



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. FEES

Payment of the required fees in accordance with 12 AAC 02.330.

Emergency Courtesy License Fee: \$50.00

3. CERTIFICATION

You must provide either two copies of forms of state or federal ID (one of which MUST include a photo), or a notarized signature page.

4. AUTHORIZATION FOR RELEASE OF RECORDS

You must submit the Authorization for Release of Records Form (#08-4734a).

5. LICENSE VERIFICATION

You must hold a current license to practice psychology in another state. This license must be active and in good standing for the entire duration of the State of Emergency as declared by the Governor or through November 15, 2020, whichever is sooner.

Division staff will verify the license Online according to the information provided on the initial application.

6. SCOPE & PRACTICE

Identify Scope of Practice & estimated number of clients intended to work with.

7. PRE-QUALIFIERS

If you are a resident of Alaska, you do not qualify for emergency courtesy license.

Additionally, you must attest that you have not:

(A) had a psychologist license suspended or revoked in any jurisdiction; and

(B) been denied a license to practice psychology in this state within the past four years.

If you cannot attest to (A) and (B) above, you are not eligible for a courtesy license in the State of Alaska.

8. END OF SERVICE REPORT

You must submit an End of Service Report at the conclusion of the Emergency Declaration to boardofpsychologists@alaska.gov including the Scope of Practice and number of clients serviced.

“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 Psychologists and Psychological Associate Examiners

P.O. Box 110806, Juneau, Alaska 99811-0806

(907) 465-2694

E-mail: BoardofPsychologists@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardofPsychologists

Authorization For Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my medical and dental records, employment and education records including all training which pertains to my medical practice, and any records pertaining to litigation, judgments, suits, 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. This release also applies to all records that pertain to credentialing records at facilities at which I have applied for or held privileges to practice medicine.

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

This release also applies to any documents or records which contain information pertaining to psychiatric, psychological, drug, or alcohol evaluation, counseling, 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, including all information previously identified, collected, or stored under the authority of any state or federal law, including 42 CFR Part 2.

I request that upon presentation of this release, or a Certified True Copy thereof, 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 expires one (1) year from the date of my signature below.

Name:	First	Middle	Last
Full Address:	Street or PO Box	City	State Zip
Phone:		Date of Birth:	
Email:			
Signature:		Date:	