



THE STATE

of

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

Board of Professional Counselors

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/ProfessionalCounselors

Professional Counselor Licensure Application

This packet contains all the documents you will need to apply for a permanent license to practice as a professional counselor in Alaska. Read these instructions and the Board of Professional Counselors Statutes and Regulations before you complete the application.

A person may apply for licensure to practice professional counseling in the State of Alaska under the provisions of AS 08.29. Applicants may qualify for licensure by credentials or by examination. If you have questions concerning the admission requirements contact the licensing examiner at (907) 465-2550.

Please note the following:

- Average processing time for an application packet is from four to six weeks. Start the process far enough in advance to allow this process to occur. Applications are reviewed in order of receipt in our office. If there are items in the application about which the board requires additional information, or if there is any adverse or derogatory information that comes to light, the review process may take longer.
- Appropriate fees must accompany applications before initial screening can begin.
- 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 those documents are received by our office.
- The application review process is defined by the requirements set forth in state law. The Board and its staff must comply with those laws in processing applications.
- The Board of Professional Counselors conducts a thorough evaluation of education, training, employment or work 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 Board will not accelerate one application over others nor will it forego any elements of its screening process.
- If you received this application from a source other than directly from the Division or its official website, the application may be outdated or not an official version. To ensure you have the official version, please contact the Division. Application forms will be rejected if not on the current version.

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

Qualifications for Licensure

LICENSURE BY CREDENTIALS — The following documents are required for licensure by credentials:

- A completed and notarized application and \$200.00 nonrefundable application fee.
- Initial licensure fee of \$500.00. All licenses are renewed biennially October 31 of odd-numbered years.
- Verification of licensure from each state where currently licensed or have held a license. The state must verify any disciplinary actions taken or pending.
- Each applicant is to submit a complete report of criminal justice information under AS 12.62.005 – AS 12.62.200 for Alaska. The Alaska report can be obtained by contacting the Department of Public Safety, Alaska State Troopers.

In addition to the Alaska reports, if a state other than Alaska is your primary state of residence you must submit an equivalent report from your state of residency. Nonresident applicants will need to contact your state law enforcement office to obtain a complete report of criminal justice information.

If you have lived in Alaska less than one year, please submit the report from your previous state of residence. If you have lived in Alaska more than one year, but are applying by credentials, please submit a report from the state where you hold your license.

Note: The report of state criminal justice information must come from a law enforcement agency. Internet self-searches will not be accepted. The report must include previous and middle names.

- If you are from a state that does not require you to have sixty graduate semester hours in counseling, then please include a transcript showing you have a minimum of sixty semester hours (obtained either during or after your counseling degree):

The Board has gone on record with the decision that from June 2011 forward it will issue licenses by credentials only to those applicants who hold licenses to specifically practice professional counseling from states whose licenses specifically meet or exceed the Alaska state LPC requirements. If licensed after July 1, 2000, this includes the successful completion of 60 acceptable graduate semester units in counseling — NOT having a license to practice medicine in another state, territory, province or international licensing jurisdiction suspended or revoked or otherwise disciplined.

- If your graduate degree is in a related field, not counseling, you must complete the attached educational course work check sheet. "Related field" includes psychology, marital and family therapy, social work, and applied behavioral science.
- Submit verification of completion of 40 continuing education credits, including three of the continuing education credits in ethics within the previous two years immediately preceding the application; CEUs must comply with 12 AAC 62.320.

— OR —

LICENSURE BY EXAMINATION — The following documents are required for licensure by examination:

- A completed and notarized application and \$200.00 nonrefundable application fee.
- The initial licensing fee of \$500.00 may be submitted at this time or upon successful passage of the examination. The license will not be issued without payment of this fee. All licenses are renewed biennially October 31 of odd-numbered years.
- Certified transcripts of a master's degree or doctorate degree in counseling or related field as defined in 12 AAC 62.990(b) and regionally accredited from an institution listed under 12 AAC 62.120(a)(1)-(7).

If the institution is not regionally accredited, per 12 AAC 62.120, the degree must have included course work in at least eight specific subject areas. To assist the board in review of your education, please complete the attached educational course work check sheet and return with your application.

If your graduate degree is in a related field, not counseling, you must complete the attached educational course work check sheet. "Related field" includes psychology, marital and family therapy, social work, and applied behavioral science.

