



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 99811-0806

(907) 465-2550

Email: BoardofMaritalandFamilyTherapy@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfMaritalFamilyTherapy

Marital & Family Therapist Emergency Courtesy License Application

An Emergency Courtesy License authorizes an individual to practice as a marital and family therapist in Alaska for a period of 120 days, in accordance with 12 AAC 19.117.

Only Marital and Family Therapists licensed 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 08.63, 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

Non-refundable Application Fee: \$ 50.00

Emergency Courtesy License Fee: \$300.00

3. CERTIFIED TRUE COPY

You must provide a certified true copy of your current Marital & Family Therapist License. Make a photo copy of current Marital & Family Therapist License. Indicate on the copy in writing, "I certify this to be a true copy of the original document."



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PART I Payment of Fees

Fees:	<input type="checkbox"/> Non-refundable Application Fee	\$ 50.00
	<input type="checkbox"/> Emergency Courtesy License Fee	\$300.00

PART II Personal Information

Full Name: This is a name change <input type="checkbox"/>				
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:			<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> 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 marital and family therapist 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?				<input type="checkbox"/> NO	<input type="checkbox"/> YES
State/Jurisdiction:		Issue Date:		Expiration Date:	

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 or 7, you must also submit a statement from your health care provider indicating your ability to safely practice as a Marital and Family Therapist. 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 had a professional license denied, revoked, suspended, or otherwise restricted, conditioned or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 2. Have you ever been disciplined by any state board for any violation of the Marital and Family Therapy Practice Act or unethical conduct in delivery of professional services to clients? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 3. Have you ever been the subject of an investigation by any state board or other licensing agency concerning a violation or alleged violation of any state regulation, statute, or law, or any violation or alleged violation of the AAMFT Code of Ethics, or unprofessional or unethical conduct? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 4. Have you ever had any malpractice settlements or judgments paid on your behalf? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 5. Have you ever been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, “crime” includes a misdemeanor, felony, or a military offense, including but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. “Convicted” includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 6. Within the past five years, have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates, or habit forming drugs? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 7. Within the five years immediately preceding the date of application for licensure, have you experienced or been treated for, bipolar disorder, schizophrenia, paranoia, depression (except for situational or reactive depression), psychotic disorder, or other mental or physical or emotional condition or disability? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
-



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Signature Page

Applicant Name:

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!

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.