



THE STATE  
of

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

**Board of Psychologists and Psychological Associate Examiners**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [BoardOfPsychologists@Alaska.Gov](mailto:BoardOfPsychologists@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfPsychologists](http://ProfessionalLicense.Alaska.Gov/BoardOfPsychologists)

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## Psychologist License by Examination Application Instructions

Please be aware that examination applicants must obtain a temporary license and approval of the applicant's post-doctoral supervision plan before beginning supervision.

**The following must be received by the division before your application for Psychological Associate License can be reviewed:**

### 1. APPLICATION

A signed, completed application (#08-4113, pages 1-4).

### 2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	\$200.00
Temporary License Fee:	\$150.00
License Fee:	\$500.00
State Examination Fee:	\$ 50.00

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Total Fees Due:	\$900.00
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**Note:** License fee of \$500.00 may be submitted with the application or upon successful completion of licensing requirements. (Please note that license fees are subject to change.)

### 3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4113a).

### 4. OFFICIAL TRANSCRIPTS

Official transcripts sent directly from all undergraduate and graduate schools attended.

### 5. VERIFICATION OF LICENSURE

Verification of licensure from each jurisdiction where you hold or have ever held a license or permit to practice psychology. (#08-4113b)

### 6. LETTER(S) OF REFERENCE

Five reference letters (#08-4113c), three (3) of which must be from licensed psychologists, members of the American Psychological Association, or diplomates of the American Board of Professional Psychology; and two (2) from other persons not related to the applicant.

### 7. DOCTORAL COURSE WORK CHECK SHEET

A completed Doctoral Course Work Check Sheet (#08-4113d).

### 8. SUPERVISED PRACTICE PLAN

A completed Supervised Practice Plan (#08-4113e). Must be approved by the board before beginning supervision.

### 9. VITA

Complete from the date of high school graduation to the time of application, including dates and places of residency.

### 10. STATEMENT OF SUPERVISED EXPERIENCE

Upon completion of supervision, the Statement of Supervised Psychological Experience form (#08-4113f) must be submitted.

### 11. PROOF OF INTERNSHIP

Proof of internship in accordance with 12 ACC 60.083 (A) (B) (i) (ii) (iii) (if program is not APA accredited). (#08-4113g)

## EXAMINATION INFORMATION

Applicants applying for examination must pass both the computerized National Examination for Professional Practice in Psychology (EPPP) and the written State Law and Ethics Examination. The State examination is administered separately from the computerized EPPP examination.

In Alaska, the EPPP is administered via computer in Anchorage; however, applicants may sit at any Prometric Test Center within the United States, U.S. territories, or Canada. Upon application approval by the board, applicants will receive further instructions regarding administration and scheduling of the national examination. The computerized examination allows applicants greater flexibility in examination scheduling (up to four times per year).

The State Law and Ethics Examination is offered four times per year. It is not computerized and is administered separately from the national examination.

A complete application and all supporting documents must be received in the division's Juneau office at least 45 days before the next regularly scheduled meeting of the board in order to be considered for the next State Law & Ethics examination.

Upon board approval, a temporary license will be issued, and applicants will be notified in writing that supervision may begin. Upon completion of supervision, the Statement of Supervised Psychological Experience form must be submitted. Upon acceptance by the board, the applicant will be notified and will be scheduled for the next available State Law & Ethics Examination.

Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination, you must submit a completed "Application for Examination Accommodation for Candidates with Disabilities" form. This form is available on the division's website: [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov) or contact the division to request the form.

## General Information

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### **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 June 30 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. Renewal notices are provided at least 30 days prior to the expiration date on file, in accordance with AS 08.01.050. Failure to receive a renewal notice does not relieve a licensee from the responsibility of renewing a license on time.

