



THE STATE  
of

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

**Board of Social Work Examiners**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

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

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

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## Clinical Social Worker License Application Instructions

A person may apply for a license to practice clinical social work in the State of Alaska by examination or by credentials. There is no temporary license offered for Clinical Social Work.

### LICENSURE BY EXAMINATION

***The following must be received by the division before your application for Clinical Social Worker License by Examination can be reviewed:***

**1. APPLICATION**

A signed, completed application (#08-4089, pages 1-6).

**2. FEES**

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$100.00

Initial License Fee: \$325.00

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Total Fees Due: \$425.00

**3. AUTHORIZATION FOR RELEASE OF RECORDS**

A completed Authorization for Release of Records form (#08-4089a).

**4. CERTIFIED TRANSCRIPTS**

Certified transcripts of a master's degree or a doctoral degree in social work sent directly to the Division from a college or university approved by the Board.

**5. VERIFICATION OF POSTGRADUATE CLINICAL SOCIAL WORK**

Verification of having completed a minimum of two years of continuous full-time employment in postgraduate clinical social work, including a minimum of 3,000 hours of employment within 10 years before the application for licensure under the supervision of (#08-4089c):

- a licensed clinical social worker;
- a licensed psychologist; or
- a licensed psychiatrist.

(Refer to 12 AAC 18.115, Supervision of Experience for Clinical Social Work License, for further information on supervision requirement.)

**6. PROFESSIONAL REFERENCES**

Three professional references (form #08-4089d) from the following, as appropriate:

- a reference from a current social work employer supervisor;
  - a reference from a previous social work employer supervisor,
- and -
- a reference from any one of the following professionals:
    - Master's or doctorate degree social worker;
    - Licensed psychological associate, clinical psychologist, or physician specializing in psychiatry;
    - Licensed medical or osteopathic physician;
    - Licensed advanced nurse practitioner with a specialty area of practice in mental health;
    - Licensed registered nurse with a master's degree in psychiatric nursing;
    - Licensed marriage and family therapist; or
    - Licensed professional counselor.

**Note:** If you do not have a current/previous supervisor, please review the Board's position statement regarding alternate documentation: [Commerce.Alaska.Gov/web/portals/5/pub/CSW\\_AltDocumentation.pdf](https://commerce.alaska.gov/web/portals/5/pub/CSW_AltDocumentation.pdf)

## 7. VERIFICATION OF LICENSURE

A completed Verification of Licensure form (#08-4089b) from each state, except Alaska, where you are currently or have previously been licensed, even if the license held was not equivalent to the license for which you are currently applying. The state must verify any disciplinary actions taken.

## EXAMINATION INFORMATION

The Alaska Board of Social Work Examiners offers the examination through the Association of Social Work Boards. Upon approval to sit for the examination at the Clinical level, applicants will be instructed to register with the Association of Social Work Boards, at [www.aswb.org](http://www.aswb.org). A separate examination fee will be required by the Association of Social Work Boards.

## LICENSURE BY CREDENTIALS

The Board will issue a license to practice clinical social work to an applicant who holds a current license to practice clinical social work in another jurisdiction that, at the time of original issuance of the license, had requirements for licensure equal to or more stringent than those of this state. (See AS 08.95.120)

***The following must be received by the division before your application for Clinical Social Worker License by Credentials can be reviewed:***

### 1. APPLICATION

A signed, completed application (#08-4089, pages 1-6).

### 2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	\$100.00
Initial License Fee:	\$325.00
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Total Fees Due:	\$425.00

### 3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4089a).

### 4. VERIFICATION OF LICENSURE

A completed Verification of Licensure form (#08-4089b) from each state, except Alaska, where you are currently or have previously been licensed, even if the license held was not equivalent to the license for which you are currently applying. The state must verify any disciplinary actions taken.

THE EXAMINATION TAKEN MUST BE THE CLINICAL LEVEL EXAMINATION OFFERED BY THE ASSOCIATION OF SOCIAL WORK BOARDS. (Make copies of #08-4089b to request multiple license verifications.)

