



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

Phone: (907) 465-2550

Email: BoardOfPsychologists@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardofPsychologists

Temporary License to Practice as a Psychological Associate Under Supervision Application Instructions

This application is for applicants with an earned master's degree in psychology or a field of specialization considered equivalent by the board and whose degree meets the requirements of 12 AAC 60.082 and 12 AAC 60.084. A temporary license is required while obtaining post master supervised experience. Out-of-state applicants are not eligible for a temporary license in this state.

To practice telepsychology, registration with the Telemedicine Business Registry (TBR) is required in addition to obtaining a psychological associate 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 Temporary License to Practice as a Psychological Associate Under Supervision can be reviewed:

1. APPLICATION

A signed, completed application (#08-4999, pages 1-4).

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	\$200.00
Temporary License Fee:	\$150.00
State Examination Fee:	\$ 50.00

Total Fees Due:	\$400.00
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3. OFFICIAL TRANSCRIPTS

Official transcripts sent directly from all undergraduate and graduate schools attended.

4. 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 psychology. Each verification must include an explanation of any disciplinary action taken against the licensee. Check with each of the boards you are or have been licensed with for their verification request process. If a jurisdiction 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.

5. RECOMMENDATION(S)

Recommendation letter(s) from immediate supervisor if a licensed psychologist, or two licensed psychologists who hold doctoral degrees. (#08-4999a)

6. MASTER EDUCATION COURSE WORK CHECK SHEET

A completed Master Education Course Work Check Sheet (#08-4999b).

7. PSYCHOLOGICAL ASSOCIATE SUPERVISED PRACTICE PLAN

A completed Psychological Associate Practice Plan (#08-4999c) must be approved by the board before beginning supervision to accrue the mandatory 3000 hours of supervised experience required per 12 AAC 60.080(a)(2)(3)(A-B).

8. VITA

Complete from the date of high school graduation to the time of application, including dates and places of residency.

9. PROOF OF PRACTICUM

Proof of practicum or laboratory experience appropriate to the area of practice in psychology, in accordance with 12 AAC 60.084(2).

Examination Information

Applicants applying for examination must pass both the National Examination for Professional Practice in Psychology (EPPP) and the State Law and Ethics Examination. The State examination is administered separately from the EPPP examination.

In Alaska, the EPPP is administered via computer in Anchorage; however, applicants may sit at any Prometric Test Center within the United States, U.S. territories, or Canada. Upon application approval by the board, applicants will receive further instructions regarding administration and scheduling of the national examination. Note: while the EPPP examination is offered up to four times per year, AS 08.86.162 limits the number of times a psychological associate applicant can be examined to twice per year.

The State Law and Ethics Examination is offered four times per year. The state exam must be scheduled prior to the exam registration deadline. To schedule both the EPPP and State Law and Ethics exams after board approval, contact the psychology board at BoardOfPsychologists@Alaska.Gov.

Upon board approval, a temporary license will be issued, and applicants will be notified in writing that supervision may begin.

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 a completed "Application for Examination Accommodation for Candidates with Disabilities" form (#08-4449). This form is available on the division's website: ProfessionalLicense.Alaska.Gov.

PSY Information

CONTACTING THE BOARD

Board members contacted individually cannot respond on behalf of the board, as the entire board must have all discussions on the record in scheduled meetings. If you were to contact all board members, this could be seen as a violation of the Open Meetings Act by the board members. The best option for submitting inquiries to the board is to email BoardofPsychologists@Alaska.Gov.

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:

A temporary license to practice as a psychological associate under supervision is valid for two years from the date of issue. The board will extend the temporary license if the applicant meets the requirements of 12 AAC 60.020(b) and demonstrates to the satisfaction of the board that an extension is necessary to complete the supervised experience required in AS 08.86.160.

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.



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Temporary License to Practice as a Psychological Associate Under Supervision Application

PART I Payment of Fees

Required Fees: Application, Temporary License and State Examination Fee (\$200.00 is Non-Refundable) **\$400.00**

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.

Applicant 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 Undergraduate Education

List ALL undergraduate colleges and universities attended.

Name of Institution	Address	Date(s) Attended	Date Graduated

PART IV Graduate and Postgraduate Education

List ALL Master's and Doctorate universities attended.

Name of Institution	Address	Degree Awarded	Date Awarded	Is the program accredited?*
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the doctorate degree require one year in full-time physical residence at the degree-granting institution?			<input type="checkbox"/> Yes	<input type="checkbox"/> No**

*Accredited by one of the regional accrediting bodies recognized by the Council of Post Secondary Accreditation.

**If you do not have one year in full-time physical residence then your doctorate degree does not qualify for licensure in this program.

PART V Professional License(s)

List all jurisdictions in which you currently are or have ever been certified or licensed to practice psychology.

Check here if none.

State or Jurisdiction	License Number	Expiration Date

PART VI Examination History

List any state(s) in which you passed the Examination for Professional Practice in Psychology (EPPP).

Check here if none.

State	Date Administered

PART VII 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. Has your professional license ever been denied, revoked, suspended, surrendered, stipulated, on probation, or been subject to any other restriction or disciplinary action in any jurisdiction? Yes No
2. Have you ever voluntarily surrendered or restricted your professional license in any jurisdiction? Yes No
3. Have you ever been disciplined by any state board for any violation of the Psychology Practice Act or unethical conduct? Yes No
4. 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 (convictions include suspended imposition of sentence)? Yes No
5. Are you currently suffering from any condition, mental or physical, that impairs your judgment or that would otherwise adversely affect your ability to practice psychology in a competent, ethical and professional manner? Yes No
6. Do you use drugs or alcohol in any manner that impairs your ability to practice psychology competently and safely? Yes No

"Yes" Answers

If you answered "yes" to questions 5 or 6, in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

PART VIII Alaska Law

- I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.86 and 12 AAC 60).