(continued)

LICENSURE BY EXAMINATION — *(continued)*

- You must have a total of 60 graduate semester hours in counseling during or after earning the master's degree. An applicant who has not obtained enough graduate semester hours in the applicant's earned master's degree in counseling or a related professional field to meet the 60 graduate semester hours required under AS 08.29.110(a)(5)(B) may obtain the additional graduate semester hours needed to meet that requirement from an accredited program, either online or at an institution.
- Submit verification of successfully having passed the National Counselor Examination for Licensure and Certification (NCE) within the last three years before the date of application administered by National Board for Certified Counselors, Inc. (NBCC). The exam scores must be sent directly to the Division of Corporations, Business and Professional Licensing from the NBCC. Candidates wishing to sit for this examination will need to contact the NBCC directly to schedule the examination. To obtain information regarding the examination, please contact:

National Board for Certified Counselors, Inc.
3 Terrace Way, Suite D
Greensboro, North Carolina 27403-3660
(336) 547-0607
www.nbcc.org

- Verification of having completed at least 3,000 hours of supervised experience in the practice of professional counseling performed over a period of at least two years under the supervision of a supervisor approved by the Board (form attached). This experience must be completed after having received your degree. You must verify that you have had at least 1,000 hours of direct counseling with individuals, couples, families, or groups and at least 100 hours of face-to-face supervision.

Your supervisor must be approved by the Board, in accordance with 12 AAC 62.200, before supervision begins. This supervision must come from a licensed professional counselor, licensed clinical social worker, licensed marital and family therapist, licensed psychologist, licensed psychological associate, licensed physician, licensed psychiatrist, or licensed advanced nurse practitioner who is certified to provide psychiatric or mental health services.

- Each applicant is to submit a complete report of criminal justice information under AS 12.62.005 – AS 12.62.200 for Alaska. The Alaska report can be obtained by contacting the Department of Public Safety, Alaska State Troopers.

In addition to the Alaska reports, if a state other than Alaska is your primary state of residence you must submit an equivalent report from your state of residency. Nonresident applicants will need to contact your local law enforcement office to obtain a complete report of criminal justice information.

! General Information

APPLICATION PROCESSING:

The average time to process an application is 4-6 weeks from the date it is received in this office complete with all correct forms and 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 a license will be issued and sent to you with a cover letter about further information 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 the average processing time. Applications are reviewed in order of receipt in our office.

APPLICATION REVIEW:

The Board meets at least twice a year and will review applications at board meetings. Applications must be complete (including supporting documentation). Contact the Division for meeting dates. The Board may review complete applications between board meeting dates. The division will forward complete applications to board members by using the mail ballot voting process.

LICENSE TERM:

Licenses are issued for a two-year period and expire on October 31 of odd-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 question in the application be sure to submit an explanation and 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.

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.

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.

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.

ABANDONMENT:

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, however the application fee will not be refunded. If no request for refund is received within that time frame, 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 1-800-441-2962 to resolve payment issues.

BUSINESS LICENSES:

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

NOTIFICATION OF PROPOSED REGULATION CHANGES

If you would like to receive notice of all proposed regulations changes for your program please send a request in writing with your name, preferred contact method (mail or e-mail) and the program you want to be updated on to:

REGULATIONS SPECIALIST
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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PCO

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Professional Counselor License Initial Application

PART I		Payment of Fees	
Fees	<input type="checkbox"/> Nonrefundable Application Fee (\$200)	<input type="checkbox"/> License Fee (\$500)	
Applying by	<input type="checkbox"/> Examination (NOT licensed in another state)	<input type="checkbox"/> Credentials (Licensed in another state)	

PART II		Personal Identification Information	
Full Legal Name	Last	First	Middle
Other Names Used (maiden, nicknames)			<input type="checkbox"/> Attach Documentation of all Legal Name Changes
Date of Birth			Gender
Mailing Address	Address	City	State ZIP Code
Work Phone		Home Phone	
Email Address			
SOCIAL SECURITY NUMBER: As required by state law, please provide your United States Social Security Number. It is considered CONFIDENTIAL information and is not for public disclosure; it may be used to verify inter-state licensure. (AS 08.01.100)		Social Security Number	

PART III		Education		(Either a Master's or Doctorate is Required)	
• Master's	<input type="checkbox"/> 60 Master's Level Credits				
School:		Degree:		Date:	

— OR —

• Doctorate					
School:		Degree:		Date:	

PART IV Professional Information

1. Licensing History

List state(s) where you currently hold or have held a license or are certified to practice professional counseling, psychology, marital and family therapy or social work.