### 5. PROFESSIONAL REFERENCES

Three professional references (form 08-4089d) from the following, as appropriate:

- a. a reference from a current social work employer supervisor;
- b. a reference from a previous social work employer supervisor,
- and -
- c. a reference from any one of the following professionals:
  - Master's or doctorate degree social worker;
  - Licensed psychological associate, clinical psychologist, or physician specializing in psychiatry;
  - Licensed medical or osteopathic physician;
  - Licensed advanced nurse practitioner with a specialty area of practice in mental health;
  - Licensed registered nurse with a master's degree in psychiatric nursing;
  - Licensed marriage and family therapist; or
  - Licensed professional counselor.

**Note:** If you do not have a current/previous supervisor, please review the Board's position statement regarding alternate documentation: [Commerce.Alaska.Gov/web/portals/5/pub/CSW\\_AltDocumentation.pdf](https://commerce.alaska.gov/web/portals/5/pub/CSW_AltDocumentation.pdf)

## 6. CONTINUING COMPETENCY

To meet the continuing competency requirements of 12 AAC 18.112 you must verify:

- a. successful passage of the Clinical level examination within the two years before making application (you must request exam scores from ASWB at [www.aswb.org](http://www.aswb.org)).

- OR -

- b. 1,500 hours of work as a licensed social worker within the last five years while holding a license similar to that for which application has been made (form 08-4089e);

- and -

- c. completion of the continuing education (CE) requirements in 12 AAC 18.210 (a)(1), (3), and (4). The required 45 hours of CEs must have been obtained during the past five years before the date the application is received. Of the 45 hours of CE required, at least 6 contact hours must be in substance abuse education, at least 3 contact hours must be in professional ethics, and at least 3 contact hours must be in teletherapy practice. (Use form #08-4089f – You must attach course certificate indicating attendance and number of CE hours received.)

An incomplete application or any unusual circumstances noted in the application may require additional processing time. While we understand your desire to conclude this process as quickly as possible, our licensing staff is responsible for reviewing many files and cannot complete the application process if required documents are missing. It is your responsibility to ensure required documents are submitted to our office.

The application review process is defined by the requirements set forth in state law. The Division must comply with those laws in processing applications. The Division conducts a thorough evaluation of education, training, employment or work history, malpractice history and any criminal or disciplinary history. We recommend you do not make commitments for loans, practice start dates, home purchases, etc., based on the expectation of licensure. The Division will not accelerate one application over another, nor will it forego any elements of its screening process.

## General Information

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### **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. 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 even-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.

### **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 the charging document and judgement.

### **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, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. 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 (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

### **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.

### **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.

### **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, (907) 465-2550 or *BusinessLicense.Alaska.Gov*

**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)

**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*

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 specific program you want to be updated on to the address below.

Regulations Specialist  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



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**CSW**

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## Clinical Social Worker License Application

### PART I Application Type

Applying By:

☐ Examination

☐ Credentials

### PART II Payment of Fees

Required Fees:

☐ Nonrefundable Application Fee

**\$100.00**

☐ Initial License Fee

**\$325.00**

### PART III 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:** 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:

Select One:

☐ Send my Correspondence Electronically

☐ Send my Correspondence by Mail

**Note: If both boxes are selected above, you will receive correspondence electronically.**

**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 IV Education**

List the name & address of the Master's Social Work program attended and ANY other education programs attended.

Name of College	Address	Degree Awarded	Date Awarded

**PART V Examination Information**

Have you successfully completed the ASWB's social work examination at the Clinical level?

☐ No

☐ Yes

State of Exam:		Exam Date:	
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**PART VI Current License Information****(Credentials Applicants Only)**

If you are applying for licensure by CREDENTIALS, please list the state license your application is based on.

State of Issue:		License Number:	
Type of License:			
Issue Date:		Expiration Date:	

**PART VII Professional License(s)**

Chronologically list every state, U.S. jurisdiction, or country where you currently hold, or have ever held a license or certification. Please indicate whether certified or licensed. If you need additional pages, please attach.

☐ Check here if none.

State or Jurisdiction	License Number	License Type	Initial Issue Date	Expiration Date

**PART VIII Work History**

In chronological order from most recent, list all relevant or related post graduate positions held in the past ten years. Provide name of employer, mailing address, telephone number, position held, duties and responsibilities, and name of direct supervisor(s).

