



THE STATE  
of

**ALASKA**

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

**Board of Psychologist and Psychological Associate Examiners**

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2694

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

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

## Instructions for Psychologist License By Exam Through PLUS

Please read the application and all instructions carefully. You may download the most current version of the board's statutes and regulations from the board's website or contact the division for a copy. The licensing statutes are located at AS 08.86 and the board's administrative regulations are at 12 AAC 60. The board shall hold at least three meetings annually. If the applicant meets the requirements of AS 08.86.135, a temporary license will be issued.

Please be aware that examination applicants must obtain a temporary license and approval of the applicant's post-doctoral supervision plan approved and a temporary license issued before beginning supervision.

The following documents must be on file with the division before the file will be reviewed:

**(1) APPLICATION:**

Completed, signed, and notarized. An applicant with a "Yes" answer to one or more professional conduct questions must submit a separate written, signed and dated explanation and provide copies of any supporting documents.

**(2) FEES:**

Nonrefundable Application Fee:	\$200
Initial License Fee:	\$500
Temporary License Fee:	\$150
State Examination Fee	\$50
<u>Total Fees Due:</u>	<u>\$900</u>

*(The initial license fee may be submitted with the application or after successful completion of the licensing requirements.)*

**(3) AUTHORIZATION OF RELEASE OF RECORDS:**

Form enclosed. This release is only used if an investigation is necessary. Confidential information obtained in an investigation, such as medical records, is not subject to public release.

**(4) SUPERVISED PRACTICE PLAN:**

(form enclosed)

Once the board has received these items, you will be contacted by your PLUS specialist to begin your application.

## **! General Information**

### **APPLICATION PROCESSING:**

The average time to process a paper application varies by program, but can take several weeks from the date it is received in this office, complete with all correct forms, supporting documents and appropriate fees paid. If the application is incomplete, the applicant will be notified of the incomplete and/or incorrect documents and fees. When the application is complete and correct and all supporting documents have been received and all fees have been paid the license will be issued and sent to you with a cover letter about Alaska statutory requirements. If the application is not approved for licensure, a written explanation of the basis of that denial and information on how to appeal the decision will be provided. 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:**

There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on June 30 of odd-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record. If your program offers temporary licenses, they are issued for either 30 consecutive days or until the end of the calendar year, whichever period is shorter.

### **"YES" RESPONSES TO 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 in the application, be sure to submit a signed and dated explanation, and both charging and closing court documentation.

### **DENIAL OF APPLICATION:**

Please be aware that the denial of an application of 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.

### **RANDOM AUDIT:**

If your program requires continuing education, the division will audit a percentage of the license renewals. If your license is randomly selected for audit, you will be sent a letter and required to submit copies of documentation and proof that you satisfied the continuing competency requirements as you stated on this renewal form. Please note that licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

### **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.

### **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:**

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 Exemption from Social Security Number Requirement form located at [ProfessionalLicense.Alaska.gov](http://ProfessionalLicense.Alaska.gov) or contact the division for a copy of the form.

### **SPECIAL ACCOMMODATIONS FOR EXAMINATION:**

Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination, you must submit an *Application for Examination Accommodations for Candidates with Disabilities form* (08-4214).

### **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](http://ProfessionalLicense.Alaska.gov) under License Search.

### **ABANDONED APPLICATIONS:**

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

### **PAYMENT OF CHILD SUPPORT AND STUDENT LOANS:**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900, or the Postsecondary Education office at (907) 465-2962 or (800) 441-2962 to resolve payment issues.

### **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. For more information about business licenses, call (907) 465-2550 or online at: [BusinessLicense.Alaska.gov](http://BusinessLicense.Alaska.gov)

### **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](http://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](mailto: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



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**PSY**

FOR DIVISION USE ONLY

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## Psychologist Application by Exam through PLUS:

### PART I

#### Payment of Fees

Required Fees:	<input type="checkbox"/> Nonrefundable Application Fee	\$200.00	} \$900.00
	<input type="checkbox"/> Initial Psychologist License Fee	\$500.00	
	<input type="checkbox"/> Temporary License Fee	\$150.00	
	<input type="checkbox"/> State Examination Fee	\$50.00	

