



Board of Professional Counselors

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: ProfessionalCounselors@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/ProfessionalCounselors

Professional Counselor License Application Instructions

This application contains all the documents you will need to apply for a permanent license to practice as a professional counselor in Alaska. Read these instructions and the Board of Professional Counselors Statutes and Regulations before you complete the application.

A person may apply for licensure to practice professional counseling in the State of Alaska under the provisions of AS 08.29. Applicants may qualify for licensure by credentials or by examination.

Please note the following:

- Average processing time for an application packet is from four to six weeks. Start the process far enough in advance to allow this process to occur. Applications are reviewed in order of receipt in our office.
- Appropriate fees must accompany applications before initial screening can begin.
- An incomplete application or any unusual circumstances noted in the application may require additional processing time.
- While we understand your desire to conclude this process as quickly as possible, our licensing staff is responsible for reviewing many files and cannot complete the application process if required documents are missing. It is your responsibility to ensure those documents are received by our office.
- The application review process is defined by the requirements set forth in state law. The Board and its staff must comply with those laws in processing applications.
- The Board of Professional Counselors conducts a thorough evaluation of education, training, employment or work history, and any criminal or disciplinary history. We recommend you do not make commitments for loans, practice start dates, home purchases, etc., based on the expectation of licensure. The Board will not accelerate one application over others, nor will it forego any elements of its screening process.
- If you received this application from a source other than directly from the Division or its official website, the application may be outdated or not an official version. To ensure you have the official version, please contact the Division.

LICENSURE BY CREDENTIALS (Licensed in Another State)

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

1. APPLICATION

A completed application, signed and notarized (#08-4403, pages 1-6).

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$200.00

Initial License Fee: \$250.00

Total Fees Due: \$450.00

3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4403a).

4. VERIFICATION OF LICENSURE

A completed Verification of Licensure form (#08-4403b) from each state where you currently hold or have ever held a license. The state must verify any disciplinary actions taken or pending.

5. CRIMINAL JUSTICE REPORT

Each applicant is required to submit a complete report of criminal justice information for Alaska under AS 12.62.005 – AS 12.62.200. The Alaska report can be obtained by contacting the Department of Public Safety, Alaska State Troopers. The report must be issued no earlier than 90 days prior to the date of this application.

The Department of Public Safety, Criminal Records and Identification (R&I) Bureau maintains Alaska criminal justice information. An application for an Alaska report of criminal justice can be obtained online or in person. Please check with the law enforcement office regarding what will be required to obtain the report.

In addition to the Alaska reports, if a state other than Alaska is your primary state of residence you must submit an equivalent report from your state of residency. Nonresident applicants will need to contact your local law enforcement office to obtain a complete report of criminal justice information. **If you have lived in Alaska less than one year, please submit the report from your previous state of residence and EACH state you have held a professional license in.**

Note: The report of state criminal justice information must come from a law enforcement agency. Internet self-searches will not be accepted. The report must include previous and middle names.

6. OFFICIAL TRANSCRIPTS

If you are from a state that does not require you to have sixty graduate semester hours in counseling, then please include a transcript showing you have a minimum of sixty semester hours (obtained either during or after your counseling degree):

The Board has gone on record with the decision that from June 2011 forward it will issue licenses by credentials only to those applicants who hold licenses to specifically practice professional counseling from states whose licenses specifically meet or exceed the Alaska state LPC requirements. If licensed after July 1, 2000, this includes the successful completion of 60 acceptable graduate semester units in counseling — NOT having a license to practice medicine in another state, territory, province or international licensing jurisdiction suspended or revoked or otherwise disciplined.

7. EDUCATIONAL COURSEWORK CHECK SHEET

If your graduate degree is in a related field, you must complete the Educational Coursework Check Sheet (#08-4403e). "Related field" includes psychology, marital and family therapy, social work, and applied behavioral science.

8. VERIFICATION OF CONTINUING EDUCATION

Submit verification of completion of 40 continuing education credits, including at least 20 hours of the continuing education credits earned through attendance and completion of synchronous courses, seminars, and workshops as specified in 12 AAC 62.310(d) and three of the continuing education credits in ethics within the previous two years immediately preceding application for licensure by credentials; the continuing education must comply with 12 AAC 62.320.