<b>Employer Name:</b>		<b>Phone Number:</b>	
<b>Full Address:</b>	P.O. Box or Street	City	State Zip
<b>Name of Direct Supervisor:</b>		<b>Position Held by Applicant:</b>	
<b>Employment Start Date:</b>		<b>Employment End Date:</b>	
<b>Duties and Responsibilities:</b>			

<b>Employer Name:</b>		<b>Phone Number:</b>	
<b>Full Address:</b>	P.O. Box or Street	City	State Zip
<b>Name of Direct Supervisor:</b>		<b>Position Held by Applicant:</b>	
<b>Employment Start Date:</b>		<b>Employment End Date:</b>	
<b>Duties and Responsibilities:</b>			

<b>Employer Name:</b>		<b>Phone Number:</b>	
<b>Full Address:</b>	P.O. Box or Street	City	State Zip
<b>Name of Direct Supervisor:</b>		<b>Position Held by Applicant:</b>	
<b>Employment Start Date:</b>		<b>Employment End Date:</b>	
<b>Duties and Responsibilities:</b>			



**PART VIII Work History (continued)**

In chronological order from most recent, list all relevant or related post graduate positions held in the past ten years. Provide name of employer, mailing address, telephone number, position held, duties and responsibilities, and name of direct supervisor(s).

<b>Employer Name:</b>		<b>Phone Number:</b>	
<b>Full Address:</b>	P.O. Box or Street	City	State Zip
<b>Name of Direct Supervisor:</b>		<b>Position Held by Applicant:</b>	
<b>Employment Start Date:</b>		<b>Employment End Date:</b>	
<b>Duties and Responsibilities:</b>			

<b>Employer Name:</b>		<b>Phone Number:</b>	
<b>Full Address:</b>	P.O. Box or Street	City	State Zip
<b>Name of Direct Supervisor:</b>		<b>Position Held by Applicant:</b>	
<b>Employment Start Date:</b>		<b>Employment End Date:</b>	
<b>Duties and Responsibilities:</b>			

<b>Employer Name:</b>		<b>Phone Number:</b>	
<b>Full Address:</b>	P.O. Box or Street	City	State Zip
<b>Name of Direct Supervisor:</b>		<b>Position Held by Applicant:</b>	
<b>Employment Start Date:</b>		<b>Employment End Date:</b>	
<b>Duties and Responsibilities:</b>			

## PART IX 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. 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.

### When in doubt, disclose and explain.

1. Have you ever been disciplined by any state board for any violation of the Social Work Practice Act or unethical conduct? ☐ Yes ☐ No
2. Have you ever had an application for a professional license denied? ☐ Yes ☐ No
3. Have you ever had a license to practice social work revoked, suspended, restricted, or limited? ☐ Yes ☐ No
4. Have you ever been investigated by a licensing authority or professional association even if no disciplinary action resulted? ☐ Yes ☐ No
5. Have you ever had any malpractice settlements or judgments paid on your behalf? ☐ Yes ☐ No
6. Have you been convicted of a criminal offense other than a minor traffic violation? ☐ Yes ☐ No
7. Are you now or have you been, within the past 5 years, addicted to or excessively used or misused alcohol, narcotics, barbiturates, or habit-forming drugs which may impair or interfere with your ability to practice social work? ☐ Yes ☐ No
8. Are you now or within the past 5 years, been treated or hospitalized for emotional or mental illness, drug addiction or alcoholism which may impair or interfere with your ability to practice social work? ☐ Yes ☐ No

"Yes" Answers

**If you answered "yes" to questions 7 or 8, in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice Social Work. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.**



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## Signature Page

**Applicant Name:**

### **PART X** Agreement

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that 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, certificate, or permit to practice in the state of Alaska.

I further understand that 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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Website: [ProfessionalLicense.Alaska.Gov/SocialWorkExaminers](http://ProfessionalLicense.Alaska.Gov/SocialWorkExaminers)

## Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my employment, educational records, and 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.

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.

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 is given expressly in connection with the application (initial, renewal, reactivation) for issuance of a clinical social worker license.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business, and Professional Licensing and its investigators, and all others directly and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

This authorization expires one (1) year from the date of my signature below.