### **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 for 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*



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**PSY**

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## Psychologist License by Examination Application

### PART I Payment of Fees

<b>Required Fees:</b>	<input type="checkbox"/> Nonrefundable Application Fee	<b>\$200.00</b>
	<input type="checkbox"/> Temporary License Fee	<b>\$150.00</b>
	<input type="checkbox"/> License Fee	<b>\$500.00</b>
	<input type="checkbox"/> State Examination Fee	<b>\$ 50.00</b>

### PART II Personal Information

<b>Full Legal Name:</b>			
<p><b>Provide all other names used (maiden, nicknames, aliases).</b> 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>			
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Contact Phone:</b>		<b>Date of Birth:</b>	
<p><b>EMAIL AGREEMENT:</b> 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>			
<b>Email Address:</b>		<b>Select One:</b>	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<p><b>Note: If both boxes are selected above, you will receive correspondence electronically.</b></p>			
<p><b>SOCIAL SECURITY NUMBER:</b> 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 Undergraduate Education**

List ALL undergraduate colleges and universities attended.

Name of Institution	Address	Date(s) Attended	Date Graduated

**PART IV Postgraduate Education**

List ALL master's and Doctorate universities attended.

Name of Institution	Address	Degree Awarded	Date Awarded

**PART V Doctoral Thesis**

Area of Emphasis:

Title of Thesis:

Date Degree Earned:

Area of Emphasis:			
Title of Thesis:		Date Degree Earned:	

**PART VI Professional License(s)**

Please list all states, territories, provinces, or foreign countries in which you currently are or have ever been certified or licensed to practice psychology.

State or Jurisdiction	License Number	Issue Date	Expiration Date

**PART VII Examination History**

Please list any state(s) in which you took a psychology licensing examination.

State	Date Administered	Result
		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
		<input type="checkbox"/> Pass <input type="checkbox"/> Fail

## PART VIII 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. Has your professional license ever been denied, revoked, suspended, surrendered, stipulated, on probation, or been subject to any other restriction or disciplinary action in any jurisdiction?  Yes  No
2. Have you ever been disciplined by any state board for any violation of the Psychology Practice Act or unethical conduct?  Yes  No
3. Have you ever been convicted of any criminal offense(s), other than minor traffic violations, under the laws of any state or of the United States (convictions include suspended imposition of sentence)?  Yes  No
4. Have you ever had any malpractice settlements or judgments paid in your behalf?  Yes  No
5. Are you currently suffering from any condition, mental or physical, that impairs your judgment or that would otherwise adversely affect your ability to practice psychology in a competent, ethical and professional manner?  Yes  No

"Yes" Answers

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



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**PSY**

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## Signature Page

<b>Applicant Name:</b>	
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### **PART IX** 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.

<b>Applicant Signature:</b>		<b>Date Signed:</b>	
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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 medical 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. This release also applies to all records that pertain to credentialing records at facilities at which I have applied for or held privileges to practice medicine.

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

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



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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.*

<b>Applicant Name:</b>		<b>Date of Birth:</b>	
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Applicant Signature:</b>		<b>Date Signed:</b>	

➔ **Licensing Agency or State Board:**

Please complete this bottom part for the applicant identified above and return the form directly to the Alaska Board of Psychologists and Psychological Associate Examiners at the letterhead address.

<b>License Number:</b>		<b>State or Jurisdiction:</b>	
<b>License Type:</b>		<b>License Status:</b> (Current, Lapsed)	
<b>Original Issue Date:</b>		<b>Expiration Date:</b>	
<b>Licensed By:</b> (Exam, Reciprocity)		<b>Date of Exam:</b> (If Applicable)	
<b>Name of Exam:</b> (If Applicable)		<b>Administered By:</b> (If Applicable)	

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

2. Has the applicant been subject to any other disciplinary action(s)?  
(e.g., letter of warning, stipulation)  Yes  No

3. Has the applicant's license lapsed or expired?  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	<b>Signature:</b>		<b>Date Signed:</b>	
	<b>Printed Name:</b>		<b>Title:</b>	
	<b>Email:</b>		<b>Phone:</b>	



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## Letter of Reference

### → Applicant:

Please complete the identifying information below and forward a copy of this form to five references, three (3) of which must be from licensed psychologists, members of the American Psychological Association, or diplomates of the American Board of Professional Psychology; and two (2) from other persons not related to the applicant. *Make additional copies of this form, as needed.*

<b>Applicant Name:</b>			
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Applicant Signature:</b>		<b>Date Signed:</b>	

### → Reference:

Please complete this bottom part for the applicant identified above and return the form directly to the Alaska Board of Psychologists and Psychological Associate Examiners at the letterhead address.

