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
Phone: (907) 465-2550
Email: *ProfessionalCounselors@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/ProfessionalCounselors*

Associate Counselor License Application Instructions

A person may apply for licensure to practice associate professional counseling under supervision in the State of Alaska under the provisions of AS 08.29. A person may not begin to practice under supervision in this state until an associate counselor license is issued and is in active status on or after April 1, 2027. Once the associate counselor license is issued and is in active status, a licensee may only practice under the supervision of an approved counselor supervisor with an active certification as described under 12 AAC 62.220.

Note the following:

- An incomplete application or any unusual circumstances noted in the application may require additional processing time.
- The application review process is defined by the requirements set forth in state law. The board and its staff must comply with those laws in processing applications.
- If you received this application from a source other than directly from the division or its official website, the application may be outdated or not an official version. Ensure you have the current version as outdated versions will not be accepted.

To practice distance professional services, registration with the Telemedicine Business Registry (TBR) is required in addition to obtaining a professional counselor license. Reach out to the business office at *BusinessLicense@Alaska.Gov* to inquire how to register with the TBR.

The following must be received by the division before your application for Associate Counselor License can be reviewed:

1. APPLICATION
A signed, completed application (#08-5013, pages 1-4).

2. FEES
Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	$200.00
Initial License Fee:	$150.00
Total Fees Due:	$350.00

3. OFFICIAL TRANSCRIPTS
Certified transcripts of a master's degree or doctorate degree in counseling or related field as defined in 12 AAC 62.990(b) and regionally or nationally accredited from an institution matching the requirements listed in 12 AAC 62.120(a). Contact your school to obtain an official transcript and have them send the document directly to our division. The transcript(s) must show a minimum of 60 graduate semester hours in counseling.

4. EDUCATIONAL COURSEWORK CHECK SHEET
If your graduate degree is in a related field, you must complete the Educational Coursework Check Sheet (form #08-5013a). "Related field" includes psychology, marital and family therapy, social work, and applied behavioral science as defined in 12 AAC 62.990(b).

5. SUPERVISION PLAN
A completed Associate Counselor Supervision Plan (form #08-5013b).

Supervision Information: For associate counselors in this state, supervision may only be provided by an approved counselor supervisor, who was an approved counselor supervisor in this state with an active certification before supervision started. Any hours earned in Alaska without an associate counselor license on or after April 1, 2027 or under the supervision of anyone except an approved counselor supervisor in this program will not be counted toward the total supervised hours required for licensure.

Out-of-State Applicants: The board will accept the hours of experience accumulated by an applicant in another jurisdiction with substantially similar requirements if earned prior to application in this program and if the supervision experience is verified on the Completion of Supervision Form (#08-5013c).

6. VERIFICATION OF LICENSURE

Verification of licensure must be sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice professional counseling, psychology, marital and family therapy or social work. Each verification must include an explanation of any disciplinary action taken against the licensee. Check with each of the state boards you are or have been licensed in for their verification request process. If a state offers free primary source verification on their website, that can be accepted as long as the website clearly confirms that it's a primary source verification.

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 license 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.

LICENSE TERM:
Licenses are issued for a two-year period and expire on October 31 of odd-numbered years, regardless of the date of issuance, except licenses 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 license expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a licensee from the responsibility of renewing a license on time.

PROFESSIONAL FITNESS QUESTIONS:
A "yes" response in the application does not mean your application will be denied. If you have responded "yes" to any professional fitness questions, submit an explanation with the charging and closing court documentation showing final disposition of charge(s) (e.g. court records, fitness letters, etc.).

DENIAL OF APPLICATION:
The denial of an application for 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.

CHANGES TO LEGAL NAMES, EMAIL ADDRESSES AND/OR MAILING ADDRESSES:
It is the applicant's responsibility to notify the division of any changes to legal names, email addresses and/or mailing addresses. The email or mailing address of record will be used to send all official notifications. The name appearing on the license must be your current legal name. The name change notification form is available on the division's website. Changes to email and/or mailing addresses can be submitted through MY LICENSE. (12 AAC 02.900)

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:
A U.S. Social Security Number must be on file with the division before a professional license 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*, and include required supporting documents as noted on the form. (AS 08.01.060)

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:
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 email or mailing address of the applicant, who then has 30 days to submit a written request for a refund of biennial license and other fees paid, if applicable. The application fee will not be refunded. If no request for a refund is received within that timeframe, no refund will be issued, and all fees will be forfeited. (12 AAC 02.910)

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)

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. A professional license does not bypass the need for a business license; if a business license is required, it must be obtained after an initial professional license is issued. For more information about business licenses, visit *BusinessLicense.Alaska.Gov.*

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*. Centralized statutes and regulations also apply to all professional licenses; those are also available on the division's website. To receive notifications of proposed regulation changes, send a request with your name, email, and the program you want to be updated on to the regulation specialist at the following email: *RegulationsAndPublicComment@Alaska.Gov.* Courtesy notifications of proposed program regulations changes will also be sent to the email address on record.