### PART II

#### Personal Information

Complete Name:			
Provide all other names used (maiden, nicknames, aliases). Attach documentation of all legal name changes.			
<input type="checkbox"/> Not Applicable			
<input type="checkbox"/> Other Names Used: _____			

Mailing Address:			
Birthdate:		Gender:	
Contact Phone:			

<b>EMAIL AGREEMENT:</b> 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:		<input type="checkbox"/> Send my Correspondence by Email	
		<input type="checkbox"/> Send my Correspondence by US Mail	

<b>SOCIAL SECURITY NUMBER:</b> AS 08.01.100 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.	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
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The following professional fitness questions must be answered. "Yes" answers may not automatically result in certificate 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.).

## When in doubt, disclose and explain.

- |           |   |  |
|-----------|---|--|
| <b>1.</b> | Has your professional license the practice psychology ever been denied, revoked, suspended, surrendered, placed on probation, or been subject to any other restriction or disciplinary action in any jurisdiction?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |
| <hr/>     |   |  |
| <b>2.</b> | Have voluntarily surrendered or restricted your professional license in any jurisdiction?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |
| <hr/>     |   |  |
| <b>3.</b> | Have you ever been disciplined by any state board for any violation of a Psychology Practice Act or unethical conduct?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |
| <hr/>     |   |  |
| <b>4.</b> | Have you ever been convicted of any criminal offense(s), other than minor traffic violations, under the laws of any state or of the United States (including suspended imposition of sentence)?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |
| <hr/>     |   |  |
| <b>5.</b> | Have you ever had any malpractice settlements or judgments paid in your behalf?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |
| <hr/>     |   |  |
| <b>6.</b> | Are you now, or within the past five years have you experienced, been diagnosed with, or been treated for bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (except for situational or reactive depression), or any other mental or emotional illness? | <input type="checkbox"/> Yes*<br><input type="checkbox"/> No |
| <hr/>     |   |  |
| <b>7.</b> | Are you now, or within the past five years have you experienced, been diagnosed with, or been treated for any physical or mental condition which may impair or interfere with your ability to practice?   | <input type="checkbox"/> Yes*<br><input type="checkbox"/> No |
| <hr/>     |   |  |
| <b>8.</b> | Are you now, or within the past five years have you been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs?  | <input type="checkbox"/> Yes*<br><input type="checkbox"/> No |

\* "Yes" Answers

If you answered "Yes" to questions 5, 6 or 7, in addition to your personal statement, you must submit a statement from the appropriate health care provider indicating your ability to provide psychological services.



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## 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 public records. If you believe that the additional information you are attaching to explain a “Yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state 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?**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Court orders  | <input type="checkbox"/> Consent agreements  | <input type="checkbox"/> Disciplinary actions                             | <input type="checkbox"/> Charging documents |
| <input type="checkbox"/> Court records   | <input type="checkbox"/> Fitness to practice | <input type="checkbox"/> All other documentation related to this incident |   |
| <input type="checkbox"/> 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:			
Signature:		Date:	

**PART IV Education History**

List names and addresses of ALL undergraduate, masters, and doctorate colleges and universities attended.  
Provide dates of attendance of graduation.

School	Mailing Address	Dates Attended	Date Graduated

**Doctoral Thesis:**

Area of Emphasis:

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Date Degree Earned:

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Title of Thesis:

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**PART V Professional History**

List each jurisdiction where you are, or have been, certified or licensed to practice psychology.

State	License Number	Issue Date	Expiry Date

**PART VI****Occupational History**

In chronological order, list all relevant or related professional positions held.

Provide names of employers, addresses, ZIP Codes, and telephone numbers.

Name all positions held, names of direct supervisors, and description of job duties and responsibilities.