<b>Reference Name:</b>		<b>Relationship to Applicant:</b>	
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>License Number:</b>		<b>License Type:</b>	
<b>Name of Institution or Clinic Where Employed:</b>			
<b>Address:</b>	Street	City	State Zip
<b>Email Address:</b>		<b>Phone Number:</b>	
<b>Associated with Applicant from Date:</b>		<b>Associated with Applicant to Date:</b>	
<b>Check as Appropriate:</b>	<input type="checkbox"/> Licensed Psychologist <input type="checkbox"/> Diplomate of ABPP <input type="checkbox"/> Member of American Psychological Association		

## Recommendation

In order for the Board of Psychologists and Psychological Associate Examiners 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 been found guilty of incompetence by another state or jurisdiction?  Yes  No

3. Has the applicant violated the ethical standards for providers of psychological services as established by another state agency or jurisdiction?  Yes  No

4. Has the applicant misrepresented his or her professional qualifications to the board in any way?  Yes  No

5. Has the applicant been found to be practicing psychological services without a license?  Yes  No

6. Would you recommend the applicant for licensure as a psychologist/psychological associate?  Yes  No

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

Excellent  Very Good  Fair  Needs Improvement

8. Any further comments the board might consider in reviewing this applicant? If yes, please explain:  Yes  No

## Signature

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

Reference Printed  
Name:

Reference  
Signature:

Date Signed:



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## Doctoral Course Work Check Sheet

To assist the board in its review of your course work, please complete the following form and return it with your application.  
**Note:** You must have all of your undergraduate and graduate transcripts forwarded to the division directly from your school(s). If course titles do not clearly reflect the subject matter listed, you must include course syllabi/descriptions of courses in which the material was covered.

<b>Applicant Name:</b>			
<b>University or College(s) Attended:</b>			
<b>Type of Degree:</b>		<b>Date Granted:</b>	

1. Was your graduate program accredited by the American Psychological Association (APA) (either full or provisional) at the time of graduation?  Yes  No  
*If no or unsure, please complete #2 a-h below.*

2. Did your graduate program meet the following? (All of the following requirements must be met to establish APA accreditation equivalency.)
- (a) Regionally accredited?  Yes  No
  - (b) Public identification as Psychology program?  Yes  No
  - (c) Psychology program is coherent organizational unit?  Yes  No
  - (d) Clear authority for Psychology program?  Yes  No
  - (e) An identifiable core of full-time Psychology faculty?  Yes  No
  - (f) Identifiable body of students?  Yes  No
  - (g) The Psychology program is an organized, integrated sequence of study?  Yes  No
  - (h) Equivalent of three full-time years, graduate study:
    - a. Two years at a single institution, from which the doctoral degree is granted  Yes  No  
 - and -
    - b. One year is in full-time residence from the institution from which the degree is granted. (See 12 AAC 60.083(a)-(b).)  Yes  No

All applicants must complete the following parts (I-X).

## **PART I** History and Systems of Psychology

Please list all instruction in history and systems of psychology.

Check here if none.

<b>Institution</b>	<b>Course Number</b>	<b>Full Course Title</b>	<b>Dates (From – To)</b>	<b>Credit Hours</b>

## **PART II** Psychological Measurement

Please list all instruction in psychological measurement.

Check here if none.

<b>Institution</b>	<b>Course Number</b>	<b>Full Course Title</b>	<b>Dates (From – To)</b>	<b>Credit Hours</b>

## **PART III** Research Methodology

Please list all instruction in research methodology.

Check here if none.

