



**Board of Marital and Family Therapy**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

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

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

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## Marital and Family Therapist Associate Application Instructions

The board will issue a four-year nonrenewable license to an applicant for supervised practice in accordance with AS 08.63.110, in order to satisfy the requirements of 08.63.100(2)(3)(C)(ii). The holder of this license may practice under supervision in a clinic, social service agency, or other setting approved by the board. An associate may accrue supervised hours only under the direct supervision of a supervisor who was approved by the board prior to the supervision taking place.

***The following must be received by the division before your application for Marital and Family Therapist Associate License can be reviewed:***

### 1. APPLICATION

A completed application, signed and notarized (#08-4378, pages 1-3).

### 2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$350.00

License Fee: \$350.00

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Total Fees Due: \$700.00

### 3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4378a).

### 4. OFFICIAL TRANSCRIPTS

Official transcripts of a master's or doctorate degree in marital and family therapy or allied mental health field from a regionally accredited educational institution with acceptable course of study sent directly to this division. Transcripts must be sent directly to the division from the degree issuing institution, **and**

- a. A completed Education Course Work Check Sheet (#08-4378b)

**OR**

- b. If your course of study did not include all of the courses or clinical practice as required, you may substitute post-degree courses or practice as approved by the board to satisfy these requirements. Submit the completed Substitution of Post-Degree Course Work Check Sheet (#08-4378c).

### 5. PLAN OF SUPERVISION

Submit a proposed plan to satisfy the supervision requirements of AS 08.63.100(a)(3)(C) using form #08-4378d. If you change supervisors, you must notify this office immediately and submit another plan.

**NOTE:** After licensure as a marital and family therapy associate, an applicant must submit a Marital and Family Therapist License by Examination Application (Form #08-4933) and all supporting documentation to be considered for a full Marital and Family Therapy license.

## General Information

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### **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:**

Licenses are issued for a two-year period and expire on December 31 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date which are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 30 days before license expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a licensee from the responsibility of renewing a license on time.

### **DENIAL OF APPLICATION:**

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.

### **ADDRESS OR NAME CHANGE:**

In accordance with 12 AAC 02.900, it is the applicant'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. 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 requires a U.S. Social Security Number 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](http://ProfessionalLicense.Alaska.Gov).

### **PUBLIC INFORMATION:**

All information on the application form will be available as a public record, unless required to be kept confidential by state or federal law.

### **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](http://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](http://ProfessionalLicense.Alaska.Gov). To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: [RegulationsAndPublicComment@Alaska.Gov](mailto:RegulationsAndPublicComment@Alaska.Gov).



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

**MFT**

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**Marital and Family Therapist Associate License Application**

**PART I Payment of Fees**

<b>Required Fees:</b>	<input type="checkbox"/> Application and License Fee (\$350 is Non-Refundable)	<b>\$700.00</b>
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**PART II Personal Information**

<b>Full Legal Name:</b>			
<b>Provide all other names used (maiden, nicknames, aliases).</b> 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).			
<input type="checkbox"/> Not Applicable <input type="checkbox"/> Other Names Used: _____			
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Contact Phone:</b>		<b>Date of Birth:</b>	
<b>EMAIL AGREEMENT:</b> By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.			
<b>Email Address:</b>		<b>Select One:</b>	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<i>Note: If both boxes are selected above, you will receive correspondence electronically.</i>			
<b>SOCIAL SECURITY NUMBER:</b> 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 College Education**

<input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree			
<b>Name of College or University:</b>			
<b>Location:</b> (City, State)			
<b>Date Attended From:</b>		<b>Date Attended To:</b>	
<b>Degree Awarded:</b>		<b>Date Awarded:</b>	

## PART IV Alaska Law

- I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.63 and 12 AAC 19).

