



State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
BOARD OF MARITAL AND FAMILY THERAPY
State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2588 ★ Fax: (907) 465-2974 ★ E-mail: license@alaska.gov
Website: www.commerce.alaska.gov/occ

APPLICATION TO BECOME AN APPROVED MARITAL AND FAMILY THERAPY SUPERVISOR

In accordance with AS 08.63.120, a person may not supervise an associate marital and family therapist unless approved by the board to be a supervisor.

If you have questions concerning the admission requirements, please contact the licensing examiner at (907) 465-2588.

The board will approve a licensed marital and family therapist to provide supervision to an associate marital and family therapist upon submission of the following information.

1. A complete notarized application.
2. Proof that you are currently licensed to practice marital and family therapy in this state.
3. Proof that you have practiced marital and family therapy for at least five continuous years in accordance with AS 08.63.900(5).
4. Documentation of having completed at least six contact hours of education related to the practice of supervising a marital and family therapist within the last two years.

GENERAL INFORMATION

Licensees must adhere to the requirements for license renewal and continuing education found under Article 2 of 12 AAC 19.210(b) and Article 3 of 12 AAC 19.300-.340.

APPLICATION REVIEW - The board meets at least twice a year and will review applications at Board meetings. Applications must be complete (including supporting documentation). Contact the division for meeting dates.

ADDRESS CHANGE - In accordance with 12 AAC 02.900, a person must notify the division in writing of any change in address. You can download the Change of Address form from the division website at: www.commerce.alaska.gov/occ.

RENEWAL INFORMATION - All certificates expire on December 31 of even-numbered years, regardless of when issued, except certificates issued within 90 days of the expiration date will be issued through the next biennium. Refer to 12 AAC 19.310 for continuing education requirements.

SOCIAL SECURITY NUMBER - In accordance with AS 08.01.060, the department is not authorized to issue a license unless the applicant's social security number has been provided to the department. If you do not have a social security number, you may download the Request for Exception from Social Security Number Requirement form at <http://commerce.alaska.gov/occ> or contact the division.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS - If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Postsecondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

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: www.commerce.alaska.gov/occ under License Search.



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MFT

For Division Use Only

MARITAL AND FAMILY THERAPY APPROVED SUPERVISOR LICENSE APPLICATION

THIS APPLICATION MUST BE COMPLETED IN FULL. If any section does not apply, please write N/A in the space provided. TYPE OR PRINT IN INK ALL INFORMATION.

[] Initial Application [] Reinstatement Application

PERSONAL INFORMATION:

Name: Last First M.I. Maiden

Mailing Address: Street or PO Box City State Zip Code

Business Phone: Home Phone:

Social Security Number: Date of Birth: Sex: (Required by AS 08.01.060)

Email Agreement: By providing my email address below, I agree to receive correspondence on any matter affecting my license or other business with the Alaska Board of Pharmacy or the Alaska Division of Corporations, Business and Professional Licensing via email at this address. I agree to notify the Division in writing when my email address changes. I understand failure to check my email address or to keep it in good standing may result in an inability to receive crucial information, potentially resulting in the inability to obtain or retain licensure.

Print Email Address:

I, am attesting that I have an Alaska Marital and Family Therapy License, No.: Date Issued:, and have practiced marital and family therapy for at least five continuous years for the period from to (in accordance with AS 08.63.900(5)(A) and (B)).

Please give a brief description of your practice (in accordance with AS 08.63.900(5)(A) and (B)). If more space is needed, please attach a separate page.

Three horizontal lines for providing a brief description of practice.

CONTINUED ON NEXT PAGE

Please provide information to be made public for supervisees looking for a Board approved supervisor (contact address, phone and /or email address):

BY MY SIGNATURE BELOW, I HEREBY CERTIFY that the information contained in this application is true and correct to the best of my knowledge. I further certify that all credentials supplied by me are true and correct. I understand that any false information or falsification of credentials may result in failure to obtain a license to practice as a marital and family therapy approved supervisor in the State of Alaska. I 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.

Further, by my signature below, I acknowledge the Board of Marital and Family Therapy has made me aware of AS 47.17.020 and my duty to comply with that statute.

SIGN HERE 

Signature of Applicant

Date: _____

SUBSCRIBED AND SWORN to before me, a notary public, in and for
the State of _____ this _____ day
of _____, 20____.

Signature Notary Public

My Commission Expires: _____

WARNING: The Board of Marital and Family Therapy may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to practice marital and family therapy by fraud or deceit. The person may also be subject to criminal charges for perjury or unsworn falsification. (AS 11.56.210 and AS 11.56.230).