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Signature Page

Applicant Name:		
Alaska License Number (if known):		<input type="checkbox"/> <i>Application in Process</i>

PART IX 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:	
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Letter of Recommendation

→ Applicant:

Complete the identifying information below and forward a copy of this form to your immediate supervisor, if a licensed psychologist, or two licensed psychologists who hold doctoral degrees. Make additional copies of this form, as needed.

Applicant Name: []

→ Reference:

Complete this bottom part for the applicant identified above and mail or email the form to the Alaska Board of Psychologist and Psychological Associate Examiners at the letterhead address.

Reference Name: [] Relationship to Applicant: []
License Number: [] License Type: []
Email Address: [] Phone Number: []
Check as Appropriate: [] Licensed Psychologist [] Diplomate of ABPP [] Member of American Psychological Association

Recommendation

For the Board of Psychologist and Psychological Associate Examiners to have sufficient information to recommend licensure, answer the following questions.

1. Would you recommend the applicant for licensure as a psychological associate? [] Yes [] No
2. Evaluate the applicant's technical knowledge and practical experience: [] Excellent [] Very Good [] Fair [] Needs Improvement
3. Any further comments the board might consider in reviewing this applicant? [] Yes [] No
If yes, explain: []

Signature

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

Reference Printed Name: []
Reference Signature: [] Date Signed: []



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Master Education Course Work Check Sheet

To assist the board in its review of your course work, complete the following form and return it with your application.
Note: You must have all of your undergraduate and graduate transcripts forwarded to the division directly from your school(s). If course titles do not clearly reflect the subject matter listed, you must include course syllabi/descriptions of courses in which the material was covered.

Applicant Name:			
University or College(s) Attended:			
Type of Degree:		Date Granted:	

1. Was your graduate program regionally accredited?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Was your graduate program publicly identified as a psychology program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

All applicants must complete the following parts (I-X). Note: Courses cannot be at the undergraduate level; they must be at the graduate level.

PART I History and Systems of Psychology

List all instruction in history and systems of psychology.

Check here if none.

Institution	Course Number	Full Course Title	Dates (From – To)	Credit Hours

PART II Psychological Measurement

List all instruction in psychological measurement.

Check here if none.

Institution	Course Number	Full Course Title	Dates (From – To)	Credit Hours

PART III Research Methodology

List all instruction in research methodology.

Check here if none.

Institution	Course Number	Full Course Title	Dates (From – To)	Credit Hours

PART IV Techniques of Data Analysis (Statistics)

List all instruction in techniques of data analysis (statistics).

Check here if none.

Institution	Course Number	Full Course Title	Dates (From – To)	Credit Hours

PART V Biological Bases of Behavior

List all instruction in biological bases of behavior (e.g., psychological psychology, comparative psychology, neuropsychology, and psychopharmacology).

Check here if none.

Institution	Course Number	Full Course Title	Dates (From – To)	Credit Hours

PART VI Cognitive-Affective of Behavior

List all instruction in cognitive-affective of behavior (e.g., learning, memory, perception, cognition, thinking, motivation, and emotion).

Check here if none.

Institution	Course Number	Full Course Title	Dates (From – To)	Credit Hours

PART VII Social Bases of Behavior

List all instruction in social bases of behavior (e.g., social psychology, cultural, ethnic, sex roles, and organizational behavior).

Check here if none.

Institution	Course Number	Full Course Title	Dates (From – To)	Credit Hours

PART VIII Individual Differences

List all instruction in individual differences (e.g., personality theory, human development, individual differences, abnormal psychology, psychology of women, psychology of persons with disabilities, and psychology of minority experience).

Check here if none.

Institution	Course Number	Full Course Title	Dates (From – To)	Credit Hours

PART IX Knowledge and Use of Ethics

List all instruction in knowledge and use of ethics.

Check here if none.

Institution	Course Number	Full Course Title	Dates (From – To)	Credit Hours

PART X**Practicum or Laboratory Experience Appropriate to the Area of Practice in Psychology**

List all instruction in practicum (12 AAC 60.010(b)(4)) or laboratory experience appropriate to the area of practice in psychology.

Check here if none.

Institution	Course Number	Full Course Title	Dates (From – To)	Credit Hours



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Supervised Practice Plan

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

Applicant Name:			
Type of Supervision:	<input type="checkbox"/> Post Master	<input type="checkbox"/> Post Doctoral	

→ **Supervisor:** Complete this bottom part for the applicant identified above.

Supervisor Name:			
Alternate Supervisor Name:			
Agency where Supervision will Occur:			
Email Address:		Phone Number:	
Supervisor Professional License(s):			
Type	State	License Number	Expiration Date

Supervisee Signature

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.

I acknowledge changes in this supervision plan must be reported to the board in writing and approved by the board. I further acknowledge 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.

Applicant Printed Name:			
Applicant Signature:		Date Signed:	

Supervisor Signature

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 my professional license is in good standing and that there are no pending complaints against my license at this time.

I acknowledge changes in this supervision plan must be reported to the board in writing and approved by the board. I further acknowledge 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.

Supervisor Printed Name:

Supervisor Signature:

Date Signed:

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.*

Authority: AS 08.86.070 AS 08.86.130 AS 08.86.162 AS 08.86.080 AS 08.86.160



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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 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. <i>Make copies as necessary.</i>			

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:	



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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
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
			TOTAL:

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

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

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