State	Issue Date	Expiry Date	Type
			<input type="checkbox"/> Licensed <input type="checkbox"/> Certified
			<input type="checkbox"/> Licensed <input type="checkbox"/> Certified
			<input type="checkbox"/> Licensed <input type="checkbox"/> Certified
			<input type="checkbox"/> Licensed <input type="checkbox"/> Certified
			<input type="checkbox"/> Licensed <input type="checkbox"/> Certified

2. Testing History

List any state(s) where you passed a professional counseling examination.

State	Exam Date	Test
		<input type="checkbox"/> NCE <input type="checkbox"/> NCMHCE

3. Credentials Applicants

Which state license is the basis of your application:

License Type:

License Number:

State:

4. Professional Background

No

Yes

Do you hold, or have you every held, any other professional license?

License Type:

License Number:

State:

License Type:

License Number:

State:

License Type:

License Number:

State:

5. Work History

In chronological order, from most recent to most remote for the last five years, list all relevant or related professional positions held. Provide name of employer, mailing address, phone number, position held, duties and responsibilities and name of direct supervisor(s).

All applicants must complete this section, however only those applying by examination need to complete the information regarding supervision.

Employer's Name			
Employer's Address			
Employer's Phone			
Dates Employed		Applicant's Position	
Applicant's Duties and Responsibilities			

* EXAMINATION APPLICANTS ONLY:			
Supervisor's Name		Supervisor's Degree	
Total Number of Hours Supervised			
Total Number of Direct Counseling Hours			
Total Number of Face-to-Face Supervision			

CONTINUED ON NEXT PAGE — MAKE COPIES AS NECESSARY

Work History (continued)

ALL APPLICANTS			
Employer's Name			
Employer's Address			
Employer's Phone			
Dates Employed		Applicant's Position	
Applicant's Duties and Responsibilities			

* EXAMINATION APPLICANTS ONLY:			
Supervisor's Name		Supervisor's Degree	
Total Number of Hours Supervised			
Total Number of Direct Counseling Hours			
Total Number of Face-to-Face Supervision			

ALL APPLICANTS			
Employer's Name			
Employer's Address			
Employer's Phone			
Dates Employed		Applicant's Position	
Applicant's Duties and Responsibilities			

* EXAMINATION APPLICANTS ONLY:			
Supervisor's Name		Supervisor's Degree	
Total Number of Hours Supervised			
Total Number of Direct Counseling Hours			
Total Number of Face-to-Face Supervision			

PART VI Professional Fitness

The following questions must be answered. "Yes" answers may not automatically result in license denial. If you answer "Yes" to any of the questions, please explain dates and circumstances on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, etc.).

Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

WHEN IN DOUBT, DISCLOSE AND EXPLAIN

- 1. Have you ever been disciplined by any state board for any violations of the Professional Counselor Practice Act or unethical conduct? Yes No

- 2. Have you 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

- 3. Have you ever had any malpractice settlements or judgements paid on your behalf? (AS 08.29.400) Yes No

- 4. Have you 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 a conviction involving 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

- 5. Are you now, or within the past five years been convicted of driving under the influence of alcohol, drugs or chemical substance? Yes No

- 6. Are you now, or within the past five years been addicted to or excessively used alcohol, narcotics, barbiturates or habit-forming drugs? Yes No

- 7. Are you now, or within the past five years have you been hospitalized for emotional or mental illness or have you been treated for or hospitalized for drug addiction or alcoholism? Yes No

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)

<div style="border: 1px dashed gray; padding: 10px; width: 100%;">Notary Stamp</div>	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:	



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Phone: (907) 465-2550 • Fax: (907) 465-2974
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Website: ProfessionalLicense.Alaska.Gov/ProfessionalCounselors

Verification of Licensure

→ **Applicant:** Complete this top part and then forward a copy to each licensing jurisdictions where you have ever been licensed. Make copies as needed.

Name at Time License Issued			
Applicant's Signature		License Number	

— — — THIS PART TO BE COMPLETED BY THE STATE LICENSING BOARD — — —

→ **Licensing Board:** Complete this bottom part for the applicant identified above and return the form directly to the Alaska State Board of Professional Counselors.