LICENSURE BY EXAMINATION (Not Licensed in Another State)

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

1. APPLICATION

A completed application, signed and notarized (#08-4403, pages 1-6).

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$200.00

Initial License Fee: \$250.00

Total Fees Due: \$450.00

3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4403a).

4. OFFICIAL TRANSCRIPTS

Certified transcripts of a master's degree or doctorate degree in counseling or related field as defined in 12 AAC62.990(b) and regionally accredited from an institution listed under 12 AAC 62.120(a)(1)-(7). If the institution is not regionally accredited, per 12 AAC 62.120, the degree must have included course work in at least eight specific subject areas. To assist the board in review of your education, please complete the attached educational course work check sheet and return with your application. If your graduate degree is in a related field, you must complete the attached educational coursework check sheet. "Related field" includes psychology, marital and family therapy, social work, and applied behavioral science.

5. GRADUATE SEMESTER HOURS

You must have a total of 60 graduate semester hours in counseling during or after earning the master's degree. An applicant who has not obtained enough graduate semester hours in their earned master's degree in counseling or a related professional field to meet the 60 graduate semester hours required under AS 08.29.110(a)(5)(B) may obtain the additional graduate semester hours needed to meet that requirement from an accredited program, either online or at an institution.

6. EDUCATIONAL COURSEWORK CHECK SHEET

If your graduate degree is in a related field, you must complete the Educational Coursework Check Sheet (#08-4403e). "Related field" includes psychology, marital and family therapy, social work, and applied behavioral science.

7. EXAMINATION

Submit verification of successfully having passed the National Counselor Examination for Licensure and Certification (NCE), the National Clinical Mental Health Counseling Examination (NCMHCE), administered by the National Board for Certified Counselors, Inc. (NBCC). The exam scores must be sent directly to the Division of Corporations, Business, and Professional Licensing from the NBCC. **An applicant who has not been issued an initial license within three years of passing the examination must retake the examination.** For good cause shown, the board may grant an extension of up to two years of use of the examination. Candidates wishing to sit for this examination will need to contact the NBCC directly to schedule the examination. To obtain information regarding the examination, please contact:

National Board for Certified Counselors, Inc.
3 Terrace Way, Suite D
Greensboro, North Carolina 27403-3660
(336)547-0607
<https://www.nbcc.org>

8. PROFESSIONAL REFERENCES

Two letters of recommendation (form #08-4403c) from professional counselors who are familiar with the applicant's work. The professional counselor does not necessarily need to be licensed. In accordance with 12 AAC 62.990(c)(4), "professional counselor" means a person who is in the practice of professional counseling as defined in AS 08.29.490(1).

9. VERIFICATION OF POST-DOCTORAL OR POST-MASTER'S EXPERIENCE

Verification of having completed at least 3,000 hours of supervised experience in the practice of professional counseling performed **over a period of at least two years** under the supervision of a supervisor approved by the Board (form #08-4403d). This experience must be completed after having received your degree. You must verify that you have had at least 1,000 hours of direct counseling with individuals, couples, families, or groups and at least 100 hours of face-to-face supervision.

Your supervisor must be approved by the Board, in accordance with 12 AAC 62.200, before supervision begins. This supervision must come from a licensed professional counselor, licensed clinical social worker, licensed marital and family therapist, licensed psychologist, licensed psychological associate, licensed physician, licensed psychiatrist, or licensed advanced nurse practitioner who is certified to provide psychiatric or mental health services that holds a Board Approved Supervisor credential granted by the Alaska Board of Professional Counselors.

10. CRIMINAL JUSTICE REPORT

Each applicant is required to submit a complete report of criminal justice information for Alaska under AS 12.62.005 – AS 12.62.200. The Alaska report can be obtained by contacting the Department of Public Safety, Alaska State Troopers. The report must be issued no earlier than 90 days prior to the date of this application.

The Department of Public Safety, Criminal Records and Identification (R&I) Bureau maintains Alaska criminal justice information. An application for an Alaska report of criminal justice can be obtained online or in person. Please check with the law enforcement office regarding what will be required to obtain the report.