<b>Name:</b>	First	Middle	Last
<b>Full Address:</b>	P.O. Box or Street	City	State Zip
<b>Phone:</b>		<b>Date of Birth:</b>	
<b>Email:</b>			
<b>Signature:</b>		<b>Date:</b>	



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## Verification of Licensure



### Applicant:

Please complete the identifying information below and forward a copy of this form to all states, territories, or jurisdictions where you currently are or have ever been licensed. *Make additional copies of this form, as needed.*

Applicant Name:			
Applicant Signature:		Date Signed:	



### Licensing Agency or State Board:

Please complete this bottom part for the applicant identified above and return the form directly to the Alaska State Board of Social Work Examiners at the letterhead address.

Licensee Name: (As Shown in Your Records)			State or Jurisdiction:	
Degree Awarded:				
License Number:			Type of License:	
Licensed By:	<input type="checkbox"/> Credentials <input type="checkbox"/> Examination		Date of Exam: (If Applicable)	
Exam Administered by ASWB?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Exam Results:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Level of Examination:	<input type="checkbox"/> Basic <input type="checkbox"/> Masters <input type="checkbox"/> Clinical			
Original Issue Date:			Expiration Date:	

- Has the license ever been revoked, suspended, placed on probation, or restricted in any way? ☐ Yes ☐ No
- Is the licensee the subject of a pending disciplinary proceeding? ☐ Yes ☐ No
- Has the licensee ever been the subject of an unresolved complaint, review procedure, or disciplinary action? ☐ Yes ☐ No

"Yes" Answers

If you answered "yes" to any question above, please attach a detailed explanation or documentation signed and dated by the person whose signature appears below.

Board Seal	Signature:		Date Signed:	
	Printed Name:		Title:	
	Email:		Phone:	



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## Postgraduate Clinical Social Work Supervision

(Exam Applicants Only)



### Applicant:

Please complete the identifying information below and forward a copy of this form to the appropriate individual(s). *Make additional copies of this form, as needed.*

Applicant Name:			
Mailing Address:	P.O. Box or Street	City	State Zip
Applicant Signature:		Date Signed:	

Please complete this bottom part for the applicant identified above and return the form directly to the Alaska State Board of Social Work Examiners at the letterhead address. Supervision must be provided by a licensed clinical social worker, licensed psychologist, or licensed psychiatrist.



### Supervisor:

**Note:** A TOTAL number of hours during the dates of supervision is required (for example, 1,200 hours). DO NOT provide the number of hours worked per week (i.e., 40 hours/week). Forms without the total number of hours during the entire supervised period will not be accepted and will be returned as incomplete.

Supervisor Name:		License Number:	
License Type:	<input type="checkbox"/> Licensed Clinical Social Worker <input type="checkbox"/> Licensed Psychologist <input type="checkbox"/> Licensed Psychiatrist		
Name of Institution or Professional Clinic:			
Address:	Street	City	State Zip
Email Address:		Phone Number:	
Supervision Start Date:		Supervision End Date:	
Total hours applicant was employed in a clinical social work position during this period at the agency:			
Total hours of <u>individual</u> clinical supervision provided by you to this applicant during this period:			
Total hours of <u>group</u> clinical supervision provided by you to this applicant during this period:			

## Recommendation

The board believes a license to practice social work at the clinical level carries important responsibilities. Please comment on the applicant's qualifications, abilities, character, etc., which involves use of social work principles and methods as defined in AS 08.95.990(7), and which include counseling of a nonmedical nature to assist in the treatment of mental and emotional conditions of individuals, families, and groups; providing information and referral services; providing or arranging for the provision of social services; explaining and interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, provide, or improve social and health services; and doing research related to social work.

AS 08.95.990(2) defines "clinical social work" as the diagnosis of psychiatric disorders and the use of techniques of applied psychotherapy of a nonmedical nature while practicing social work.

Comments: \_\_\_\_\_

\_\_\_\_\_

1. Would you recommend this applicant for licensure as a clinical social worker?

☐ Yes ☐ No

Please explain: \_\_\_\_\_

\_\_\_\_\_

2. Any further comments the board might consider in reviewing this applicant?

☐ Yes ☐ No

Please explain: \_\_\_\_\_

\_\_\_\_\_

**Note:** To satisfy the current or previous supervisor reference requirements, in addition to the clinical supervision requirements, you must also submit the Professional Reference form (#08-4089d).