## PART V 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, final dispositions, 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. Have you ever had a professional license denied, revoked, suspended, or otherwise restricted, conditioned or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?  Yes  No

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2. Have you ever been disciplined by any state board for any violation of the Marital and Family Therapy Practice Act or unethical conduct in delivery of professional services to clients?  Yes  No

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3. Have you ever been the subject of an investigation by any state board or other licensing agency concerning a violation or alleged violation of any state regulation, statute, or law, or any violation or alleged violation of the Marital and Family Therapy Practice Act, or unprofessional or unethical conduct?  Yes  No

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4. Have you ever had any malpractice settlements or judgments paid on your behalf?  Yes  No

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5. Have you ever been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine?  Yes  No

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6. Are you currently suffering from any condition, mental or physical, that impairs your judgement or that would otherwise adversely affect your ability to practice marital and family therapy in a competent, ethical and professional manner?  Yes  No

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7. Do you use drugs or alcohol in any manner that impairs your ability to practice marital and family therapy competently and safely?  Yes  No

"Yes" Answers

If you answered "yes" to questions 6 or 7, in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice marital and family therapy. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.



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**Notary Signature Page**

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

**PART VI Notarized Signature**

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.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	<b>Applicant Printed Name:</b>			
	<b>Applicant 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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## 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 these records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of these 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 marital and family therapist associate 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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## Education Course Work Check Sheet

<b>Applicant Name:</b>			
<b>Name of College or University Attended:</b>			
<b>Type of Degree:</b>		<b>Date Awarded:</b>	

### COURSE OF STUDY

Indicate below where and how you obtained the following graduate educational experience. Do not list a course under more than one category. If the course content is not self-evident in the title, attach a separate description.

(a) MARITAL AND FAMILY THERAPY THEORY (Nine semester or 12 quarter hours)

Courses that meet this requirement are informative of systems theory and other theoretical approaches to marital and family therapy. Courses taught in this area must enable students to think systemically about human issues by focusing on the systems paradigm to conceptualize and distinguish the critical epistemological issues in marital and family therapy. This area must provide a substantive understanding of the major models of system change and the principles and techniques evolving from each model. This comprehensive survey of the major models of system change will include, but are not limited to; structural, strategic, intergenerational, contextual, behavioral, experiential, and systemic. This section of the qualifications must also address the applied aspects of marital and family therapy practice, including the range of techniques associated with each orientation; indications and contraindications for utilizing specific techniques; development of a rationale for intervention; and the role of the therapist.

This area must also focus on two major interdependent components; diagnosis/assessment and treatment processes within the context of marital and family systems. Treatment processes must be offered for specific problems, including, but not limited to loss and bereavement, intense stress, substance abuse, suicide, incest, violence, sexual dysfunctions, divorce, and remarriage.

Any course work in this category which exceeds the required nine semester, or twelve quarter, hours may be applied toward meeting the requirements for family studies.

Institution	Course ID	Full Course Title	Credit Hours	
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

(b) MARITAL AND FAMILY STUDIES (Nine semester or 12 quarter hours)

Courses that meet this requirement are informative of the broad dimensions of marriage and/or family and include such courses as marriage and family relations, family sociology, marriage, family and work relationships, or other such related topics in which marriage and the nature of the family and its functions are clearly evident in the course content.

Institution	Course ID	Full Course Title	Credit Hours	
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

(c) HUMAN DEVELOPMENT (Nine semester or 12 quarter hours)

Courses that meet this requirement focus on the complex developmental relationships among individuals in the family. Individual-orientation and family/couple life cycle content must stress the interface between the interpersonal and the intrapersonal.

Institution	Course ID	Full Course Title	Credit Hours	
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

(d) PROFESSIONAL STUDIES OR PROFESSIONAL ETHICS AND LAW (Three semester or four quarter hours)

Areas of study must include professional socialization and the role of professional organizations; licensure and certification; legal responsibilities, and liabilities of clinical practice and research; family law (state and federal); confidentiality issues; the marital and family therapy Code of Ethics, and interprofessional cooperation. The content of course work should be specific to the practice and profession of marital and family therapy.

Institution	Course ID	Full Course Title	Credit Hours	
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter



(e) RESEARCH (Three semester or four quarter hours)

Emphasis in this area is on understanding research methodology and data analysis, developing computer research skills, and learning to evaluate critically professional research reports relevant to marital and family therapy.

