



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 99811-0806

Phone: (907) 465-2550

Email: SocialWorkExaminers@alaska.gov

Website: ProfessionalLicense.Alaska.Gov/SocialWorkExaminers

MASTER SOCIAL WORK LICENSURE APPLICATION

A person may apply for a license to practice master social work in the State of Alaska by examination (Part I) or by credentials (Part II). Part III describes the procedures for obtaining a temporary license while waiting for permanent licensure.

If you have questions concerning the licensure requirements, please contact the licensing examiner at (907) 465-2551.

PART I. LICENSURE BY EXAMINATION

The following documentation must be received to be considered for licensure by examination:

1. A completed and notarized application and \$100.00 nonrefundable application fee (form 08-4384).
2. An initial license fee of \$275.00 may be submitted at this time or upon successful passage of the examination. Please note that license fees are subject to change.
3. Certified transcripts of a master's degree or a doctoral degree in social work sent directly to the Division of Corporations, Business and Professional Licensing from a college or university approved by the Board.
4. Three professional references (form 08-4384b) 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.
5. Verification of licensure from **each** state, except Alaska, where currently licensed and wherever previously licensed (08-4384a), 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.

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

EXAMINATION INFORMATION

The Alaska Board of Social Work Examiners offers the examination through the Association of Social Work Boards. Upon receiving board approval to sit for the examination at the Masters level, applicants will be instructed to register with the Association of Social Work Boards, at www.aswb.org. A separate examination fee will be required by the Association of Social Work Boards.

PART II. LICENSURE BY CREDENTIALS

The Board will issue a license to practice as a master social worker to an applicant who holds a current license to practice 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 AND AT THE SAME LEVEL FOR WHICH APPLICATION HAS BEEN MADE.** (See AS 08.95.120)

The following documents are needed for licensure by credentials:

1. A completed and notarized application and \$100 nonrefundable application fee (08-4089).
2. An initial license fee of \$275.00, made payable to the State of Alaska. Please note that license fees are subject to change.
3. Verification of Licensure from **each** state where currently licensed and wherever previously licensed (08-4089a). The state must verify any disciplinary actions taken or pending.

THE EXAMINATION TAKEN MUST BE THE MASTERS LEVEL EXAMINATION OFFERED BY THE ASSOCIATION OF SOCIAL WORK BOARDS. (Make copies of #08-4384a to request multiple license verifications.)

4. To meet the continuing competency requirements of 12 AAC 18.112 you must verify:
 - a. successful passage of the **Masters** level examination within the two years before making application (form 08-4089a); **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 08-4089d); **AND**
 - c. completion of the continuing education (CE) requirements in 12 AAC 18.210(a)(1) and (3). 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 and at least 3 contact hours must be in professional ethics. (Attach course certificate indicating attendance and number of CE hours received.)
5. Three professional references (form 08-4089c) 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

PART III. TEMPORARY LICENSE

The Board may issue a temporary license to practice master social work to an applicant who meets the criteria set out in AS 08.95.125. The temporary license allows an applicant to practice while waiting to sit for the examination, or while completing the application process for licensure by credentials.

Note: You must apply for a license by examination or credentials in order to request a temporary license.

The following documents must be in this office before your application for a temporary license will be considered:

For credential applicants:

1. A completed notarized application attesting:
 - a. that you are of good moral character;
 - b. that you are not the subject of any unresolved complaint or disciplinary action; and
 - c. that you have not had a license to practice social work revoked, suspended, or surrendered.
2. Photocopy of current license in another jurisdiction, together with a sworn statement as to the copy's veracity and submit documentation to substantiate that the jurisdiction where you hold a license to practice master social work has the same or higher licensing requirements than that of Alaska.
3. Nonrefundable application fee of \$100.00.
4. Temporary licensure fee of \$75.00.

The temporary license is valid for one year only and may not be renewed. Additionally, only one temporary license may be issued to an individual in accordance with AS 08.95.125(d). If the board rejects your application for permanent licensure, the temporary license becomes invalid on the date of board action rejecting the license application.

For examination applicants:

1. A completed notarized application attesting:
 - a. that you hold a master's social work degree; and
 - b. that you are of good moral character.
2. Transcripts (unofficial transcripts printed from the university/college website will be accepted for issuance of the temporary license).
3. Nonrefundable application fee of \$100.00.
4. Temporary licensure fee of \$75.00.

The temporary license is valid for one year only and may not be renewed. Additionally, only one temporary license may be issued to an individual in accordance with AS 08.95.125(d). If the board rejects your application for permanent licensure, the temporary license becomes invalid on the date of board action rejecting the license application.



