THE STATE of ALASKA Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing Board of Professional Counselors PO Box 110806, Juneau, AK 99811 Phone: (907) 465-2550

Email: ProfessionalCounselors@Alaska.Gov Website: ProfessionalLicense.Alaska.Gov/ProfessionalCounselors

Continuing Education Provider's Approval Application Instructions

In order for the Board of Professional Counselors to review programs offered by providers for continuing education, this form must be completed and submitted to the letterhead address for board review.

- Instructors presenting information concerning counseling or the treatment of clients must hold an advanced degree (Masters or higher) in a mental health field.
- Instructors whose topics are related to the professional continuing education of professional counselors/MFTs but not
 directly concerning counseling or the treatment of clients are not required to hold advanced degrees in a mental health field
 but must demonstrate completion of appropriate education and training with regard to the topic presented. The board will
 consider such topics on a case-by-case basis.
- Topics must be relevant to the continuing education of professional counselors/MFTs. Programs designed for members of the general public, paraprofessional counselors, lay members of a church, or other helping organization to do counseling of individuals do not qualify for Board approval.

In accordance with 12 AAC 62.320(a), to be accepted by the board, continuing education must contribute directly to the professional competency of a professional counselor and must be directly related to the skills and knowledge required to implement professional counseling principles and methods. The definition of the "practice of professional counseling" means:

The application of principles and methods, or procedures of the counseling profession to diagnose or treat, other than through the use of projective testing or individually administered intelligence tests, mental or emotional disorders that are referenced in the standard diagnostic nomenclature for individual, group, and organizational therapy, whether cognitive, affective, or behavioral, within the context of human relationships and systems; if otherwise within the scope of this paragraph, "practice of professional counseling" includes:

- (A) The professional application of evaluation techniques, treatments, and therapeutic services to individuals and groups for the purpose of treating the emotional and mental disorders;
- (B) An applied understanding of the dynamics of the individual and of group interactions, along with the application of therapeutic and counseling techniques for the purpose of resolving intrapersonal and interpersonal conflict and changing perceptions, attitudes, and behaviors in the area of human relationships; and
- (C) Consistent with regulations adopted by the board under AS 08.29.020(a)(4), administration and use of appropriate assessment instruments that measure or diagnose problems or dysfunctions within the course of human growth and development as part of a counseling process or in the development of a treatment plan.

In accordance with 12 AAC 62.320(b)(2), courses, seminars, and workshops offered or approved by the following do not need to be pre-approved for continuing education:

- (A) American Counseling Associations;
- (B) Alaska Counseling Association;
- (C) American Psychological Association;
- (D) American Association of State Social Work Boards;
- (E) National Association of Social Workers;
- (F) American Association for Marital and Family Therapy;
- (G) National Board of Certified Counselors (NBCC);
- (H) Alaska Commission for Behavioral Health Certification;
- (I) Alaska Psychological Association;

- (J) Alaska School Counselor Association;
- (K) Alaska Chapter of the National Association of Social Workers;
- (L) American School Counselor Association;
- (M) Alaska Department of Health and Social Services;
- (N) Co-Occurring Disorders Institute, Inc.;
- (O) Alaska Rural Behavioral Health Training Academy;
- (P) National Association of Alcohol and Drug Abuse Counselors;
- (Q) Regional Alcohol and Drug Abuse Counselor Training Program.

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PART I	Sponsorin	g Organization				
Sponsoring Organization N	Name:					
Mailing Addre		x or Street	City		State	Zip
Contact Perso	n:			Contact Phone:		
Email Address	:					

PART II Course Information

Course Title:			
Course Description:			
Course Location:	Course D	ate(s):	
Number of Contact Hours Requested:		Contact Hours That Are Professional Ethics:	

1. Describe the learning purposes and objectives as they relate to the Professional Counseling definition, AS 08.29.490:

2. Instructor(s) Credentials (If this is a conference, please submit a copy of the brochure and a list of presenters and their credentials):

3. Which state(s) / professional association(s) has approved the program?

Note: You must submit a syllabus that indicates the method of delivery of this course and an agenda to support the number of hours you are requesting.