Institution	Course ID	Full Course Title	Credit Hours	
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

(f) SUPERVISED CLINICAL PRACTICE (One year)

Direct clinical work with couples and families must have been a part of a graduate degree or completed through a supervised clinical practicum in marital and family therapy obtained subsequent to the granting of a degree in an equivalent course of study. This one-year requirement includes nine semester or twelve quarter hours or approximately 15 hours per week for one year. Direct client contact is face-to-face (therapist and client) therapeutic intervention. The balance of time was to be spent in supervision, record keeping, and participation in other clinical activities of the agency or practice.

Institution	Course ID	Full Course Title	Credit Hours	
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

<b>Applicant Signature</b>			
<b>Applicant Printed Name:</b>			
<b>Applicant Signature:</b>		<b>Date Signed:</b>	



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## Substitution of Post-Degree Course(s) Work Check Sheet

The board will, in its discretion, accept post-degree courses or practice to satisfy the course of study requirements in AS 08.63.100(a)(3) (B)(i-vi). See 12 AAC 19.120

### MARITAL AND FAMILY THERAPY THEORY

Courses that meet this requirement are informative of systems theory and other theoretical approaches to marital and family therapy. Courses taught in this area must enable students to think systemically about human issues by focusing on the systems paradigm to conceptualize and distinguish the critical epistemological issues in marital and family therapy. This area must provide a substantive understanding of the major models of system change and the principles and techniques evolving from each model. This comprehensive survey of the major models of system change will include, but are not limited to; structural, strategic, intergenerational, contextual, behavioral, experiential, and systemic. This section of the qualifications must also address the applied aspects of marital and family therapy practice, including the range or techniques associated with each orientation; indications and contraindications for utilizing specific techniques; development of a rationale for intervention; and the role of the therapist.

This area must also focus on two major interdependent components; diagnosis/assessment and treatment processes within the context of marital and family systems. Treatment processes must be offered for specific problems, including, but not limited to loss and bereavement, intense stress, substance abuse, suicide, incest, violence, sexual dysfunctions, divorce, and remarriage.

Any course work in this category which exceeds the required nine semester, or twelve quarter, hours may be applied toward meeting the requirements for family studies.

Institution	Course ID	Full Course Title	Credit Hours	
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

### MARITAL AND FAMILY STUDIES

Courses that meet this requirement are informative of the broad dimensions of marriage and/or family and includes such courses as marriage and family relations, family sociology, marriage, family and work relationships, or other such related topics in which marriage and the nature of the family and its functions are clearly evident in the course content.

Institution	Course ID	Full Course Title	Credit Hours	
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

**HUMAN DEVELOPMENT**

Courses that meet this requirement focus on the complex developmental relationships among individuals in the family. Individual-orientation and family/couple life cycle content must stress the interface between the interpersonal and the intrapersonal.

Institution	Course ID	Full Course Title	Credit Hours	
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

**PROFESSIONAL STUDIES OR PROFESSIONAL ETHICS AND LAW**

Areas of study must include professional socialization and the role of professional organizations; licensure and certification; legal responsibilities, and liabilities of clinical practice and research; family law (state and federal); confidentiality issues; the marital and family therapy Code of Ethics, and interprofessional cooperation. The content of course work should be specific to the practice and profession of marital and family therapy.

Institution	Course ID	Full Course Title	Credit Hours	
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

**RESEARCH**

Emphasis in this area is on understanding research methodology and data analysis, developing computer research skills, and learning to evaluate critically professional research reports relevant to marital and family therapy.

Institution	Course ID	Full Course Title	Credit Hours	
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

**SUPERVISED CLINICAL PRACTICE**

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Institution	Course ID	Full Course Title	Credit Hours	
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

**Applicant Signature**

<b>Applicant Printed Name:</b>			
<b>Applicant Signature:</b>		<b>Date Signed:</b>	



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## Proposed Associate Supervision Plan

→ **Applicant:** Complete the identifying information below.