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Phone: (907) 465-2550

Email: SocialWorkExaminers@alaska.gov

Website: ProfessionalLicense.Alaska.Gov/SocialWorkExaminers

General Instructions

- This application must be completed in full. If a question does not apply, write N/A in the space provided. Please print or type.
- Appropriate fees must accompany applications before initial screening can begin. All fees may be paid with check or money order, made payable to the State of Alaska, or credit card. To pay by credit card, use the Credit Card Payment form, found on the Division's website at: ProfessionalLicense.Alaska.Gov
- Legal Name Change: If any of the required documents (i.e., transcripts, verifications of licensure, etc.) will be issued under a former name, submit marriage license, divorce dissolution and/or court documents that are notarized as a "certified true copy of the original document."
- Average processing time is 4-6 weeks.
- Do not fax or email your application to the Division.
- 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 others nor will it forego any elements of its screening process.

**IT IS ILLEGAL TO PRACTICE AS A SOCIAL WORKER IN ALASKA
WITHOUT A VALID LICENSE — PLEASE PLAN AHEAD**

! 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 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. 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:

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".

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.

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 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

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



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*Department of Commerce, Community and Economic Development
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CSW(BSW)

FOR DIVISION USE ONLY

Board of Social Work Examiners
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: SocialWorkExaminers@alaska.gov
Website: ProfessionalLicense.Alaska.Gov/SocialWorkExaminers

Application for Master Social Work License

PART I Application Type and Payment of Fees

| | | |
|--|---|--------------------------------------|
| Applying by: | <input type="checkbox"/> Examination | <input type="checkbox"/> Credentials |
| | <input type="checkbox"/> In addition to above, I would like to be issued a Temporary License. | |
| Submit a complete notarized application and applicable fees: | <input type="checkbox"/> Nonrefundable Application Fee | \$100 |
| | <input type="checkbox"/> Licensure Fee | \$275 |
| | <input type="checkbox"/> Temporary License Fee | \$75 |
| <i>This application must be completed in full. If a section does not apply, write N/A in the space provided.</i> | | |

PART II Personal Information

| | | | |
|--|---------------|------------|--|
| Full Legal Name | Last | First | Middle |
| Other Names Used (nicknames or maiden names) | | | |
| Mailing Address | Address | | |
| | City | State | ZIP Code |
| Telephone | Work | | Home |
| | Date of Birth | mm/dd/yyyy | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 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: | | | <input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail |

SOCIAL SECURITY NUMBER: 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.

PART III**Education (Masters) – List name & address of the Masters Social Work program attended.
Give dates of attendance & graduation.**

| | | | |
|------------------------------------|------------|-------|----------|
| Name of College (Masters): | | | |
| Complete Address of School: | Address | | |
| | City | State | ZIP Code |
| Date Degree Awarded: | mm/dd/yyyy | | |
| Type of Degree: | | | |

PART IV**Education – List name & address of ANY other educational programs attended.**

| | | | |
|------------------------------------|------------|-------|----------|
| Name of College: | | | |
| Complete Address of School: | Address | | |
| | City | State | ZIP Code |
| Date Degree Awarded: | mm/dd/yyyy | | |
| Type of Degree: | | | |

PART V**Professional Data**

This Part does not apply to me.

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

| State/ Jurisdiction | License # | License Type | Original Issue Date | Expiration Date |
|------------------------|-----------|-----------------|--------------------------------|--------------------------------|
| | | | Month ____ Day ____ Year _____ | Month ____ Day ____ Year _____ |
| | | | Month ____ Day ____ Year _____ | Month ____ Day ____ Year _____ |
| | | | Month ____ Day ____ Year _____ | Month ____ Day ____ Year _____ |
| | | | Month ____ Day ____ Year _____ | Month ____ Day ____ Year _____ |
| | | | Month ____ Day ____ Year _____ | Month ____ Day ____ Year _____ |
| | | | Month ____ Day ____ Year _____ | Month ____ Day ____ Year _____ |
| | | | Month ____ Day ____ Year _____ | Month ____ Day ____ Year _____ |

| | |
|---|-----------------------|
| Have you successfully completed the ASWB's social work examination at the Masters level? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| State: | Exam Date: mm/dd/yyyy |

If you are applying for licensure by **CREDENTIALS**, list what state license you base your application on?

| | | |
|------------------|-------------------------|-----------------------------|
| State: | License #: | |
| Type of License: | Date Issued: mm/dd/yyyy | Expiration Date: mm/dd/yyyy |

| |
|--|
| Do you hold any other professional license? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|

IF YES:

| | | |
|------------------|-------------------------|-----------------------------|
| State: | License #: | |
| Type of License: | Date Issued: mm/dd/yyyy | Expiration Date: mm/dd/yyyy |

| | | |
|------------------|-------------------------|-----------------------------|
| State: | License #: | |
| Type of License: | Date Issued: mm/dd/yyyy | Expiration Date: mm/dd/yyyy |