In addition to the Alaska reports, if a state other than Alaska is your primary state of residence you must submit an equivalent report from your state of residency. Nonresident applicants will need to contact your local law enforcement office to obtain a complete report of criminal justice information. If you have lived in Alaska less than one year, please submit the report from your previous state of residence and EACH state you have held a professional license in. Note: The report of state criminal justice information must come from a state law enforcement agency. Internet self-searches will not be accepted. The report must include previous and middle names.

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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Professional Counselor License Application

PART I Application Type

- Examination (Not licensed in another state)
- Credentials (Licensed in another state) If you are applying by credentials, please indicate the state license that will be the basis of your application.

State: _____ License Number: _____ License Type: _____

PART II Payment of Fees

Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee	\$200.00
	<input type="checkbox"/> Initial License Fee	\$250.00

PART III Personal Information

Full Legal Name:			
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).			
<input type="checkbox"/> Not Applicable <input type="checkbox"/> Other Names Used: _____			
Mailing Address:	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		
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>			
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.			

PART IV Education

Either a master's **OR** a doctorate degree with a minimum of 60 graduate semester hours is required.

Name of School:

Degree Awarded:

Date Awarded:

Degree Type:

Master's Doctorate

If master's degree, do you have 60 graduate semester hours in counseling?

Yes No

PART V Professional License(s)

Please list all states or jurisdictions in which you currently are or have ever been licensed or certified to practice professional counseling, psychology, marital and family therapy or social work.

Check here if none.

State or Jurisdiction	Issue Date	Expiration Date	Type
			<input type="checkbox"/> License <input type="checkbox"/> Certification
			<input type="checkbox"/> License <input type="checkbox"/> Certification
			<input type="checkbox"/> License <input type="checkbox"/> Certification
			<input type="checkbox"/> License <input type="checkbox"/> Certification
			<input type="checkbox"/> License <input type="checkbox"/> Certification

PART VI Professional Background

Do you hold, or have you ever held, any other professional license(s)?

Yes No

State or Jurisdiction

License Number

License Type

State or Jurisdiction	License Number	License Type

PART VII Examination(s)

Please list any state(s) where you passed a professional counseling examination.

State	Exam Date	Exam Type
		<input type="checkbox"/> NCE <input type="checkbox"/> NCMHCE
		<input type="checkbox"/> NCE <input type="checkbox"/> NCMHCE

PART VIII Work History

In chronological order from most recent, list all relevant or related professional positions held in the past five years. Provide name of employer, mailing address, telephone number, position held, duties and responsibilities, and name of direct supervisor(s).

All applicants must complete this section, however **only those applying by examination** need to complete the information regarding supervision.

Employer Name:		Phone Number:	
Full Address:	P.O. Box or Street	City	State Zip
Employment Start Date:		Employment End Date:	
Position Held:			
Duties and Responsibilities:			
Supervisor Name: (Exam Applicants Only)			
Supervisor Degree: (Exam Applicants Only)		Total Hours Supervised: (Exam Applicants Only)	
Total Direct Counseling Hours: (Exam Applicants Only)		Total Face-to-Face Hours: (Exam Applicants Only)	

Employer Name:		Phone Number:	
Full Address:	P.O. Box or Street	City	State Zip
Employment Start Date:		Employment End Date:	
Position Held:			
Duties and Responsibilities:			
Supervisor Name: (Exam Applicants Only)			
Supervisor Degree: (Exam Applicants Only)		Total Hours Supervised: (Exam Applicants Only)	
Total Direct Counseling Hours: (Exam Applicants Only)		Total Face-to-Face Hours: (Exam Applicants Only)	

PART VIII Work History (continued)

Employer Name:		Phone Number:	
Full Address:	P.O. Box or Street	City	State Zip
Employment Start Date:		Employment End Date:	
Position Held:			
Duties and Responsibilities:			
Supervisor Name: (Exam Applicants Only)			
Supervisor Degree: (Exam Applicants Only)		Total Hours Supervised: (Exam Applicants Only)	
Total Direct Counseling Hours: (Exam Applicants Only)		Total Face-to-Face Hours: (Exam Applicants Only)	

