewal of a marital and family therapy license who has been licensed at least 12 months but less than 18 months of the concluding license period shall document completion of 30 contact hours of continuing education acceptable to the board that was earned during the concluding license period including at least

(1) two contact hours in professional ethics;

(2) two contact hours in addictions;

(3) two contact hours in cross cultural education; and

(4) two contact hours related to issues of domestic violence.

(c) An applicant for renewal of a marital and family therapy license who has been licensed less than 12 months of the concluding license period shall document completion of 23 contact hours of continuing education acceptable to the board that was earned during the concluding license period including at least

(1) two contact hours in professional ethics;

(2) two contact hours in addictions;

(3) two contact hours in cross cultural education; and

(4) two contact hours related to issues of domestic violence.

(d) For the purposes of this section,

(1) one "contact hour" equals a minimum of 50 minutes of classroom instruction between instructor and participant;

(2) one academic semester credit equals 15 contact hours; and

(3) one academic quarter credit equals 10 contact hours.

(e) Only hours of actual attendance during which instruction was given will be accepted as continuing education contact hours earned from an academic course that is audited by the licensee, and the total number of contact hours earned may not exceed the academic credit hours offered for that course.

12 AAC 19.320. APPROVED CONTINUING EDUCATION ACTIVITIES. (a) To be accepted by the board, continuing education must contribute directly to the professional competency of a marital and family therapist and must be directly related to the skills and knowledge required to implement marital and family therapy principles and methods.

(b) The following continuing education activities are acceptable if they are related to marital and family therapy in accordance with (a) of this section:

- (1) postgraduate courses given by a regionally accredited academic institution, either audited or for credit;
 - (2) courses offered by the American Association for Marital and Family Therapy;
 - (3) courses offered by the Alaska Association for Marital and Family Therapy;
 - (4) seminars, workshops, or mini-courses offered by professional organizations;
 - (5) cross-disciplinary courses, seminars, or workshops in the fields of medicine, law, behavioral sciences, ethics, or other disciplines;
 - (6) courses, seminars, or workshops in substance abuse, domestic violence, cross-cultural issues, gender issues, or child abuse;
 - (7) other courses not covered under (1)--(6) of this subsection that are specifically preapproved by the board, up to a maximum of 15 contact hours;
 - (8) first-time preparation and presentation of a marital and family therapy course, seminar, or workshop, up to a maximum of 10 contact hours allocated among all marital and family therapists and other professionals involved;
 - (9) first-time presentation or publication of an article or book chapter related to the practice of marital and family therapy that was presented at a state or national association meeting or published by a publisher recognized by the profession, up to a maximum of 10 contact hours allocated among all marital and family therapists and other professionals involved; and
 - (10) completion of a formal correspondence program, video tape program, audio cassette program, or other individual study program; the number of hours of continuing education credit awarded will be determined by the board using the contact hour standards described in 12 AAC 19.310(d)(1), not to exceed one-half of the total contact hours of continuing education required for license renewal under 12 AAC 19.310; a program under this paragraph is acceptable only if
 - (A) the program requires registration and provides evidence of successful completion; or
 - (B) the licensee submits a signed statement verifying that the licensee has successfully completed the program from a licensee who is a supervisor approved under 12 AAC 19.210 and has supervised the licensee's study program under this paragraph.
- (c) Hours spent in job orientation will not be accepted as continuing education contact hours.
- (d) To be accepted by the board, an instructor presenting information concerning counseling or the treatment of clients must hold a master's degree or higher in a mental health field unless specifically preapproved by the board under this section.

12 AAC 19.330. AUDIT OF CONTINUING EDUCATION REQUIREMENTS. (a) After each renewal period the board will, in its discretion, audit renewal applications to monitor compliance with the continuing education requirements of this chapter.

(b) A licensee selected for audit shall, within 30 days from the date of notification, submit documentation to verify completion of the contact hours claimed under 12 AAC 19.300.

(c) An applicant for renewal is responsible for maintaining adequate and detailed records of all continuing education hours claimed and shall make them available to the board upon request under this section. Records must be retained for three years after the date the continuing education hours were earned.

12 AAC 19.340. FAILURE TO MEET CONTINUING EDUCATION REQUIREMENTS AND LICENSE REINSTATEMENT. (a) The board will reinstate a license that was not renewed because of the licensee's failure to meet the continuing education requirements in 12 AAC 19.300 - 12 AAC 19.330 if the licensee submits to the board proof of completion of all required continuing education credit hours and meets all other requirements for license renewal.

(b) A licensee who is unable to obtain the continuing education hours required for license renewal due to reasonable cause or excusable neglect may submit a written request to the board for an exemption. The request for an exemption must include an explanation of the reasonable cause or excusable neglect that resulted in the licensee's failure to meet the continuing education requirements. If the board grants the exemption, the board will, in its discretion, prescribe an alternative method of compliance with the continuing education requirements as the board considers appropriate to the individual situation.

(c) In this section, "reasonable cause or excusable neglect" includes

- (1) chronic illness;
- (2) retirement;
- (3) military service;
- (4) leave of absence from active practice during the concluding licensing period; and
- (5) hardships recognized by the board.



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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 public records. If you believe that the additional information you are attaching to explain a “Yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state 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. Make copies as necessary.			

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:		PL Code:	
Signature:		Date:	

You must submit one form for each “Yes” answer. Make copies of this form as necessary.



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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!	
<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>