PART VI Occupational Data

In chronological order, from **most recent to most remote**, 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). (If you need additional pages, please make additional copies and attach.)

| | |
|-------------------------------------|---|
| Name of Employer: | |
| Employer Address: | Address |
| | City State ZIP Code |
| Employer Telephone #: | |
| Name of Direct Supervisor: | |
| Position Held by Applicant: | |
| Dates of Practice: | From: Month ____ Year ____ To: Month ____ Year ____ |
| Duties and Responsibilities: | |

| | |
|-------------------------------------|---|
| Name of Employer: | |
| Employer Full Address: | Address |
| | City State ZIP Code |
| Employer Telephone #: | |
| Name of Direct Supervisor: | |
| Position Held by Applicant: | |
| Dates of Practice: | From: Month ____ Year _____ To: Month ____ Year _____ |
| Duties and Responsibilities: | |

| | |
|-------------------------------------|---|
| Name of Employer: | |
| Employer Full Address: | Address |
| | City State ZIP Code |
| Employer Telephone #: | |
| Name of Direct Supervisor: | |
| Position Held by Applicant: | |
| Dates of Practice: | From: Month ____ Year _____ To: Month ____ Year _____ |
| Duties and Responsibilities: | |

PART VII Professional Fitness Questions

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

If you checked "Yes" to any of the above questions, you must attach a signed and dated detailed explanation. If you checked "Yes" to questions 7 or 8, in addition to your personal statement, you must request a "fit to practice" letter from the appropriate health care provider indicating your ability to practice.

Please be advised that all information provided with this application will be available to the public, unless required to be kept confidential by state or federal law.

Applicants must update answers to the professional fitness questions if any changes occur.

PART IV Notarized Signature

I certify that the information on this form is true and correct to the best of my knowledge and that all credentials supplied by me to support my application 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)

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



Board of Social Work Examiners
US Mail: PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550
Email: *SocialWorkExaminers@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/SocialWorkExaminers*

Verification of Licensure

The information below must be completed by the State Licensing Board; it may not be completed by the applicant.
Please Note: ALL of the information below is required to be completed

| | | | |
|------------------------------|---|----------------------------|------------|
| Name of Licensee: | | State/Jurisdiction: | |
| Degree Awarded: | | | |
| License number: | | Type of License: | |
| Licensed By: | <input type="checkbox"/> Credentials <input type="checkbox"/> Examination: Date of Exam? (mm/dd/yyyy) _____ Exam administered by ASWB? <input type="checkbox"/> Yes <input type="checkbox"/> No At what level was the examination administered? <input type="checkbox"/> Basic <input type="checkbox"/> Masters <input type="checkbox"/> Clinical Exam Results: <input type="checkbox"/> Pass <input type="checkbox"/> Fail | | |
| Initial License Date: | mm/dd/yyyy | Expiration Date: | mm/dd/yyyy |

| | | | |
|-----------|---|-------------------------------------|------------------------------------|
| 1. | Has the license ever been revoked, suspended, placed on probation, or restricted in any way? If yes, please enclose an explanation or documentation. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Is the licensee the subject of a pending disciplinary proceeding? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Has the licensee ever been the subject of an unresolved complaint, review procedure, or disciplinary action? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ! | If you answer "Yes" to any question above, please attach a detailed explanation or documentation signed and dated by the person whose signature appears below. | | |

Please provide any information you believe relevant to the applicant's qualifications and fitness to practice social work.

| | | |
|------|---------------------|-------------------------|
| Seal | Signature: | Date: mm/dd/yyyy |
| | Printed Name | Title |
| | Phone | Email |



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Professional Reference

Three professional references are required:

- (1) A current social work employer supervisor, and
- (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 advance 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.

Dear, _____
Name of Reference (Print)

I am applying for a license to practice social work at the **Masters** level in the State of Alaska. I am required to provide three professional references. Please provide the information requested below to the State of Alaska at the address above. Thank you for your assistance.

| | | | | |
|-------------------------|---------|------|-------|-----|
| Applicant's Name | | | | |
| Address | Address | City | State | ZIP |
| Signature | | | | |

Reference: → This bottom part must be completed by the reference and returned directly to the Division

Dates of Association: I was professionally associated with the above-named applicant from:

Begin Date: _____ **TO** **End Date:** _____
mm/dd/yyyy mm/dd/yyyy

What is the nature of your relationship? _____

The board believes a license to practice social work at the master 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.