Employer Name:		Phone Number:	
Full Address:	P.O. Box or Street	City	State Zip
Employment Start Date:		Employment End Date:	
Position Held:			
Duties and Responsibilities:			
Supervisor Name: (Exam Applicants Only)			
Supervisor Degree: (Exam Applicants Only)		Total Hours Supervised: (Exam Applicants Only)	
Total Direct Counseling Hours: (Exam Applicants Only)		Total Face-to-Face Hours: (Exam Applicants Only)	

Employer Name:		Phone Number:	
Full Address:	P.O. Box or Street	City	State Zip
Employment Start Date:		Employment End Date:	
Position Held:			
Duties and Responsibilities:			
Supervisor Name: (Exam Applicants Only)			
Supervisor Degree: (Exam Applicants Only)		Total Hours Supervised: (Exam Applicants Only)	
Total Direct Counseling Hours: (Exam Applicants Only)		Total Face-to-Face Hours: (Exam Applicants Only)	

PART IX 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.

1. Have you ever been disciplined by any state board for any violations of the Professional Counselor Practice Act or unethical conduct? Yes No

2. 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

3. Have you ever had any malpractice settlements or judgements paid on your behalf? (AS 08.29.400) Yes No

4. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including a conviction involving 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

5. Are you now, or have you been within the past five years, convicted of driving under the influence of alcohol, drugs or a chemical substance? Yes No

6. Are you now, or have you been within the past five years, addicted to or excessively used alcohol, narcotics, barbiturates or habit-forming drugs? Yes No

7. Are you now, or have you been within the past five years, hospitalized for emotional or mental illness or have you been treated for or hospitalized for drug addiction or alcoholism? Yes No

"Yes" Answers

If you answered "yes" to questions 5, 6 or 7, in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice as a professional counselor. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.



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Notary Signature Page

PART X Notarized Signature

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 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.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

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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Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my medical and dental records, employment and education records including all training which pertains to my practice, and any records pertaining to litigation, judgments, suits, and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, psychological, drug, or alcohol evaluation, counseling, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment, including all information previously identified, collected, or stored under the authority of any state or federal law, including 42 CFR Part 2.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with the application (initial, renewal, reactivation) for issuance of a Professional Counselor License.

This authorization expires one (1) year from the date of my signature below.

Name:	First	Middle	Last
Full Address:	P.O. Box or Street	City	State Zip
Phone:		Date of Birth:	
Email:			
Signature:		Date Signed:	



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Verification of Licensure

→ Applicant:

Please complete the identifying information below and forward a copy of this form to all states, territories, or jurisdictions where you currently are or have ever been licensed. *Make additional copies of this form, as needed.*

Applicant Name:			
Applicant Signature:		Date Signed:	

→ Licensing Agency or State Board:

Please complete this bottom part for the applicant identified above and return the form directly to the Alaska State Board of Professional Counselors at the letterhead address.

Licensee Name: (As Shown in Your Records)			State or Jurisdiction:	
License Number:			License Status:	
Issued By:	<input type="checkbox"/> Examination <input type="checkbox"/> Reciprocity			
Exam Source: (If Applicable)			Date of Exam: (If Applicable)	
Exam Percent Score: (If Applicable)		Exam Raw Score: (If Applicable)		
Original Issue Date:		Expiration Date:		

1. Has the applicant's license been lapsed or expired? Yes No

2. Has the applicant's license ever been suspended or revoked? Yes No

3. Has the applicant been subject to any other disciplinary action(s)? Yes No

"Yes" Answers

If you answered "yes" to any question above, please attach a detailed explanation or documentation signed and dated by the person whose signature appears below.

Board Seal	Signature:		Date Signed:	
	Printed Name:		Title:	
	Email:		Phone:	



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Letter of Recommendation

(Exam Applicants Only)

Two letters of recommendation are required from professional counselors who are familiar with the applicant's work. The professional counselor does not necessarily need to be licensed. In accordance with 12 AAC 62.990(c)(4), "professional counselor" means a person who is in the practice of professional counseling as defined in AS 08.29.490(1).

➔ **Applicant:** Please complete the identifying information below and forward a copy of this form to the appropriate individuals. *Make additional copies of this form, as needed.*

Applicant Printed Name:			
Applicant Signature:		Date Signed:	

➔ **Reference:** Please provide the information requested below for the applicant identified in this form and return the form directly to the Alaska State Board of Professional Counselors at the letterhead address.

