



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

Board of Marital and Family Therapists

State Office Building, 333 Willoughby Avenue, 9th Floor

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550 • Fax: (907) 465-2974

Email: license@alaska.gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfMaritalFamilyTherapy

Verification of Approved Clinical Contact Hours

DEAR SUPERVISOR: I am applying for licensure in the State of Alaska as a marital and family therapist. I am required to provide evidence of this supervised work to the Alaska Board of Marital and Family Therapy. Please provide the information required directly to the State of Alaska at the address above.

Name:

Name at Time of Supervision:

MFT License #:

Dates Under Supervision:

Address:

Signature:

THIS PART TO BE COMPLETED BY THE FORMER SUPERVISOR

The information below must be completed by the supervisor. The required 200 hours of individual and group supervision must be provided by a person who is an Alaska Board of Marital Therapy-approved supervisor.

| | | | | | |
|---|--|--------------|--|-------|--|
| Supervisor's Name | | | | | |
| Supervisor's License # | | License Type | | State | |
| Supervisee's Name | | | Clinic or Institution Where Supervised | | |
| Period When Supervised | | | | | |
| Total hours of direct clinical contact with couples and families: | | | | | |
| Total hours of individual supervision provided by you to this applicant during this period: | | | | | |
| Total hours of group supervision provided by you to this applicant during this period: | | | | | |
| The State of Alaska believes that a license to practice marital and family therapy carries important responsibilities. Please comment, as supervisor, on the applicant's qualifications, abilities, character, etc., which involve use of marital and family therapy as defined in AS 08.63.900(5)(A)(B). | | | | | |
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In order that the Board of Marital and Family Therapy has sufficient information to adequately assess the applicant's qualifications please answer the following:

1. To the best of your knowledge is the applicant of good moral character? Yes No
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2. To the best of your knowledge, within the last five years, has the applicant been addicted to, or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs? Yes No
-
3. To the best of your knowledge has the applicant ever had a claim of malpractice against him/her? Yes No
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4. To your knowledge, has the applicant violated the ethical standards for providers of marital and family therapy services? Yes No
-
5. To your knowledge, has the applicant misrepresented his or her professional qualifications? Yes No
-
6. To your knowledge, has the applicant been practicing marital and family therapy services without a license? Yes No
-
7. To your knowledge, has the applicant ever been convicted of a felony? Yes No
-
8. At any time during your supervision of this applicant, were restrictions placed on the applicant? If so, please explain on a separate sheet. Yes No
-
9. How would you rate the applicant's marital and family therapy technical knowledge and practice experience?
 Excellent Very Good Fair Needs Improvement
 Please elaborate:
-
10. Would you recommend this applicant for licensure as a marital and family therapist? Yes No
-
11. Please provide further comments for the Board to consider in reviewing this applicant:

All information submitted with this application is considered public information unless required by state or federal law to remain confidential. If additional information of a confidential nature is required, you will be notified in writing. Licensee information, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

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| I certify that the information on this form is true and correct to the best of my knowledge. The Division may deny, suspend or revoke the license of a person who has obtained or attempted to obtain a license by fraud or deceit. The person may also be subject to criminal charges for perjury or unsworn falsification. (AS 11.56.210) | | | |
| Notary Stamp | Supervisor's Signature: | | Printed Name: |
| | Notary Public for State of: | | Subscribed and Sworn to Before me on this Day: |
| | Notary's Signature: | | My Commission Expires: |