<b>Applicant Name:</b>	
<b>Address:</b>	

→ **MFT Supervisor:** Provide the information requested below, and return the form directly to the Board of Marital and Family Therapy at the letterhead address. The information below must be completed by the supervisor; it may not be completed by the applicant.

<b>MFT Supervisor Name:</b>		<b>Authorized Supervisor Number:</b>	
<b>Address:</b>		<b>Phone Number:</b>	
<b>Professional Clinic or Institution Name:</b>			
<b>Clinic Address:</b>		<b>Clinic Phone Number:</b>	

### Proposed Supervision Schedule

<b>Total hours of supervision:</b>		<b>Frequency of sessions:</b>	
<b>Total hours of individual supervision:</b>		<b>Length of sessions:</b>	
<b>Total hours of group supervision:</b>			

Before beginning supervised practice as a marital and family therapy associate, the licensee shall submit to the board for its approval a proposed plan for satisfying the supervision requirements of AS 08.63.100(a)(3)(C).

In accordance with AS 08.63.120, a person may not supervise a person under this chapter unless approved by the board as an "authorized supervisor".

It is recommended that the supervisor and therapist/supervisee together discuss or evaluate the following issues for inclusion in the supervision plan before reviewing and signing the plan:

- Education, training and clinical experience
- Philosophy of supervision
- Previous supervision experience
- Supervision goals
- Supervision style and techniques
- Theoretical orientations
- Legal/Ethical considerations
- Use of self in supervision
- Practical issues
- Other issues that may need discussion

If supervisee issues arise that seem out of the professional boundary of supervision, the issues must be addressed, and appropriate therapy referrals given.

The attached plan can be used as a template for a supervision plan, or the supervisor and therapist/supervisee can submit their own supervision plan that meets the requirements. If the proposed plan below is used, both the supervisor and therapist/supervisee shall initial all items that will be a part of the supervision plan.



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**Proposed Associate Supervision Plan - *TEMPLATE***

<b>Applicant (MFTA) Name:</b>	
<b>Authorized Supervisor Name:</b>	

**SUPERVISION**

Topic	Applicants Initials	Supervisors Initials
A supervision log will be kept to include a weekly accounting of the MFTA's clinical services and supervision (individual and group). The Supervisor shall sign such log.		
The Supervisor will discuss with the MFTA his/her philosophies of supervision along with the supervision contract at the beginning of a supervisory relationship.		
Evaluations will be both written and verbal using a rating scale format that covers various competency areas. The MFTA will be encouraged to provide ongoing feedback to the Supervisor, and mutual feedback will be encouraged in a supportive and collegial atmosphere. Evaluation will assess progress toward the MFTA's goals, as well as progress toward meeting requirements for credentialing.		
Issues to be discussed in evaluations include: <ul style="list-style-type: none"> <li>• Respectful treatment of clients.</li> <li>• Relative proficiency with individuals, couples, family, and group formats.</li> <li>• Ability to deal with negative feedback in supervision.</li> <li>• Willingness to present issues/cases in supervision when supervisee feels stuck/uncertain.</li> <li>• Quality of paperwork.</li> <li>• Ability to manage stress and take care of self.</li> </ul>		
The MFTA will be evaluated in the following ten skill areas: <ul style="list-style-type: none"> <li>• The ability to fulfill agency/organization responsibilities and manage his/her caseload.</li> <li>• The skill at establishing and maintaining an ongoing relationship with clients.</li> <li>• The ability to observe client interactions.</li> <li>• The skill of learning about theory and integrating observations of clients with theory.</li> <li>• The ability to adequately direct the course of therapy.</li> <li>• The ability to behave in ways that will facilitate client change.</li> <li>• The ability to use resources to promote supervisee growth and present him/herself as a marital and family therapist.</li> <li>• The skill to be able to use awareness of self in therapy sessions and be aware of personal issues.</li> <li>• The understanding of ethics and ethical behavior in doing therapy.</li> <li>• The ability to recognize and address contextual variables in the therapy setting (i.e., gender, race, ethnicity, sexual preference, religion).</li> </ul> For live or video supervision, the actual evaluation form will include a section on evaluating the atmosphere in the therapy room.		