<b>Institution</b>	<b>Course Number</b>	<b>Full Course Title</b>	<b>Dates (From – To)</b>	<b>Credit Hours</b>

## **PART IV** Techniques of Data Analysis (Statistics)

Please list all instruction in techniques of data analysis (statistics).

Check here if none.

<b>Institution</b>	<b>Course Number</b>	<b>Full Course Title</b>	<b>Dates (From – To)</b>	<b>Credit Hours</b>

## **PART V** Biological

Please list all instruction in biological (e.g., psychological psychology, comparative psychology, neuropsychology, and psychopharmacology).

Check here if none.

<b>Institution</b>	<b>Course Number</b>	<b>Full Course Title</b>	<b>Dates (From – To)</b>	<b>Credit Hours</b>

## **PART VI** Cognitive-Affective

Please list all instruction in cognitive-affective (e.g., learning, memory, perception, cognition, thinking, motivation, and emotion).

Check here if none.

<b>Institution</b>	<b>Course Number</b>	<b>Full Course Title</b>	<b>Dates (From – To)</b>	<b>Credit Hours</b>

**PART VII Social**

Please list all instruction in social (e.g., social psychology, cultural, ethnic, group processes, sex roles, organizational and systems theory).

Check here if none.

Institution	Course Number	Full Course Title	Dates (From – To)	Credit Hours

**PART VIII Individual Differences**

Please list all instruction in individual differences (e.g., personality theory, human development, individual differences, abnormal psychology, psychology of women, psychology of persons with disabilities, and psychology of minority experience).

Check here if none.

Institution	Course Number	Full Course Title	Dates (From – To)	Credit Hours

**PART IX Knowledge and Use of Scientific and Professional Ethics**

Please list all instruction in knowledge and use of scientific and professional ethics.

Check here if none.

Institution	Course Number	Full Course Title	Dates (From – To)	Credit Hours



**PART X Supervised Practicum Appropriate to Area to Practice**

Please list all instruction in supervised practicum appropriate to area to practice.

Check here if none.

Institution	Course Number	Full Course Title	Dates (From – To)	Credit Hours

**PART XI Internship**

Please list all internships.

Check here if none.

Institution	Course Number	Full Course Title	Dates (From – To)	Credit Hours



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## Supervised Practice Plan

Supervision may not begin until the board approves the supervision plan and the applicant receives the temporary license issued under 12 AAC 60.020.

<b>Applicant Name:</b>	
------------------------	--

→ **Supervisor:** Please complete this bottom part for the applicant identified above and return the form directly to the Alaska Board of Psychologists and Psychological Associate Examiners at the letterhead address.

<b>Supervisor Name:</b>			
<b>Alternate Supervisor Name:</b>			
<b>Agency where Supervision will Occur:</b>			
<b>Physical Address:</b>	Street	City	State      Zip
<b>Mailing Address:</b>	P.O. Box or Street	City	State      Zip
<b>Email Address:</b>		<b>Phone Number:</b>	
<b>Supervisor Professional License(s):</b>			
<b>Type</b>	<b>State</b>	<b>License Number</b>	<b>Expiration Date</b>

### Supervisee Signature

As the supervisee, I have read 12 AAC 60.070 and .080 and agree to accept supervision consistent with the requirements in 12 AAC 60.070 and .080.

I acknowledge that changes in this supervision plan must be reported to the board in writing and approved by the Board. I further acknowledge that supervision may begin upon formal notification from the Board of the approval of the Supervised Practice Plan and, for those receiving supervision in Alaska, the issuance of a temporary license to the applicant.

<b>Applicant Printed Name:</b>			
<b>Applicant Signature:</b>		<b>Date Signed:</b>	

## Supervisor Signature

As the supervisor, I have read 12 AAC 60.070 and .080 and agree to provide supervision consistent with the requirements in 12 AAC 60.070 and 080. To the best of my knowledge, I attest that my professional license is in good standing and that there are no pending complaints against my license at this time.