<b>Dates of Employment:</b>	
<b>Name of Employer:</b>	
<b>Employer Address:</b>	
<b>Employer Phone:</b>	
<b>Name of Supervisor:</b>	
<b>Position Held by Applicant:</b>	
<b>Duties and Responsibilities:</b>	

<b>Dates of Employment:</b>	
<b>Name of Employer:</b>	
<b>Employer Address:</b>	
<b>Employer Phone:</b>	
<b>Name of Supervisor:</b>	
<b>Position Held by Applicant:</b>	
<b>Duties and Responsibilities:</b>	

<b>Dates of Employment:</b>	
<b>Name of Employer:</b>	
<b>Employer Address:</b>	
<b>Employer Phone:</b>	
<b>Name of Supervisor:</b>	
<b>Position Held by Applicant:</b>	
<b>Duties and Responsibilities:</b>	

<b>Dates of Employment:</b>	
<b>Name of Employer:</b>	
<b>Employer Address:</b>	
<b>Employer Phone:</b>	
<b>Name of Supervisor:</b>	
<b>Position Held by Applicant:</b>	
<b>Duties and Responsibilities:</b>	

<b>Dates of Employment:</b>	
<b>Name of Employer:</b>	
<b>Employer Address:</b>	
<b>Employer Phone:</b>	
<b>Name of Supervisor:</b>	
<b>Position Held by Applicant:</b>	
<b>Duties and Responsibilities:</b>	

**PART VII Examination History**

List each state where you took a psychology licensing examination.

State	Exam Date	Result
		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
		<input type="checkbox"/> Pass <input type="checkbox"/> Fail

**PART VII Notarized Signature with Photograph**

I certify that the information on this form is true and correct to the best of my knowledge and that all credentials and supporting documents supplied by me are true and correct. The Division may deny, suspend, or revoke the license of a person who has obtained or has attempted to obtain a license by fraud or deceit. The person may also be subjected to criminal charges for perjury or unsworn falsification. (AS 11.56.210)

**Applicant's Signature:****Date:****Printed Name:****Notary Public for State of:****Subscribed and Sworn to Before me on this Day:****Notary's Signature:****My Commission Expires:**

**Attach a recent photo that is no larger than 3" x 3".**

**The notary seal must overlie a portion of the photograph.**

Photograph

Notary Stamp



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**Authorization for Release of Records**

I authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my medical, dental, employment, and education records, and any records pertaining to litigation, suits, judgments and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business and Professional Licensing and its investigators.

I authorize the Division to discuss my records with persons or organizations which are considered appropriate by the Division in connection with an official investigation, and to provide copies of my records to those persons or organizations considered appropriate by the Division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis, or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment.

I request that upon presentation of this release, or a certified true copy of it, that you provide copies of those records to the Division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with my application for initial issuance of a license as a psychologist. This authorization expires one year from the date of my signature below.

<b>Name:</b>			
<b>Address:</b>			
<b>Phone:</b>			
<b>Birthdate:</b>			
<b>Email:</b>			
<b>Signature:</b>		<b>Date:</b>	



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## Supervised Practice Plan

**NOTE:** Supervision may not begin until the board approves the supervision plan and the applicant receives the temporary license issued under 12 ACC 60.020.

**COMPLETE THIS FORM AND RETURN IT DIRECTLY TO THE BOARD AT THE ADDRESS LISTED ABOVE. PLEASE PRINT.**

Name of Applicant: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Professional License(s) Held by Supervisor:

Type	State	License Number	Expiration Date

Name of Agency or setting where supervised experience will occur: \_\_\_\_\_

Located at: \_\_\_\_\_  
Street Address City State Zip Code

Mailing Address: \_\_\_\_\_  
Street Address or PO Box City State Zip Code

Email Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Name of Alternate Supervisor: \_\_\_\_\_

As the **supervisee**, I have read 12 AAC 60.070 and .080 and agree to accept supervision consistent with the requirements in 12 AAC 60.070 and .080.

As the **supervisor**, I have read 12 AAC 60.070 and .080 and agree to provide supervision consistent with the requirements in 12 AAC 60.070 and .080. To the best of my knowledge I attest that my professional license is in good standing and that there are no pending complaints against my license at this time.

We both acknowledge that changes in the supervision plan must be reported to the board in writing and approved by the board. We further acknowledge that supervision may begin upon formal notification from the board of the approval of the Supervised Practice Plan and, for those receiving supervision in Alaska, the issuance of a temporary license to the applicant.

