



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

P.O. Box 110806, Juneau, Alaska 99811-0806

(907) 465-2694

E-mail: BoardofPsychologists@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardofPsychologists

Psychologist Emergency Courtesy License Application Instructions

An Emergency Courtesy License authorizes an individual to practice professional services as a psychologist in Alaska until July 13, 2021.

Questions may be directed to the licensing examiner for the Board of Psychologist and Psychological Associate Examiners at boardofpsychologists@alaska.gov.

The following must be received by the division before your application can be reviewed:

1. APPLICATION

A completed application.

2. FEES

Payment of the required fees in accordance with 12 AAC 02.330.

Emergency Courtesy License Fee: \$50.00

3. CERTIFICATION

You must provide either two copies of forms of state or federal ID (one of which MUST include a photo), or a notarized signature page.

4. AUTHORIZATION FOR RELEASE OF RECORDS

You must submit the Authorization for Release of Records Form (#08-4734a).

5. LICENSE VERIFICATION

You must hold a current license to practice psychology in another state. This license must be active and in good standing for the entire duration of the State of Emergency as declared.

Division staff will verify the license Online according to the information provided on the initial application.

6. SCOPE & PRACTICE

Identify Scope of Practice & estimated number of clients intended to work with. The purpose is to identify what professional activities you intend to be performing in the State of Alaska under this license.

7. PRE-QUALIFIERS

If you are a resident of Alaska, you do not qualify for emergency courtesy license.

Additionally, you must attest that you have not:

(A) had a psychologist license suspended or revoked in any jurisdiction; and

(B) been denied a license to practice psychology in this state within the past four years.

If you cannot attest to (A) and (B) above, you are not eligible for a courtesy license in the State of Alaska.

8. END OF SERVICE REPORT

You will comply with reporting requirements by completing a form provided by the board.



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Psychologist Emergency Courtesy License Application

PART I Payment of Fees

Fees:

☐ Emergency Courtesy License Fee

\$50.00

PART II Personal Information

Full Name:

This is a name change: ☐

If you have had a legal name change since your last license was issued, you must complete a Change of Name form.

Mailing Address:

Address/PO Box

City

State

ZIP Code

Birthdate:

Contact Phone:

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:

- ☐ Send my Correspondence by Email
☐ Send my Correspondence by US Mail

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 III Pre-Qualifiers

Verification of an unencumbered professional counselors license in another state or jurisdiction is required.
This license must be current at the time the board issues the courtesy license. An inactive status is not a current license.

Do you hold a current and unencumbered license in another state or jurisdiction?

☐ NO ☐ YES

State/Jurisdiction:

Issue
Date:

Expiration
Date:

Have you ever had a psychologist license suspended or revoked in any jurisdiction?

☐ NO ☐ YES

Have you been denied a license to practice psychology in Alaska within the past 4 years?

☐ NO ☐ YES

PART IV Scope of Practice

Identify Scope of Practice & estimated number of clients intended to work with.

Scope of Practice:

Estimated #
of Clients:

PART V Professional Fitness Questions

The following professional fitness questions must be answered.

“Yes” answers may not automatically result in license denial. If you answer “Yes” to any of the questions, please explain dates and specific circumstances (locations, type of action, organizations or parties involved) on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, certificates of completion, board or license actions, investigative notices, etc.).

If you answer “Yes” to questions 6, 7 or 8, you must also submit a statement from your health care provider indicating your ability to safely practice psychology. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

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? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 2. | Have you ever voluntarily surrendered or restricted your professional license in any jurisdiction? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 3. | Have you ever been disciplined by any state board for any violation of the Psychology Practice Act or unethical conduct? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 4. | 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)? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 5. | Have you ever had any malpractice settlements or judgements paid in your behalf? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 6. | Within the past five years, are you now, or have you experienced, been diagnosed with, or been treated for bipolar disorder, schizophrenia, paranoia, or psychotic disorder, substance abuse, depression (except for situational or reactive depression) or any other mental or emotional illness? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 7. | Within the past five years, are you now, or have you experienced, been diagnosed with, or been treated for any physical or mental condition which may impair or interfere with your ability to practice? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 8. | Within the past five years, are you now, or have you experience, been diagnosed with, or been treated for any chemical impairment? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |



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Notary Signature Page

To complete the application, you must provide either:

1. Two copies of state or federal ID (one of which MUST include a photo)
OR
2. The completed notary signature page

If you choose to provide two copies of state or federal ID, you are still required to complete application pages 1-2.

Applicant Name:

PART VI 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).

<div>Notary Stamp</div>	Applicant's Printed Name:			
	Applicant's Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary's 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 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.

Name:	First	Middle	Last
Full Address:	Street or PO Box	City	State Zip
Phone:		Date of Birth:	
Email:			
Signature:		Date:	



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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. Credit Card Number: _____

2. Expiration Date: _____

3. Security Code: _____

All 3 fields **MUST**
be completed!

This section will be
destroyed after the
payment is processed.