



## Online Instructions

PLEASE READ the application instructions, statutes, and regulations before completing your application. Please retain this information for future reference.

**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 in accordance with 12 AAC 18.111.**

**The following documents must be received by the division to be considered for emergency courtesy license:**

**1. APPLICATION**

A completed application.

**2. FEES**

Payment of required fees.

Initial Application Fee: \$50

Emergency Courtesy License Fee: \$80

**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](mailto:socialworkexaminers@alaska.gov) or submitted electronically by the licensing state or jurisdiction (Form #08-4739a).

**"YES" RESPONSES:**

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 both charging and closing court documentation.

**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](http://ProfessionalLicense.Alaska.gov) under License Search.

**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.

**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 Exception from Social Security Number Requirement form located at [ProfessionalLicense.Alaska.gov](http://ProfessionalLicense.Alaska.gov) or contact the Division for a copy of the form.

**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 program you want to be updated on to:

**REGULATIONS SPECIALIST**

Email: *RegulationsAndPublicComment@Alaska.Gov*

Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

P.O. Box 110806

Juneau, Alaska 99811-0806





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

## 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:	<input type="checkbox"/> Credentials <input type="checkbox"/> Examination			
	Date of Exam: <input type="text"/>			
	Exam administered by ASWB? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Level was the examination administered? <input type="checkbox"/> Basic <input type="checkbox"/> Masters <input type="checkbox"/> Clinical			
Exam Results: <input type="checkbox"/> Pass <input type="checkbox"/> Fail				
Initial License Date:	<input type="text" value="mm/dd/yyyy"/>	Expiration Date:	<input type="text" value="mm/dd/yyyy"/>	

- 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 ☐
- Is the licensee the subject of a pending disciplinary proceeding? Yes ☐ No ☐
- Has the licensee ever been the subject of an unresolved complaint, review procedure, or disciplinary action? Yes ☐ No ☐

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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