For the Board of Social Work Examiners to have sufficient information to assess the applicant's qualifications, please answer the following questions:

- | | YES | NO |
|--|--------------------------|--------------------------|
| To your knowledge: | | |
| 1. is the applicant of good moral character?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. has the applicant within the past five years, ever been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. has the applicant ever been found guilty of incompetence by another state or jurisdiction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. has the applicant violated the ethical standards of another state agency or jurisdiction for providers of social work services? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. has the applicant misrepresented his or her qualifications to the board in any way? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. has the applicant been sanctioned for practicing social work services without a license?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Would you recommend the applicant for licensure as a Master social worker? | <input type="checkbox"/> | <input type="checkbox"/> |
| Please explain: _____ | | |
| 8. Any further comments the board might consider in reviewing this applicant: _____ _____ | | |
| 9. Please evaluate the applicant's technical knowledge and practical experience: | | |
| <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Fair <input type="checkbox"/> Needs Improvement | | |

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

Check all as appropriate:

I am a

- Current employer supervisor**
- Previous employer supervisor**
- Master's degree social worker**
- Doctorate degree social worker**
- Licensed psychological associate**
- Licensed clinical psychologist**
- Licensed physician specializing in Psychiatry**
- Licensed medical physician**
- Licensed osteopathic physician**
- Licensed advanced nurse practitioner with specialty area of practice in mental health**
- Licensed registered nurse with a master's degree in psychiatric nursing**
- Licensed marriage and family therapist**
- Licensed professional counselor**

Signature

Printed Name

Job Title

Professional Degree

Type of License

License Number: _____

Institution/Clinic Where Employed

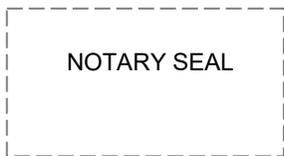
Address: _____
Street/PO Box

City State Zip

Phone Number: _____

E-mail: _____

SUBSCRIBED AND SWORN to before me, a Notary Public in and for the State of _____, this _____ day of _____, in the year of _____.



Notary Public

My Commission Expires: _____



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

US Mail: PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550
Email: SocialWorkExaminers@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov/SocialWorkExaminers

Verification of Working Experience – Use ONLY for Licensure by Credentials

Dear, _____

Name of Employer or Supervisor (Print)

I am applying for a license to practice social work at the **Masters** level in the State of Alaska. I am required to provide three professional references. Please provide the information requested below to the State of Alaska at the address above. Thank you for your assistance.

| | | | | |
|-------------------------|---------|------|-------|----------|
| Applicant's Name | | | | |
| Address | Address | City | State | ZIP Code |
| Signature | | | | |

The information below must be completed by the applicant's employer or supervisor; it may not be completed by the applicant.

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.

I, _____, did work with or supervised _____
(Name of Employer/Supervisor) (Name of Applicant)

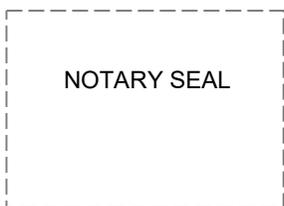
at _____
(Name of Institution/Professional Clinic, etc.)

from _____ to _____ for a total of _____ hours.
(mm/dd/yyyy) (mm/dd/yyyy) (must be at least 1,500 hours)

| | | | | | |
|---------------------|---------|------|---------------------|------------|--|
| Printed Name | | | Job Title | | |
| Address | Address | City | State | ZIP Code | |
| Email | | | Phone Number | | |
| Signature | | | Date | mm/dd/yyyy | |

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

SUBSCRIBED AND SWORN to before me, a Notary Public in and for the State of _____,
this ___ day of _____, in the year of _____.



Notary Public
My Commission Expires: _____

BOARD OF SOCIAL WORK EXAMINERS

CONTINUING EDUCATION DOCUMENTATION

TO BE USED ONLY FOR LICENSURE BY CREDENTIALS

Print Name: _____

NOTE: If using CEs to meet the continuing competency requirements of 12 AAC 18.112, List the continuing education (CE) requirements per 12 ACC 18.210(a)(1) and (3). 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 and at least three contact hours must be in professional ethics.

Attach course certificate(s) indicating attendance and total number of CE hours awarded.

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.

| Dates of Attendance | Title/Brief Description Course/Seminar or Workshop | Principal Instructor | Sponsoring Organization | G | S | P |
|---|--|----------------------|-------------------------|---|---|---|
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| SUBTOTAL HOURS FOR EACH CATEGORY: | | | | | | |
| TOTAL HOURS OF CONTINUING EDUCATION: | | | | | | |

Note: List only courses that you have taken. Do not list courses you anticipate taking.

Signature: _____

- List only courses you have taken and completed
- Attach the Certificate of Completion for each course in the order they are listed on the log.
- 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).

Date: _____

(mm/dd/yyyy)



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!

| | |
|---|--|
| <p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p> | <p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p> |
|---|--|