



STATE OF ALASKA  
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT  
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING  
BOARD OF PROFESSIONAL COUNSELORS  
P.O. BOX 110806  
JUNEAU, ALASKA 99811-0806  
TELEPHONE: (907) 465-2551  
E-mail: [license@alaska.gov](mailto:license@alaska.gov)

## CONTINUING EDUCATION PROVIDER'S APPROVAL FORM

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In order for the Board of Professional Counselors to review programs offered by providers for continuing education, this form must be filled out and submitted to the above 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 cases 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 or lay members of a church or other helping organizations 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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*Please Type or Print.*

Name of Sponsoring Organization: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Title of Course: \_\_\_\_\_

Course Description: \_\_\_\_\_

Date(s) and Location(s) Course Being Offered: \_\_\_\_\_  
\_\_\_\_\_

Learning Purposes and Objectives as they relate to the Professional Counseling definition, AS 08.29.490:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instructor(s) Credentials (if this is a conference, please attach a copy of the brochure and a list of presenters and their credentials): \_\_\_\_\_  
\_\_\_\_\_

Which state(s)/professional association(s) has approved the program:  
\_\_\_\_\_

Number of Contact Hours Being Requested: \_\_\_\_\_

Number of Contact Hours that are Professional Ethics: \_\_\_\_\_

**Note: You must include an agenda to support the number of hours you are requesting.**