



THE STATE
of

ALASKA

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

Behavior Analyst Program

PO Box 110806, Juneau, AK 99811-0806

(907) 465-2550

Email: BehaviorAnalysts@Alaska.Gov

Website: ProfessionalLicense.Alaska.gov/BehaviorAnalysts

Behavioral Analyst Emergency Courtesy License Application

An Emergency Courtesy License authorizes an individual to practice as a behavioral analyst in Alaska during the period in which the Governor has declared a State of Emergency or until November 15, 2020, whichever is first.

Only Behavioral Analysts that hold a current license in another state or jurisdiction may use this form to apply for an Emergency Courtesy License to practice teletherapy during the COVID-19 emergency.

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

1. APPLICATION

A completed application.

2. FEES

Emergency Courtesy License Fee: *Fees Waived*

3. CERTIFIED TRUE COPY OF VALID LICENSE FROM ANOTHER JURISDICTION

Make photocopy of the behavioral analyst license, indicate in writing on the copy, "I certify this to be a true copy of the original document" and provide a written or electronic signature on the document



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PART I		Payment of Fees
Fees:	<input type="checkbox"/> Emergency Courtesy License Fee	<i>Fees Waived</i>

PART II		Personal Information
Full Name:		
This is a name change <input type="checkbox"/>		
<i>If you have had a legal name change since your last license was issued, you must complete a Change of Name form.</i>		
Mailing Address:	Address/PO Box	City State ZIP Code
Birthdate:		
Contact Phone:		
<p>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.</p>		
Email Address:		<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail
<p>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.</p>		

PART III		Pre-Qualifiers
<p>You must hold an unencumbered behavioral analyst license in another state or jurisdiction. This license must be current at the time the board issues the courtesy license. An inactive status is not a current license.</p>		
Do you hold a current and unencumbered license in another state or jurisdiction?		<input type="checkbox"/> NO <input type="checkbox"/> YES
State/Jurisdiction:	Issue Date:	Expiration Date:



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Signature Page

Applicant Name:	
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PART IV Agreement

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

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Applicant's Signature:		Date:	
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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

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

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>