\_\_\_\_\_  
Signature of Supervisee (Notarization Not Required)

\_\_\_\_\_  
Signature of Supervisor \*(Signature must be Notarized)

\* SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature Notary Public

NOTARY SEAL

My Commission Expires: \_\_\_\_\_

#### 12 AAC 60.070. "PSYCHOLOGIST" AND "PSYCHOLOGICAL ASSOCIATE EXPERIENCE"

**DEFINED.** (a) *Repealed 1/14/82.*

(b) The one year's experience required for a psychologist applicant by AS 08.86.130(a)(3) is satisfied by one year of post-doctoral experience in a field of psychology the same as or similar to that in which the applicant acquired academic training under the supervision of a licensed psychologist or a diplomate of the American Board of Professional Psychology.

(c) The two years' experience required for a psychological associate applicant by AS 08.86.160(a)(3), is satisfied by two years' supervised experience in the specialty area that is the same or similar to the field of psychology in which the applicant received education and training.

**Authority:** AS 08.86.070 AS 08.86.080 AS 08.86.130

**12 AAC 60.080. CRITERIA FOR EVALUATION OF EXPERIENCE.** (a) In order to be credited with the experience required by 12 AAC 60.070, a psychologist or psychological associate applicant must meet the following minimum requirements:

(1) the applicant's supervised experience must have been in the same or a similar field of psychology as was the applicant's education and training;

(2) a year of experience must consist of not less than 1,500 clock hours completed in not less than 10 months and not more than 24 consecutive calendar months; during weeks the applicant works, the applicant must obtain at least 20 hours, but not more than 40 hours, of supervised experience per week;

(3) during

(A) the first year of post master's supervised experience, contact between the supervisor and the applicant must be for a minimum of two hours per week of face-to-face supervision, one hour of which must be individual face-to-face supervision, dealing with direct services provided by the applicant; an applicant must also obtain two additional hours per week in learning activities, as defined in 12 AAC 60.990(a)(10), covering case conferences, ethics, co-therapy, and other content assigned by the supervisor; and

(B) the second year of post master's and the year of post doctoral supervised experience, contact between the supervisor and applicant must be for a minimum of one hour per week of individual face-to-face supervision dealing with direct services provided by the applicant;

(4) at least 80 percent of the supervised experience must be with a licensed psychologist, a diplomate of the American Board of Professional Psychology, or a person holding a doctorate degree in psychology and who is considered by the board qualified to supervise; 20 percent of the supervised experience may be with a psychiatrist licensed under AS 08.64 or a similar law of another state, a psychological associate licensed under AS 08.86 or a similar law of another state, a clinical social worker licensed under AS 08.95 or a similar law of another state, a marriage and family therapist licensed under AS 08.63 or a similar law of another state, or a professional counselor licensed under AS 08.29 or a similar law of another state, who is qualified and competent in the specialty area that is the same or similar to the field of psychology in which the applicant received education and training;

(5) *repealed 5/18/85;*

(6) *repealed 3/27/98;*

(7) *repealed 3/27/98;*

(8) for a psychologist applicant, post doctoral experience may be earned in any post-doctoral training program approved by the American Psychological Association or other program determined by the board to be equivalent;

(9) at least 50 percent of the supervised experience must be direct service; at least 50 percent of the direct service must be face-to-face contact with patients.

(b) Unsupervised independent private practice, including unsupervised practicums, clerkships, and externships, will not be considered as acceptable supervised professional experience.

(c) For good cause shown to the board's satisfaction, the board will accept an alternate plan of supervision that varies from the requirement of (a)(3) of this section, if the applicant

(1) submits the alternate plan in writing to the board on a form provided by the department; and

(2) receives approval of the alternate plan by the board before beginning the alternate supervised experience.

(d) A supervisor must verify in writing to the board the applicant's supervised experience, setting out the nature and extent of the supervision. A supervisor shall comprehensively document, on a form provided by the department, that during the applicant's supervised experience, the applicant was instructed in issues and concerns related to

ethical behavior and that the applicant adequately understands and applies the ethical principles and guidelines.

(e) For good cause shown to the board's satisfaction, the board will grant an extension up to 12 months for an applicant to complete the supervised experience required under 12 AAC 60.070.

(f) *Repealed 12/8/2005.*



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PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2694

## 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. Account Number: \_\_\_\_\_

2. Expiration Date: \_\_\_\_\_

3. Billing ZIP Code: \_\_\_\_\_

4. Security Code: \_\_\_\_\_

All four fields **MUST**  
be completed!

This section will be  
destroyed after the  
payment is processed.