I acknowledge that changes in this supervision plan must be reported to the board in writing and approved by the Board. I further acknowledge that supervision may begin upon formal notification from the Board of the approval of the Supervised Practice Plan and, for those receiving supervision in Alaska, the issuance of a temporary license to the applicant.

**Supervisor Printed Name:**

**Supervisor Signature:**

**Date Signed:**

### 12 AAC 60.070. "PSYCHOLOGIST" AND "PSYCHOLOGICAL ASSOCIATE EXPERIENCE" DEFINED. (a) *Repealed 1/14/82.*

(b) The one year's experience required for a psychologist applicant by AS 08.86.130(a)(3) is satisfied by one year of post-doctoral experience in a field of psychology the same as or similar to that in which the applicant acquired academic training under the supervision of a licensed psychologist or a diplomate of the American Board of Professional Psychology.

(c) The two years' experience required for a psychological associate applicant by AS 08.86.160(a)(3), is satisfied by two years' supervised experience in the specialty area that is the same or similar to the field of psychology in which the applicant received education and training.

**Authority:** AS 08.86.070      AS 08.86.080      AS 08.86.130

### 12 AAC 60.080. CRITERIA FOR EVALUATION OF EXPERIENCE. (a) In order to be credited with the experience required by 12 AAC 60.070, a psychologist or psychological associate applicant must meet the following minimum requirements:

- (1) the applicant's supervised experience must have been in the same or a similar field of psychology as was the applicant's education and training;
- (2) a year of experience must consist of not less than 1,500 clock hours completed in not less than 10 months and not more than 24 consecutive calendar months; during weeks the applicant works, the applicant must obtain at least 20 hours, but not more than 40 hours, of supervised experience per week;
- (3) during
  - (A) the first year of post master's supervised experience, contact between the supervisor and the applicant must be for a minimum of two hours per week of face-to-face supervision, one hour of which must be individual face-to-face supervision, dealing with direct services provided by the applicant; an applicant must also obtain two additional hours per week in learning activities, as defined in 12 AAC 60.990(a)(10), covering case conferences, ethics, co-therapy, and other content assigned by the supervisor; and
  - (B) the second year of post master's and the year of post doctoral supervised experience, contact between the supervisor and applicant must be for a minimum of one hour per week of individual face-to-face supervision dealing with direct services provided by the applicant;

(4) at least 80 percent of the supervised experience must be with a licensed psychologist, a diplomate of the American Board of Professional Psychology, or a person holding a doctorate degree in psychology and who is considered by the board qualified to supervise; 20 percent of the supervised experience may be with a psychiatrist licensed under AS 08.64 or a similar law of another state, a psychological associate licensed under AS 08.86 or a similar law of another state, a clinical social worker licensed under AS 08.95 or a similar law of another state, a marriage and family therapist licensed under AS 08.63 or a similar law of another state, or a professional counselor licensed under AS 08.29 or a similar law of another state, who is qualified and competent in the specialty area that is the same or similar to the field of psychology in which the applicant received education and training;

- (5) *repealed 5/18/85;*
- (6) *repealed 3/27/98;*
- (7) *repealed 3/27/98;*
- (8) for a psychologist applicant, post doctoral experience may be earned in any post doctoral training program approved by the American Psychological Association or other program determined by the board to be equivalent;
- (9) at least 50 percent of the supervised experience must be direct service; at least 50 percent of the direct service must be face-to-face contact with patients.

(b) Unsupervised independent private practice, including unsupervised practicums, clerkships, and externships, will not be considered as acceptable supervised professional experience.

(c) For good cause shown to the board's satisfaction, the board will accept an alternate plan of supervision that varies from the requirement of (a)(3) of this section, if the applicant

- (1) submits the alternate plan in writing to the board on a form provided by the department; and
- (2) receives approval of the alternate plan by the board before beginning the alternate supervised experience.

(d) A supervisor must verify in writing to the board the applicant's supervised experience, setting out the nature and extent of the supervision. A supervisor shall comprehensively document, on a form provided by the department, that during the applicant's supervised experience, the applicant was instructed in issues and concerns related to ethical behavior and that the applicant adequately understands and applies the ethical principles and guidelines.