Topic	Applicants Initials	Supervisors Initials		
The written evaluations of the MFTA will be quarterly with a final evaluation at the end of the supervision. At each supervision session, the supervisee will be encouraged to bring up any problems or concerns, and to note any areas he/she particularly appreciates, as they occur.				
The Supervisor will keep notes of the MFTA's sessions describing the MFTA's present concern and relevant information about the client that can be summarized for continuity in supervision. The MFTA may review these notes and comment upon them verbally and in writing as needed.				
It should be understood that the evaluation of the MFTA's skill/competency areas takes place in a certain time period, and that the MFTA's skills will change with time.				
<p>Ongoing, mutual feedback will be encouraged within a supportive and collegial atmosphere. If the MFTA should have any problems or concerns with the Supervisor, he/she is encouraged to bring these up as they occur. It is agreed that if concerns are not resolved, a consultation will be arranged with the following mutually agreed upon mediator.</p> <table border="1" data-bbox="175 726 1097 798"> <tr> <td data-bbox="175 726 441 798"><b>Name of Mediator:</b></td> <td data-bbox="441 726 1097 798"></td> </tr> </table> <p>The supervisor and supervisee will share payment for the services of this mediator equally.</p>	<b>Name of Mediator:</b>			
<b>Name of Mediator:</b>				
In the event either party decides to terminate supervision prematurely, it is agreed that a full discussion of issues will be held. Furthermore, the Supervisor retains the right to sign any forms for certifying supervision only when the MFTA has participated in and terminated supervision in an ethical and professional manner.				
As a Supervisor, I have the responsibility to evaluate the background knowledge an MFTA has in the field of marriage and family therapy. I must evaluate the MFTA's skills, abilities and appropriateness in doing therapy. If the MFTA wants state licensing, I will need to know the specific requirements to obtain those positions.				

**EDUCATIONAL INTENT**

(which involves supervision goals; supervision techniques, theoretical orientations, legal/ethical considerations, practice issues and other issues that need discussion)

Topic	Applicants Initials	Supervisors Initials
The MFTA will come to supervision sessions with specific cases, issues, and/or questions to discuss and with brief case outlines indicating presenting problems, in writing. Periodically, the MFTA's caseload will be reviewed in terms of number of cases, complexity and variety of presenting concerns, as well as relevant intervention strategies.		
Informed consent: The MFT provides to the client the informed consent form that includes the fact that material might be shared with a supervisor.		
<p>Clinical obligations: To ensure ethical and clinical obligations, the MFTA will, at the beginning of each session, review any cases where there are issues of:</p> <ul style="list-style-type: none"> <li>• suicide/homicide</li> <li>• confidentiality</li> <li>• dual role relationship potentials</li> </ul>		
Coordinating: Supervisory boundaries will be clarified in writing in terms of responsibility between marital and family therapist Supervisor and agency supervisors.		

Topic		Applicants Initials	Supervisors Initials
Emergencies – In case of emergency or high-risk situations, the MFTA will contact the Supervisor for consultation. The MFTA must follow agency protocol for emergencies in agency cases. In all cases, documentation of all supervisory discussions is the MFTA’s responsibility.			
Supervision Goals:			
Supervision Techniques:			

**METHODOLOGY FOR CLINICAL PRACTICE**

(e.g. case presentation, audiotapes, videotapes, live, cyber, other)

Topic		Applicants Initials	Supervisors Initials
The following methods will be used in clinical practice:			

**OTHER ITEMS**

(attach additional pages as necessary)

Topic		Applicants Initials	Supervisors Initials
Other:			





**Professional Licensing**  
PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2550  
Email: [License@Alaska.Gov](mailto:License@Alaska.Gov)  
Website: [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov)

## 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.

<b>Location of Incident:</b>		<b>Date of Incident:</b>	
<b>Explanation of Incident:</b> 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.

<b>Full Name:</b>		<b>Program:</b>	
<b>Signature:</b>		<b>Date Signed:</b>	



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