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
Website: *ProfessionalLicense.Alaska.Gov/ProfessionalCounselors*

Associate Counselor License Application

PART I Payment of Fees

Required Fees:	☐ Application and License Fee ($200 is Non-Refundable)	**$350.00**

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: 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 do 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.

Email Address:	
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 Education

Name of School:			
Degree Awarded:		**Date Awarded:**	
Degree Type:	☐ Master's ☐ Doctorate		
Have you completed 60 graduate semester hours in counseling?	☐ Yes ☐ No*		

**If no,* STOP. Your education does not meet the requirements for licensure in this program.

PART IV Professional License(s)

List all states or jurisdictions in which you currently are or have ever been licensed to practice professional counseling, psychology, marital and family therapy or social work.

☐ Check here if none.

State or Jurisdiction	License Number	Issue Date	Expiration Date	License Type
				☐ Professional Counselor ☐ Psychologist ☐ Marital and Family Therapist ☐ Social Worker
				☐ Professional Counselor ☐ Psychologist ☐ Marital and Family Therapist ☐ Social Worker
				☐ Professional Counselor ☐ Psychologist ☐ Marital and Family Therapist ☐ Social Worker
				☐ Professional Counselor ☐ Psychologist ☐ Marital and Family Therapist ☐ Social Worker
				☐ Professional Counselor ☐ Psychologist ☐ Marital and Family Therapist ☐ Social Worker
				☐ Professional Counselor ☐ Psychologist ☐ Marital and Family Therapist ☐ Social Worker
				☐ Professional Counselor ☐ Psychologist ☐ Marital and Family Therapist ☐ Social Worker
				☐ Professional Counselor ☐ Psychologist ☐ Marital and Family Therapist ☐ Social Worker
				☐ Professional Counselor ☐ Psychologist ☐ Marital and Family Therapist ☐ Social Worker
				☐ Professional Counselor ☐ Psychologist ☐ Marital and Family Therapist ☐ Social Worker

PART V Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an explanation and documentation. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.

When in doubt, disclose and explain.

1.	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?	☐ **Yes** ☐ **No**
2.	Have you been convicted of 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.	☐ **Yes** ☐ **No**
3.	Are you currently suffering from any condition, mental or physical, that impairs your judgment or that would otherwise adversely affect your ability to practice professional counseling in a competent, ethical and professional manner?	☐ **Yes** ☐ **No**
4.	Do you use drugs or alcohol in any manner that impairs your ability to practice professional counseling competently and safely?	☐ **Yes** ☐ **No**

"Yes" Answers

If you answered "yes" to questions 3 or 4, in addition to your personal statement, you must 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.

PART VI Attestations

☐ I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.29 and 12 AAC 62).

☐ I understand I may only practice with an associate counselor license after the license has been issued and only under the supervision of a board approved counselor supervisor with an active supervisor certification.

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
Website: *ProfessionalLicense.Alaska.Gov/ProfessionalCounselors*

Signature Page

Applicant Name:		
Alaska License Number (if known):		☐ *Application in Process*

PART VII Agreement

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.

Applicant Signature:		**Date Signed:**	

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
Phone: (907) 465-2550
Email: *ProfessionalCounselors@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/ProfessionalCounselors*

Education Coursework Check Sheet

You must complete this form if your graduate degree is from a related field. (Related fields include psychology, marital and family therapy, social work and applied behavior science.)

To assist the board in its review of your course work, complete the following form and return it with your application.

Have your transcript(s) forwarded to the division directly from your school(s). Per 12 AAC 62.120(a), to meet the requirements of AS 08.29.110(a)(5), an applicant's degree must be from an institution of higher education in the United States that is accredited by a regional or national accrediting agency and the degree must have included course work in at least 8 of the following subject areas.

Applicant Name:			
Name of College or University Attended:			
Type of Degree:		**Date Awarded:**	
☐ I certify I have completed 60 graduate semester hours in counseling.			

To establish equivalency, instruction must have been received in eight of the ten subjects.

1. **Helping relationships, including counseling theory and practice.**

☐ Yes ☐ No

Institution	Course Number	Full Course Title	Dates	Credit Hours

2. **Human growth and development.**

☐ Yes ☐ No

Institution	Course Number	Full Course Title	Dates	Credit Hours

3. Lifestyle and career development.

☐ Yes ☐ No

Institution	Course Number	Full Course Title	Dates	Credit Hours

4. Group dynamics, processes, counselling, and consulting.

☐ Yes ☐ No

Institution	Course Number	Full Course Title	Dates	Credit Hours

5. Assessment, appraisal, and testing of individuals.

☐ Yes ☐ No

Institution	Course Number	Full Course Title	Dates	Credit Hours

6. Social and cultural foundation, including multicultural issues.

☐ Yes ☐ No

Institution	Course Number	Full Course Title	Dates	Credit Hours

7. **Principles of etiology, diagnosis, treatment planning and prevention of mental and emotional disorders and dysfunctional behavior.**

☐ Yes ☐ No

Institution	Course Number	Full Course Title	Dates	Credit Hours

8. **Marriage and family counseling and therapy.**

☐ Yes ☐ No

Institution	Course Number	Full Course Title	Dates	Credit Hours

9. **Research and evaluation.**

☐ Yes ☐ No

Institution	Course Number	Full Course Title	Dates	Credit Hours

10. **Professional counseling orientation and ethics.**

☐ Yes ☐ No

Institution	Course Number	Full Course Title	Dates	Credit Hours

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
Phone: (907) 465-2550
Email: *ProfessionalCounselors@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/ProfessionalCounselors*

Associate Counselor Supervision Plan

Before beginning supervised practice as an associate counselor, the applicant shall submit to the board for its approval a supervision plan as described in 12 AAC 62.225. On or after April 1, 2027, an associate counselor license must be approved by the board and in active status prior to supervision starting.

In accordance with 12 AAC 62.200, a person may not supervise a person under this chapter unless approved by the board as an approved counselor supervisor. Only hours accrued while the approved counselor supervisor certification is in active status will count toward total supervised hours required for licensure.

→ **Applicant**: Complete the identifying information below.

Applicant Name:	

→ **Approved Counselor Supervisor:** Provide the information requested below, and return the form directly to the Board of Professional Counselors at the letterhead address.

Approved Counselor Supervisor Name:		**Certification Number:**	
Professional Clinic or Institution Name:			
Clinic Address:		**Phone Number:**	

The following competency topics will be covered during supervision:

(A) clinical skills;
(B) practice management skills;
(C) skills required for continued competency;
(D) development of professional identity;
(E) ethical practice; and
(F) legal and regulatory requirements.

- At the start of supervision, an approved counselor supervisor and the associate counselor shall create a supervision progress report that tracks the supervision hours completed. The supervisor shall track the supervision hours on the progress report.
- An approved counselor supervisor shall make supervision progress reports available to the board not later than 30 days after the request.
- The supervision required for this program includes at least 3,000 hours and may not be completed in less than 24 months. 1,000 hours of the total must have included direct counseling with individuals, couples, families or groups. 100 hours must be completed in direct supervision, at least 50 of which must be accumulated by the applicant in a one-on-one setting with the approved counselor supervisor. The remaining 50 hours may be obtained in a one-on-one setting or in a group setting with an approved counselor supervisor.
- At the completion of supervision, an associate counselor shall submit a Completion of Supervision Form (#08-5013c) to the board for each approved counselor supervisor with whom the associate counselor obtained supervised experience.
- An associate counselor licensee is not eligible to apply for a professional counselor license to practice independently until the required supervision hours and time have been completed, and all areas required for competency as defined in 12 AAC 62.990(c)(7) have been verified as independently competent by an approved counselor supervisor.
- An associate counselor cannot actively practice unless they are under the supervision of an approved counselor supervisor with an active certification, and the associate counselor has an active license on or after April 1, 2027.

Applicant Signature

By signing this form, I have read and understood all topics and agree to adhere to the expectations listed.			
Applicant Printed Name:			
Applicant Signature:		**Date Signed:**	

Supervisor Signature

By signing this form, I agree supervision will take place to cover the above topics in compliance and accordance with supervision requirements as specified in 12 AAC 62.			
Supervisor Printed Name:			
Supervisor Signature:		**Date Signed:**	

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
Phone: (907) 465-2550
Email: *ProfessionalCounselors@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/ProfessionalCounselors*

Completion of Supervision

Supervision required for licensure as a professional counselor must have been performed over a period not less than 24 months under the supervision of an approved counselor supervisor under 12 AAC 62.200, in accordance with AS 08.29.110(a)(6). Supervision required for licensure must include 3,000 hours of supervised experience, with at least 1,000 hours of direct counseling with individuals, couples, families, or groups and at least 100 hours of direct supervision by a supervisor approved in accordance with 12 AAC 62.200 and in accordance with supervised experience under 12 AAC 62.220. This experience must be completed after having received my degree as required by 08.29.110(5).

