



THE STATE  
of

**ALASKA**

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

**Board of Professional Counselors**

PO Box 110806, Juneau, AK 99811-0806

(907) 465-2550

Email: [ProfessionalCounselors@Alaska.Gov](mailto:ProfessionalCounselors@Alaska.Gov)

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

---

## Professional Counselor Emergency Courtesy License Application

**An Emergency Courtesy License authorizes an individual to practice distance professional services as a professional counselor in Alaska until July 13, 2021.**

Only Professional Counselors 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 08.29, 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**

Nonrefundable Application Fee: Fees Waived

Emergency Courtesy License Fee: Fees Waived

**3. LICENSE VERIFICATION**

Verification of an unencumbered professional counselors license in another state or jurisdiction must be received (Form #08-4738a).



THE STATE  
of **ALASKA**

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

PCO

FOR DIVISION USE ONLY

**Board of Professional Counselors**

PO Box 110806, Juneau, AK 99811-0806

(907) 465-2550

Email: [ProfessionalCounselors@Alaska.Gov](mailto:ProfessionalCounselors@Alaska.Gov)

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

## Professional Counselor Emergency Courtesy License Application

### PART I Payment of Fees

Fees:

- ☐ Nonrefundable Application Fee  
☐ Emergency Courtesy License Fee

*Fees Waived*

*Fees Waived*

### 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:

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 5, 6, or 7, 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 violations of the Professional Counselor Practice Act or unethical conduct?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 2. | Have you 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<br><input type="checkbox"/> No |
| 3. | Have you ever had any malpractice settlements or judgements paid on your behalf? (AS 08.29.400)   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 4. | Have you 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 a conviction involving 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<br><input type="checkbox"/> No |
| 5. | Are you now, or within the past five years been convicted of driving under the influence of alcohol, drugs or chemical substance?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 6. | Are you now, or within the past five years been addicted to or excessively used alcohol, narcotics, barbiturates or habit-forming drugs?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| 7. | Are you now, or within the past five years have you been hospitalized for emotional or mental illness or have you been treated for or hospitalized for drug addiction or alcoholism?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
-



THE STATE  
of **ALASKA**

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

**PCO**

FOR DIVISION USE ONLY

**Board of Professional Counselors**

PO Box 110806, Juneau, AK 99811-0806

(907) 465-2550

Email: [ProfessionalCounselors@Alaska.Gov](mailto:ProfessionalCounselors@Alaska.Gov)

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

## Notary Signature Page

**Applicant Name:**

### **PART V** Notarized Signature

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 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.

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).

|                         |                                    |  |   |  |
|-------------------------|------------------------------------|--|---|--|
| <div>Notary Stamp</div> | <b>Applicant's Printed Name:</b>   |  |   |  |
|                         | <b>Applicant's Signature:</b>      |  |   |  |
|                         | <b>Notary Public for State of:</b> |  | <b>Subscribed and Sworn to Before me on this Day:</b> |  |
|                         | <b>Notary's Signature:</b>         |  | <b>My Commission Expires:</b>                         |  |



THE STATE  
of

ALASKA

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

**Board of Professional Counselors**

PO Box 110806, Juneau, AK 99811-0806

(907) 465-2550

Email: [ProfessionalCounselors@Alaska.Gov](mailto:ProfessionalCounselors@Alaska.Gov)

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

## Verification of Licensure

→ **Applicant:** Complete this top part and then forward a copy to each licensing jurisdictions where you have ever been licensed. Make copies as needed.

|                              |  |                 |  |
|------------------------------|--|-----------------|--|
| Name at Time License Issued: |  |                 |  |
| Applicant's Signature:       |  | License Number: |  |

→ **Licensing Board:** Complete this bottom part for the applicant identified above and return the form directly to the Alaska State Board of Professional Counselors.

|                       |   |                 |                       |                         |  |
|-----------------------|---|-----------------|-----------------------|-------------------------|--|
| License Type:         |   |                 | License Number:       |                         |  |
| Initial License Date: |   | Expiration Date |                       | Current License Status: |  |
| Basis of Licensure:   | <input type="checkbox"/> Examination <input type="checkbox"/> Reciprocity |                 | Exam Administered By: |                         |  |
| Exam Date:            |   | Percent Score:  |                       | Raw Score:              |  |

- Has the applicant's license been lapsed or expired? Yes ☐ No ☐
- Has the applicant's license ever been suspended or revoked? Yes ☐ No ☐
- Has the applicant been subject to any other disciplinary action(s)? Yes ☐ No ☐

Provide any information or comments relevant to this applicant's qualifications to practice professional counseling:

|            |               |        |
|------------|---------------|--------|
| Board Seal | State Board:  | Phone: |
|            | Printed Name: | Title: |
|            | Signature:    | Date:  |



THE STATE  
of **ALASKA**

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

FOR DIVISION USE ONLY

State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2550

## 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.