



THE STATE
of

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

Board of Marital and Family Therapy

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfMaritalAndFamilyTherapy@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfMaritalFamilyTherapy

Authorized Supervisor Certification Application Instructions

In accordance with AS 08.63.120, a person may not supervise an associate marital and family therapist unless approved by the board to be a supervisor.

The following must be received by the division before your application for an Authorized Supervisor Certification can be reviewed:

1. APPLICATION

A completed application, signed and notarized (#08-4252, pages 1-2).

2. VERIFICATION OF EXPERIENCE

If providing individual supervision: Proof that you have practiced marital and family therapy for at least five continuous years in accordance with AS 08.63.900(5).

- OR -

If providing group supervision: Proof that you have practiced as a licensed professional as listed under AS 08.63.120(b)(2)(A).

3. CONTINUING EDUCATION

Documentation of having completed at least six contact hours of education related to the practice of supervising a marital and family therapist within the last two years.

Sec. 08.63.120. Authorized supervisors.

- (a) A person may not supervise a person under this chapter unless approved by the board to be a supervisor.
- (b) A person who supervises a licensee under this section during
 - (1) individual supervision must
 - (A) have practiced marital and family therapy for five years;
 - (B) be licensed under this chapter; and
 - (C) meet the minimum standards established by the board for approved supervisors; or
 - (2) group supervision must be licensed to practice as
 - (A) a professional counselor under AS 08.29;
 - (B) a marital and family therapist under this chapter;
 - (C) a physician under AS 08.64 who is a psychiatrist;
 - (D) an advanced practice registered nurse under AS 08.68 who is certified to provide psychiatric or mental health services by an entity recognized by the Board of Nursing;
 - (E) a psychologist under AS 08.86; or
 - (F) a clinical social worker under AS 08.95.

General Information

APPLICATION PROCESSING:

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the certification may 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.

CERTIFICATION TERM:

Certifications are issued for a two-year period and expire on December 31 of even-numbered years, regardless of the date of issuance, except certificates issued within 90 days of the expiration date which are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 30 days before certificate expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a certificate holder from the responsibility of renewing a certificate on time.

DENIAL OF APPLICATION:

Be aware that the denial of an application of 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.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant'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. The name appearing on the certificate 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 requires a U.S. Social Security Number be on file with the division before a professional certificate is issued. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form located at ProfessionalLicense.Alaska.Gov.

PUBLIC INFORMATION:

All information on the application will be available as public record, unless required to be kept confidential by state or federal law.

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*. To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: *RegulationsAndPublicComment@Alaska.Gov*.



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Authorized Supervisor Certification Application

PART I Application Type

Initial Application

Reinstatement Application

PART II Personal Information

Full Legal Name:

Provide all other names used (maiden, nicknames, aliases). 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).

Not Applicable

Other Names Used: _____

Mailing Address:

P.O. Box or Street

City

State

Zip

Contact Phone:

Date of Birth:

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:

Select One:

Send my Correspondence Electronically

Send my Correspondence by Mail

Note: If both boxes are selected above, you will receive correspondence electronically.

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 Practice Information

AK License
Number:

Expiration
Date:

License Type(s) Held:

Marital and Family Therapist

Psychologist

Physician who is a psychiatrist

Advanced Practice Registered Nurse who is certified to provide psychiatric or mental health services by an entity recognized by the Board of Nursing.

Clinical Social Worker

Professional Counselor

I hereby certify I have practiced in the profession(s) indicated above for at least five continuous years in accordance with 12 AAC 19.210(a)(3) or 12 AAC 19.210(b)(3).

List at least five continuous years of practice:

PART III Practice Information *(continued)*

Provide a brief description of your practice:

PART IV Alaska Law

I hereby certify I have reviewed, understand and will abide by the statutes and regulations relevant to me as an approved supervisor (AS 08.63 and 12 AAC 19).

Notarized Signature

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

I understand 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, registration, certificate, or permit to practice in the state of Alaska.

I further understand 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).

Notary Stamp	Applicant Printed Name:			
	Applicant Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	