Reference Name:		License Number: (If Applicable)	
License Type: (If Applicable)		State or Jurisdiction:	
Please comment on the applicant's qualifications, abilities, character, etc. Failure to complete this comments section may result in denial of licensure for the applicant.			
Associated with Applicant from Date:		Associated with Applicant to Date:	
Name of Institution or Clinic:			
Address of Institution or Clinic:	Street	City	State Zip
Email Address:		Phone Number:	

Comments on the applicant's qualifications, abilities, character, etc. should involve the practice of professional counseling as defined in AS 08.29.490, which means the application of principles and methods, or procedures of the counseling profession to diagnose or treat, other than through the use of projective testing or individually administered intelligence tests, mental and emotional disorders that are referenced in the standard diagnostic nomenclature for individual, group, and organizational therapy, whether cognitive, affective, or behavioral, within the context of human relationships and systems. The practice of professional counseling includes the professional application of evaluation techniques, treatments and therapeutic services to individuals and groups for the purpose of treating the emotional and mental disorders; an applied understanding of the dynamics of the individual and of group interactions, along with the application of therapeutic and counseling techniques for the purpose of resolving intrapersonal and interpersonal conflict and changing perceptions, attitudes, and behaviors in the area of human relationships. Administration and use of appropriate assessment instruments that measure or diagnose problems or dysfunctions within the course of human growth and development as part of a counseling process or in the development of a treatment plan.

Recommendation

In order for the Board of Professional Counselors to have sufficient information to adequately assess the applicant's qualifications, please answer the following questions.

To the best of your knowledge:

1. is the applicant of good moral character? Yes No

2. has the applicant within the past five years, ever been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs? Yes No

3. has the applicant ever been disciplined or sanctioned by another state or jurisdiction? Yes No

4. has the applicant violated the ethical standards for providers of professional counseling, psychology, marital and family therapy, or social work as established by another state agency or jurisdiction? Yes No

5. has the applicant misrepresented his or her professional qualifications? Yes No

6. has the applicant been sanctioned for practicing professional counseling, psychology, marital and family therapy or social services without a license? Yes No

7. Would you recommend the applicant for licensure as a professional counselor? Yes No

8. Any further comments the board might consider in reviewing this applicant? Yes No

Please explain:

.....

9. Please evaluate the applicant's technical knowledge and practical experience:

Excellent Very Good Fair Needs Improvement

I hereby certify that the above information is true and complete to the best of my knowledge.

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



THE STATE
of

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

Board of Professional Counselors

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: ProfessionalCounselors@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/ProfessionalCounselors

Verification of Post-Doctoral or Post-Master's Experience

(Exam Applicants Only)

In accordance with AS 08.29.110(a)(6), I must document that I have been supervised in the practice of professional counseling performed over a period of at least two years under the supervision of an approved supervisor in accordance with AS 08.29.210. The supervision must include 3,000 hours of supervised experience, with at least 1,000 hours of direct counseling with individuals, couples, families, or groups and at least 100 hours of face-to-face supervision by a supervisor approved in accordance with AS 08.29.210 and in accordance with supervised experience under 12 AAC 62.220. This experience must be completed after having received my degree.

Supervision must be provided by a person who has been approved and certified by the board in accordance with AS 08.29.210 and 12 AAC 62.200. Supervision must be provided by a person who is a licensed professional counselor, a licensed clinical social worker, licensed marital and family therapist, licensed psychologist, or licensed psychological associate, licensed physician, or licensed advanced nurse practitioner who is certified to provide psychiatric or mental health services.

→ **Applicant:** Please complete the identifying information below and forward a copy of this form to the appropriate individuals. *Make additional copies of this form, as needed.*

Applicant Printed Name:			
Applicant Signature:		Date Signed:	

→ **Supervisor:** Please provide the information requested below for the applicant identified in this form and return the form directly to the Alaska State Board of Professional Counselors at the letterhead address.