(e) For good cause shown to the board's satisfaction, the board will grant an extension up to 12 months for an applicant to complete the supervised experience required under 12 AAC 60.070.

(f) *Repealed 12/8/2005.*

**Authority:** AS 08.86.070

AS 08.86.130

AS 08.86.162

AS 08.86.080

AS 08.86.160



THE STATE  
of

**ALASKA**

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

**Board of Psychologists and Psychological Associate Examiners**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [BoardOfPsychologists@Alaska.Gov](mailto:BoardOfPsychologists@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfPsychologists](http://ProfessionalLicense.Alaska.Gov/BoardOfPsychologists)

## Statement of Supervised Experience

<b>Applicant Name:</b>	
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**Supervisor:**

Please complete this bottom part for the applicant identified above and return the form directly to the Alaska Board of Psychologists and Psychological Associate Examiners at the letterhead address.

<b>Supervisor Name:</b>		<b>Phone Number:</b>	
<b>License Type:</b>		<b>License Number:</b>	
<b>Agency where Supervised Experience Occurred:</b>			
<b>Physical Address:</b>	Street	City	State      Zip
<b>Applicant's Title:</b>		<b>Applicant's Position:</b>	
<b>Supervised From Date:</b>		<b>Supervised To Date:</b>	

- During the year of post-doctoral supervised experience, contact between the supervisor and applicant must be for a minimum of one hour per week of individual face-to-face supervision dealing with direct services provided by the applicant.

How many hours, per week, did you provide face-to-face supervision?	
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- Did that supervision deal with direct services, as defined in 12 AAC 990(a)(9)?  Yes  No

- During the applicant's supervised experience was the applicant instructed in issues and concerns related to ethical behavior and did the applicant adequately understand and apply the ethical principles and guidelines?  Yes  No

- Specify other types of supervision or learning activities provided:

5. 12 AAC 60.080(a)(2) states that a year of experience must consist of not less than 1,500 clock hours completed in not less than 10 months and not more than 24 consecutive calendar months; during weeks the applicant works, the applicant must obtain at least 20 hours, but not more than 40 hours of supervised experience per week.

How many <u>total</u> number of hours of psychological experience did the applicant receive?	
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6. Did the applicant obtain at least 20 hours, but not more than 40 hours of supervised experience per week?  Yes  No

12 AAC 60.080(a)(9) reads: at least 50 percent of the supervised experience must be direct services; at least 50 percent of the direct service must be face-to-face contact with patients.

“Direct Service” is defined in 12 AAC 60.080(f) as: In this section, “direct service” means activities performed by a psychologist or psychological associate that are directly related to providing psychological services to a patient, including individual and family psychotherapy, psychological testing, report writing, studying test results, case consultations, and reviewing published works relating to the patient’s needs.

### Supervisee Signature

As the supervisee, I certify that I received the hours and training as reported on this form. I further certify that the training was provided in accordance with statutes and regulations set forth by the Alaska Board of Psychologist and Psychological Associate Examiners.			
<b>Applicant Printed Name:</b>			
<b>Applicant Signature:</b>		<b>Date Signed:</b>	

### Supervisor Signature

As the supervisor, I certify that the hours and training reported on this form are true and correct. I further certify that I supervised the applicant in accordance with statutes and regulations set forth by the Alaska Board of Psychologist and Psychological Associate Examiners.			
<b>Supervisor Printed Name:</b>			
<b>Supervisor Signature:</b>		<b>Date Signed:</b>	



THE STATE  
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Department of Commerce, Community, and Economic Development  
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## Proof of Pre-Doctoral Internship

This form is required if you did not complete an APA approved pre-doctoral internship program. Applicants who completed an APA approved pre-doctoral internship program should submit proof of completion of that program.

To the Director of Internship Training: Alaska law requires that applicants seeking licensure under Sec. 08.86.130 must hold an earned doctorate degree from an academic institute whole program of graduate study for a doctorate degree in psychology meets the criteria established by the board in regulation. Said applicants shall have completed a pre-doctoral internship of at least 1, 500 hours within 24 months.

