



Board of Psychologists and Psychological Associate Examiners
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550
Email: BoardOfPsychologists@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov/BoardOfPsychologists

Request for Extension of Supervision Plan

PART I Personal Information

Full Legal Name:			
Email Address:		Phone Number:	
License Type:	<input type="checkbox"/> Psychologist <input type="checkbox"/> Psychological Associate	Alaska Temporary License Number:	

PART II Request for Extension

Supervisor Name:		Supervisor License Number:	
Provide the reason(s) for requesting an extension to the supervision plan.			

Signature

I hereby certify the above information is true and complete to the best of my knowledge.			
Licensee Printed Name:			
Licensee Signature:		Date Signed:	