Supervision accrued in Alaska after April 1, 2027 will only count toward the required hours if the applicant had an active associate counselor license and was practicing under the supervision of an approved counselor supervisor with an active supervisor certification.

Supervision must be provided by a person who has been approved and certified by the board in accordance with 12 AAC 62.200. Supervision must be provided by a person who is a licensed professional counselor, a licensed clinical social worker, licensed marital and family therapist, licensed psychologist, or licensed psychological associate, licensed psychiatrist, or licensed advanced nurse practitioner who is licensed or certified to provide psychiatric or mental health services.

The board will accept the hours of experience accumulated by an applicant in another jurisdiction with substantially similar requirements if earned prior to application in this program and if the supervision experience is verified on this form.

→ Applicant:

Complete the identifying information below and forward a copy of this form to the appropriate individuals. *Make additional copies of this form, as needed.*

Applicant Printed Name:	

→ Supervisor:

Provide the information requested below for the applicant identified in this form and return the form directly to the Alaska State Board of Professional Counselors at the letterhead address.

Supervisor Name:			
Board Approved Supervisor Certification Number:		**Date Certified:**	
License Type:		**License Number:**	
State or Jurisdiction:			
Email Address:		**Phone Number:**	
Supervision Start Date:		**Total Months of Supervised Experience:**	
Total Hours of Supervised Experience:		**Total Hours of Direct Counseling Experience:**	
Total Hours of Direct Supervision Between Applicant and Supervisor:			

Select the applicant's competency level in each of the following topics:

Topic	Independently Competent	NOT Independently Competent
(A) Diagnose and treat mental and emotional disorders referenced in the standard diagnostic nomenclature;	☐	☐
(B) Professionally apply evaluation techniques, treatments and therapeutic services to individuals and groups for the purpose of treating emotional and mental disorders;	☐	☐
(C) Apply understanding of the dynamics of the individual and of group interactions, along with the application of therapeutic and counseling techniques for the purpose of resolving intrapersonal and interpersonal conflict and changing perceptions, attitudes, and behaviors in the area of human relationships;	☐	☐
(D) Administer and use appropriate assessment instruments that measure or diagnose problems or dysfunctions within the course of human growth and development as part of a counseling process or in the development of a treatment plan;	☐	☐
(E) Practice professional counseling in an ethical manner consistent with the Code of Ethics adopted in 12 AAC 62.900.	☐	☐

You must confirm the following statements:

☐ I confirm the hours verified on this form were accrued under my supervision.

☐ I confirm supervision was conducted in accordance with the requirements set out in 12 AAC 62.220.

Signature

I hereby certify the above information is true and complete to the best of my knowledge.

Supervisor Name:			
Supervisor Signature:		**Date Signed:**	

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

Professional Licensing
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550
Email: *License@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov*

Letter of Explanation for a Professional Fitness "Yes" Answer

Use this form only to explain and document any professional fitness "yes" answers. A "yes" answer is not necessarily disqualifying but concealing one may be.

Each "yes" answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check "yes" to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include, but not be limited to, suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple "yes" answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.

☐ ⇦ **Write the professional fitness question number you are answering "yes" to in the box.**

Location of Incident:		**Date of Incident:**	
Explanation of Incident: When in doubt, disclose and explain. *Make copies as necessary.*			

Did you attach all applicable documents associated with this incident?

☐ Court Orders ☐ Consent Agreements ☐ Disciplinary Actions ☐ Charging Documents

☐ Court Records ☐ Fitness to Practice ☐ All Other Documentation Related to This Incident

☐ I have additional incidents for this "yes" answer, or "yes" answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

Full Name:		**Program:**	
Signature:		**Date Signed:**	

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
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:			
Profession Type *(e.g., Acupuncture)*:		**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 *(fine, exam, etc.)*:**			
1.			
2.			
		TOTAL:	0

Name *(as shown on credit card)*:			
Mailing Address:			
Phone Number:		**Email *(Optional)*:**	
Signature of Credit Card Holder:	X		

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.

1. Credit Card Number:		**All 3 fields MUST be completed.**
2. Expiration Date:		**This section will be destroyed after the payment is processed.**
3. Security Code:		