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

Board of Social Work Examiners
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550
Email: *SocialWorkExaminers@alaska.gov*
Website: *ProfessionalLicense.Alaska.Gov/SocialWorkExaminers*

Clinical Social Worker Emergency Courtesy License Application

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

Only Clinical Social Workers 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 board will not issue, and a courtesy license holder may not use a courtesy license as a substitute for a temporary license, or other license required under AS 08.95, or to evaluate employment opportunities.

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

1. **APPLICATION**
   A completed application.

2. **FEES**
   Payment of required fees.
   Emergency Courtesy License Fee: $75.00

3. **LICENSE VERIFICATION**
   Verification of an unencumbered clinical social work license in another state or jurisdiction must be received. This may be verified online and submitted via email to the *socialworkexaminers@alaska.gov* or submitted electronically by the licensing state or jurisdiction (Form #08-4739a).

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CSW

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Clinical Social Worker Emergency Courtesy License Application

PART I Payment of Fees

Fee:	☐ Emergency Courtesy License Fee	**$75.00**

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:**	

PART IV 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 as a professional counselor. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

When in doubt, disclose and explain.

1. Have you ever been disciplined by any state board for any violation of the Social Work Practice Act or unethical conduct? ☐ **Yes** ☐ **No**

2. Have you ever had an application for a professional license denied? ☐ **Yes** ☐ **No**

3. Have you ever had a license to practice social work revoked, suspended, restricted, or limited? ☐ **Yes** ☐ **No**

4. Have you ever been investigated by a licensing authority or professional association even if no disciplinary action resulted? ☐ **Yes** ☐ **No**

5. Have you ever had any malpractice settlements or judgments paid on your behalf? ☐ **Yes** ☐ **No**

6. Have you been convicted of a criminal offense other than a minor traffic violation? ☐ **Yes** ☐ **No**

7. Are you now or within the past 5 years, been treated or hospitalized for emotional or mental illness, drug addiction or alcoholism which may impair or interfere with your ability to practice social work? ☐ **Yes** ☐ **No**

8. Are you now or within the past 5 years, been treated or hospitalized for emotional or mental illness, drug addiction or alcoholism which may impair or interfere with your ability to practice social work? ☐ **Yes** ☐ **No**

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Signature Page

Applicant Name:	

PART VI 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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Verification of Licensure

The information below must be completed by the State Licensing Board; it may not be completed by the applicant.

Name of Licensee:		**State/Jurisdiction:**	
Degree Awarded:			
License number:		**Type of License:**	
Licensed By:	☐ **Credentials** ☐ **Examination**		
	Date of Exam:		
	Exam administerd by ASWB? ☐ **Yes** ☐ **No** **Level was the examination administered?** ☐ **Basic** ☐ **Masters** ☐ **Clinical** **Exam Results:** ☐ **Pass** ☐ **Fail**		
Initial License Date:	mm/dd/yyyy	**Expiration Date:**	mm/dd/yyyy

1. Has the license ever been revoked, suspended, placed on probation, or restricted in any way? If yes, please enclose an explanation or documentation. **Yes** ☐ **No** ☐

2. Is the licensee the subject of a pending disciplinary proceeding? **Yes** ☐ **No** ☐

3. Has the licensee ever been the subject of an unresolved complaint, review procedure, or disciplinary action? **Yes** ☐ **No** ☐

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

Provide any information you believe relevant to the applicant's qualifications and fitness to practice social work:

Seal	**Signature:**	**Date:**
	Printed Name	**Title**
	Phone	**Email**

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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: 0

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: _____
2. Expiration Date: _____
3. Billing ZIP Code: _____
4. Security Code: _____

All four fields **MUST** be completed!

This section will be destroyed after the payment is processed.