This form shall be completed by the Director/Coordinator of Internship Training as verification that the internship was completed in compliance with Alaska’s regulations in 12 AAC 60.083 (a)(4).

<b>Applicant Name:</b>	
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→ **Director/Coordinator  
of Internship:**

Please complete this bottom part for the applicant identified above and return the form directly to the Alaska Board of Psychologists and Psychological Associate Examiners at the letterhead address.

<b>Director Name:</b>		<b>Job Title:</b>	
<b>License Number:</b>		<b>State or Jurisdiction:</b>	
<b>Name of Facility/Training Site:</b>			
<b>Physical Address:</b>	Street	City	State      Zip
<b>Email Address:</b>		<b>Phone Number:</b>	
<b>Internship Begin Date:</b>		<b>Internship End Date:</b>	
<b>Total Hours Completed:</b>		<b>Average Hours per Week On-Site:</b>	
<b>Total Hours of Direct Client Contact:</b>			
<b>Average Hours per Week Individual Face-to-Face Supervision with Licensed Psychologist Supervisor:</b>			
<b>Average Hours per Week Other Supervision:</b> (e.g., group, allied health professional supervisor, etc.)			
<b>Average Hours per Week Intern Didactics:</b> (e.g., seminars, case reviews, guided reading, etc.)			

## Verification of Internship Requirements

Pre-doctoral internships shall comply with 12 AAC 60.083 (a)(4) and shall be deemed satisfactory by the Alaska Board. Please complete the following:

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| 1. The internship program is designed to provide a planned, programmed sequence of training experiences, the primary focus of which is to assure breadth and quality of training.   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. The internship had a clearly designated Psychologist responsible for the integrity and quality of the training program and is licensed or certified by a state or provincial board of Psychology Examiners.                          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Has two (2) or more psychologists available as supervisors   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Has a written statement or brochure describing goals and content of the internship; stating clear expectations and quality of an intern's work available to prospective interns. <i>(Provide a copy of the brochure.)</i>            | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. Supervision must be provided by the person who is responsible for the cases being supervised; at least 80 percent of the supervision must be provided by a psychologist.   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. At least 25% of the intern's time (minimum 375 hours) must be spent in direct client contact providing assessment and intervention services.   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 7. The internship must have included at least two hours per week of regularly scheduled, formal, face-to-face individual supervision with the specific intent of dealing with the direct psychological services rendered by the intern. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 8. The internship must have included at least two hours of other learning activities, such as case conferences, seminars on applied issues, co-therapy with a staff person, including discussion and group supervision.                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 9. Supervision and training relating to ethics must be an ongoing aspect of the internship program.   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 10. An intern must use a title such as "intern", "resident", "fellow", or other designation of trainee status.  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 11. The internship experience was a minimum of 1,500 hours completed within 24 months.  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

### Director/Coordinator Signature

I attest that the relevant jurisdictional laws and regulations governing psychological supervision were followed.

**Director/Coordinator  
Printed Name:**

**Director/Coordinator  
Signature:**

**Date Signed:**



**Professional Licensing**  
PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2550  
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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.

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

### Did you attach all applicable documents associated with this incident?

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

<b>Full Name:</b>		<b>Program:</b>	
<b>Signature:</b>		<b>Date Signed:</b>	





THE STATE  
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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: \_\_\_\_\_

Profession Type (e.g., Acupuncture): \_\_\_\_\_

License Number (if applicable): \_\_\_\_\_

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

**AMOUNT**

Application Fee: \_\_\_\_\_

License or Renewal Fee: \_\_\_\_\_

Other (fine, 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 12/06/2022

Credit Card Payment Form (all major cards accepted)

<b>CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!</b>	
1. Credit Card Number: _____	All 3 fields <b>MUST</b> be completed!  This section will be destroyed after the payment is processed.
2. Expiration Date: _____	
3. Security Code: _____	