Supervisor Name:			
Board Approved Supervisor Certification Number:		Date Certified:	
License Type:		License Number:	
State or Jurisdiction:			
Licensed In: (Check all that apply)	<input type="checkbox"/> Professional Counselor <input type="checkbox"/> Clinical Social Worker <input type="checkbox"/> Marital and Family Therapist <input type="checkbox"/> Psychologist <input type="checkbox"/> Physician <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Advanced Nurse Practitioner who is certified to provide psychiatric or mental health services		
Name of Institution or Clinic:			
Address of Institution or Clinic:	Street	City	State Zip
Email Address:		Phone Number:	

Supervision Start Date:		Supervision End Date:	
Total hours of Supervised Experience:		Total Hours of Direct Counseling Experience:	
Total Hours of Face-to-Face Supervision Between Applicant and Supervisor:			
<input type="checkbox"/> I confirm that the hours verified on this page were only accrued under my supervision and do not overlap with another supervisor.			

Recommendation

The Board believes a license to practice professional counseling carries important responsibilities. Please comment, as supervisor, on the applicant's qualifications, abilities, character, etc., which involve the use of professional counseling as defined in 08.29.490(1)(A)(B)(C).

Comments: _____

To the best of your knowledge:

1. is the applicant of good moral character? Yes No

2. has the applicant within the past five years, ever been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs? Yes No

3. has the applicant ever been disciplined or sanctioned by another state or jurisdiction? Yes No

4. has the applicant violated the ethical standards for providers of professional counseling, psychology, marital and family therapy, or social work as established by another state agency or jurisdiction? Yes No

5. has the applicant misrepresented his or her professional qualifications? Yes No

6. has the applicant been sanctioned for practicing professional counseling, psychology, marital and family therapy or social services without a license? Yes No

7. Would you recommend the applicant for licensure as a professional counselor? Yes No

8. Please evaluate the applicant's technical knowledge and practical experience:

Excellent
 Very Good
 Fair
 Needs Improvement

I hereby certify that the above information is true and complete to the best of my knowledge.			
Notary Stamp	Reference Signature:		
	Notary Public for State of:	Subscribed and Sworn to Before me on this Day:	
	Notary Signature:	My Commission Expires:	



Board of Professional Counselors

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: ProfessionalCounselors@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/ProfessionalCounselors

Education Coursework Check Sheet

You must complete this form if your graduate degree is from a related field. (Related fields include psychology, marital and family therapy, social work and applied behavior science.)

To assist the Board in its review of your course work, please complete the following form and return it with your application.

Please have your transcript(s) forwarded to the Division directly from your school(s). Per 12 AAC 62.120(a), to meet the requirements of AS 08.29.110(a)(5), an applicant's degree must be from an institution of higher education in the United States that is accredited by a regional or national accrediting agency and the degree must have included course work in at least 8 of the following subject areas.

Applicant Name:			
Name of College or University Attended:			
Type of Degree:		Date Awarded:	

To establish equivalency, instruction must have been received in eight of the ten subjects.

1. Helping relationships, including counseling theory and practice.

Yes No

Institution	Course Number	Full Course Title	Dates	Credit Hours

2. Human growth and development.

Yes No

Institution	Course Number	Full Course Title	Dates	Credit Hours

3. Lifestyle and career development.

Yes No

Institution	Course Number	Full Course Title	Dates	Credit Hours

4. Group dynamics, processes, counselling, and consulting.

Yes No

Institution	Course Number	Full Course Title	Dates	Credit Hours

5. Assessment, appraisal, and testing of individuals.

Yes No

Institution	Course Number	Full Course Title	Dates	Credit Hours

6. Social and cultural foundation, including multicultural issues.

Yes No

Institution	Course Number	Full Course Title	Dates	Credit Hours

7. Principles of etiology, diagnosis, treatment planning and prevention of mental and emotional disorders and dysfunctional behavior.

Yes No

Institution	Course Number	Full Course Title	Dates	Credit Hours

8. Marriage and family counseling and therapy.

Yes No

Institution	Course Number	Full Course Title	Dates	Credit Hours

9. Research and evaluation.

Yes No

Institution	Course Number	Full Course Title	Dates	Credit Hours

10. Professional counseling orientation and ethics.

Yes No

Institution	Course Number	Full Course Title	Dates	Credit Hours



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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.



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

FOR DIVISION USE ONLY

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

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: _____	