I hereby certify that I worked with or supervised this individual at the above-named institution or professional clinic during the specified dates and for the number of hours as listed.

<div>Notary Stamp</div>	<b>Supervisor Printed Name:</b>			
	<b>Supervisor Signature:</b>			
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on this Day:</b>	
	<b>Notary Signature:</b>		<b>My Commission Expires:</b>	



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

## Professional Reference

Three professional references are required:

- (1) A current social work employer supervisor;
- (2) A previous social work employer supervisor; and
- (3) A reference from one of the following professionals:
  - (a) Master's or doctorate degree social worker;
  - (b) Licensed psychological associate, clinical psychologist, or physician specializing in psychiatry;
  - (c) Licensed medical or osteopathic physician;
  - (d) Licensed advanced nurse practitioner with a specialty area of practice in mental health;
  - (e) Licensed registered nurse with a master's degree in psychiatric nursing;
  - (f) Licensed marital and family therapist; **OR**
  - (g) Licensed professional counselor.

➔ **Applicant:** Please complete the identifying information below and forward a copy of this form to the appropriate individuals. *Make additional copies of this form, as needed.*

<b>Applicant Name:</b>			
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Applicant Signature:</b>		<b>Date Signed:</b>	

➔ **Reference:** Please provide the information requested below for the applicant identified in this form and send document directly to the Alaska Board of Social Work Examiners at the letterhead address.

<b>Reference Name:</b>		<b>Relationship to Applicant:</b>	
<b>License Number:</b>		<b>License Type:</b>	
<b>Name of Institution or Clinic where Employed:</b>			
<b>Address:</b>	P.O. Box or Street	City	State Zip
<b>Email Address:</b>		<b>Phone Number:</b>	
<b>Associated with Applicant from Date:</b>		<b>Associated with Applicant to Date:</b>	
<b>Reference Type:</b> (Check all that apply)	<div><input type="checkbox"/> Current employer supervisor</div> <div><input type="checkbox"/> Master's degree social worker</div> <div><input type="checkbox"/> Licensed psychological associate</div> <div><input type="checkbox"/> Licensed physician specializing in Psychiatry</div> <div><input type="checkbox"/> Licensed medical physician</div> <div><input type="checkbox"/> Licensed professional counselor</div> <div><input type="checkbox"/> Licensed registered nurse with a master's degree in psychiatric nursing</div> <div><input type="checkbox"/> Licensed advanced nurse practitioner with specialty area of practice in mental health</div> <div><input type="checkbox"/> Previous employer supervisor</div> <div><input type="checkbox"/> Doctorate degree social worker</div> <div><input type="checkbox"/> Licensed clinical psychologist</div> <div><input type="checkbox"/> Licensed marriage and family therapist</div> <div><input type="checkbox"/> Licensed osteopathic physician</div>		



## Recommendation

The board believes a license to practice social work at the clinical level carries important responsibilities. Please comment on the applicant's qualifications, abilities, character, etc., which involves use of social work principles and methods, as defined in AS 08.95.990(7), and which include counseling of a nonmedical nature to assist in the treatment of mental and emotional conditions of individuals, families, and groups; providing information and referral services; providing or arranging for the provision of social services; explaining and interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, provide, or improve social and health services; and doing research related to social work.

AS 08.95.990(2) defines "clinical social work" as the diagnosis of psychiatric disorders and the use of techniques of applied psychotherapy of a nonmedical nature while practicing social work.

Comments: \_\_\_\_\_

### To your knowledge:

1. is the applicant of good moral character? ☐ Yes ☐ No

2. has the applicant within the past five years, ever been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs? ☐ Yes ☐ No

3. has the applicant ever been found guilty of incompetence by another state or jurisdiction? ☐ Yes ☐ No

4. has the applicant violated the ethical standards of another state agency or jurisdiction for providers of social work services? ☐ Yes ☐ No

5. has the applicant misrepresented his or her qualifications to the board in any way? ☐ Yes ☐ No

6. has the applicant been sanctioned for practicing social work services without a license? ☐ Yes ☐ No

