



## Online Instructions

PLEASE READ the application instructions, statutes, and regulations before completing your application. Please retain this information for future reference.

**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 following documents must be received by the division to be considered for emergency courtesy license:**

**1. APPLICATION**

A completed application.

**2. LICENSE VERIFICATION**

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

**"YES" RESPONSES:**

A "Yes" response in the application does not mean your application will be denied. If you have responded "Yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and both charging and closing court documentation.

**PUBLIC INFORMATION:**

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the Division's website at *ProfessionalLicense.Alaska.gov* under License Search.

**ADDRESS OR NAME CHANGE:**

In accordance with 12 AAC 02.900, it is the applicant's/licensee'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 and correspondence. The name appearing on the license must be your current legal name.

**SOCIAL SECURITY NUMBERS:**

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exception from Social Security Number Requirement form located at *ProfessionalLicense.Alaska.gov* or contact the Division for a copy of the form.

**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*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the program you want to be updated on to:

REGULATIONS SPECIALIST

Email: *RegulationsAndPublicComment@Alaska.Gov*

Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

P.O. Box 110806

Juneau, Alaska 99811-0806





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: