



THE STATE  
of

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

**Board of Marital and Family Therapy**

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Website: [ProfessionalLicense.Alaska.Gov/BoardOfMaritalFamilyTherapy](http://ProfessionalLicense.Alaska.Gov/BoardOfMaritalFamilyTherapy)

## Teletherapy Designation Application

To be eligible to participate in teletherapy you must complete and submit this application and attach documentation of having completed at least four hours of initial training in the following topics regarding teletherapy as required by 12 AAC 19.405(2):

- (a) Appropriateness of teletherapy
- (b) Teletherapy theory and practice
- (c) Modes of teletherapy delivery
- (d) Legal and ethical issues
- (e) Handling online emergencies
- (f) Best practices and informed consent

### PART I Personal Information

<b>Full Legal Name:</b>		<b>AK License Number:</b>	
<b>Mailing Address:</b>	P.O. Box or Street City State Zip		
<b>Contact Phone:</b>		<b>Date of Birth:</b>	
<b>EMAIL AGREEMENT:</b> Providing an email address authorizes the division to send you a web authorization code to register with the MY LICENSE self-service portal. If you have already registered with MY LICENSE, no action is needed. If you did not receive a code or the code you received has expired, contact the division. Once registered you may opt-in to receive all official correspondence electronically. Your account can be accessed at any time.			
<b>Email Address:</b>			

### PART II Teletherapy

- ☐ I understand I must submit evidence of completing at least 4 hours of initial training in teletherapy as required by 12 AAC 19.405(2). I further understand for each renewal I will be required to complete continuing education that relates to teletherapy and includes teletherapy ethics as specified in 12 AAC 19.300(c).

### PART III Alaska Law

- ☐ I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.63 and 12 AAC 19).

### 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.

<b>Applicant Signature:</b>		<b>Date Signed:</b>	
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