7. Would you recommend the applicant for licensure as a clinical social worker? ☐ Yes ☐ No

Please explain: \_\_\_\_\_

8. Any further comments the board might consider in reviewing this applicant? ☐ Yes ☐ No

Please explain: \_\_\_\_\_

9. Please evaluate the applicant's technical knowledge and practical experience:

☐ Excellent ☐ Very Good ☐ Fair ☐ Needs Improvement

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

<div>Notary Stamp</div>	Reference Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	



THE STATE  
of

**ALASKA**

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

**Board of Social Work Examiners**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

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

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

## Verification of Work Experience

(Credentials Applicants Only)

The continuing competency requirements established in 12 AAC 18.112(2)(A) require verification of 1,500 hours of work as a social worker within the last five years while holding a license similar to that for which application has been made.

→ **Applicant:** Please complete the identifying information below and forward a copy of this form to the appropriate individual(s). *Make additional copies of this form, as needed.*

<b>Applicant Name:</b>			
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Applicant Signature:</b>		<b>Date Signed:</b>	

→ **Employer or Supervisor:** Please complete this bottom part for the applicant identified above and return the form directly to the Alaska State Board of Social Work Examiners at the letterhead address.  
**Note:** DO NOT provide the number of hours worked per week (i.e., 40 hours/week). Forms without the total number of hours during the entire supervised period will not be accepted and will be returned as incomplete.

<b>Employer or Supervisor Name:</b>			
<b>Name of Institution or Professional Clinic:</b>		<b>Phone Number:</b>	
<b>Address:</b>	P.O. Box or Street	City	State Zip
<b>Email Address:</b>		<b>Employment Start Date:</b>	
<b>Employment End Date:</b>		<b>Total Number of Hours:</b> (Must be at least 1,500)	

The board believes a license to practice social work carries important responsibilities. Please comment on the applicant's qualifications, ability, character, etc.:

Comments: \_\_\_\_\_  
\_\_\_\_\_

<div>Notary Stamp</div>	<b>Employer or Supervisor Signature:</b>		
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on this Day:</b>
	<b>Notary Signature:</b>		<b>My Commission Expires:</b>

**Department of Commerce, Community and Economic Development**  
**Division of Corporations, Business and Professional Licensing**  
**Board of Social Work Examiners**  
PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2550  
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Website: [ProfessionalLicense.Alaska.Gov/SocialWorkExaminers](http://ProfessionalLicense.Alaska.Gov/SocialWorkExaminers)

## Continuing Education Documentation

(Credentials Applicants Only)

**Note:** If using CEs to meet the continuing competency requirements of 12 AAC 18.112, List the continuing education (CE) requirements per 12 AAC 18.210 (a)(1), (3), and (4). The required 45 hours of CE's must have been obtained during the past five years before the date the application is received. Of the 45 hours of CE required, at least six contact hours must be in substance abuse education, at least three contact hours must be in professional ethics, and at least three contact hours must be in teletherapy practice. **Attach course certificate(s) indicating attendance and total number of CE hours awarded.**

List only courses that you have taken and completed. Do not list courses you anticipate taking.

- Attach the Certificate of Completion for each course in the order they are listed on the form.
- Courses that do not have a Certificate of Completion will not be counted for credit - see 12 AAC 18.200(3)
- No more than 12 contact hours may be obtained in one day – see 12 AAC 18.210(e).

In the table below, the categories for hours are broken down as follows:

**G – General Continuing Education Hours; S – Substance Abuse Hours; P – Professional Ethics; T – Teletherapy Practice**

Registrant Name:							
------------------	--	--	--	--	--	--	--

Dates of Attendance	Course/Seminar or Workshop Title/Brief Description	Principal Instructor	Sponsoring Organization	G	S	P	T

Dates of Attendance	Course/Seminar or Workshop Title/Brief Description	Principal Instructor	Sponsoring Organization	G	S	P	T
Subtotal Hours for Each Category:							
Total Hours of Continuing Education:							

Applicant Signature:		Date Signed:	
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THE STATE  
of

ALASKA

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

**Professional Licensing**

PO Box 110806, Juneau AK 99811

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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:		PL Code:	
Signature:		Date:	

**You must submit one form for each “Yes” answer. Make copies of this form as necessary.**



THE STATE  
of **ALASKA**

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

FOR DIVISION USE ONLY

State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2550

## 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.