License Type			License Number		
Initial License Date	Expiration Date		Current License Status		
Basis of Licensure	<input type="checkbox"/> Examination	→	* Exam Administered By		
	<input type="checkbox"/> Reciprocity				
* Exam Date	* Percent Score		* Raw Score		

- Has the applicant's license been lapsed or expired? Yes No
- Has the applicant's license ever been suspended or revoked? Yes No
- Has the applicant been subject to any other disciplinary action(s)? Yes No

Provide any information or comments relevant to this applicant's qualifications to practice professional counseling:

Board Seal	State Board:	Phone:
	Printed Name:	Title:
	Signature:	Date:



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Letter of Recommendation — For Exam Applicants Only (Two Required)

Name of person you are requesting recommendation from: _____

I am applying for a license to practice professional counseling in the State of Alaska. I am required to provide letters of recommendation from professional counselors who are familiar with my work. Please provide the information requested and return the completed form to the above address.

Applicant's Signature	
Printed Name	

FOR EXAM APPLICANTS ONLY: Letter of Recommendation — Two Recommendation Letters are Required

The letter of recommendation must come from a professional counselor who is familiar with the applicant's work. The professional counselor does not necessarily need to be licensed. In accordance with 12 AAC 62.990(c)(4), "professional counselor" means a person who is in the practice of professional counseling as defined in AS 08.29.490(1).

Comment on the applicant's qualifications, abilities, character, etc. Failure to complete this comments section may result in denial of licensure for the applicant.

Comments on the applicant's qualifications, abilities, character, etc. should involve the practice of professional counseling as defined in AS 08.29.490, which 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 and 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. The practice of professional counseling includes the professional application of evaluation techniques, treatments and therapeutic services to individuals and groups for the purpose of treating the emotional and mental disorders; 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. 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 order that the Board of Professional Counselors to have sufficient information to adequately assess the applicant's qualifications, please answer the following questions:

1. To the best of your knowledge is the applicant of good moral character? Yes No
-
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. Has the applicant ever been disciplined or sanctioned by another state or jurisdiction? Yes No
-
4. Has the applicant violated the ethical standards for providers of professional counseling, psychology, marital and family therapy, or social work as established by another state agency or jurisdiction? 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 sanctioned for practicing professional counseling, psychology, marital and family therapy or social services without a license? Yes No
-
7. Would you evaluate the applicant's technical knowledge and practical experience to be:
 Excellent Very Good Fair Needs Improvement
 Please elaborate:
-
8. Would you recommend this applicant for licensure as a professional counselor? Yes No
-
9. Please provide further comments for the Board to consider in reviewing this applicant:

Dates Associated with Applicant:			
<input type="checkbox"/> I Hold a Professional License	Type:	State:	License Number:
Institution or Clinic Where Employed			
Address of Hospital or Clinic			
Telephone		Email	

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



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Post-Doctoral or Post-Master’s Experience Verification — Exam Applicants Only

Name of Supervisor: _____

I am required to provide evidence of supervised work experience to the Alaska Board of Professional Counselors. Please provide the information requested and return the completed form to the above address.

Applicant’s Signature	
Printed Name	

— — **FOR EXAM APPLICANTS ONLY: Post-Doctoral or Post-Master’s Experience Verification** — —

In accordance with AS 08.29.110(a)(6), I must document that I have been supervised in the practice of professional counseling performed over a period of at least two years under the supervision of an approved supervisor in accordance with AS 08.29.210. The supervision must include 3,000 hours of supervised experience, with at least 1,000 hours of direct counseling with individuals, couples, families, or groups and at least 100 hours of face-to-face supervision by a supervisor approved in accordance with AS 08.29.210 and in accordance with supervised experience under 12 AAC 62.220. This experience must be completed after having received my degree.

The information below must be completed by the supervisor; it may not be completed by the applicant. Supervision must be provided by a person who has been approved and certified by the board in accordance with AS 08.29.210 and 12 AAC 62.200. Supervision must be provided by a person who is a professional counselor licensed in the State of Alaska, or is a licensed clinical social worker, licensed marital and family therapist, licensed psychologist, or licensed psychological associate, licensed physician, or licensed advanced nurse practitioner who is certified to provide psychiatric or mental health services.

The Board believes a license to practice professional counseling carries important responsibilities. Please comment, as supervisor, on the applicant’s qualifications, abilities, character, etc., which involve the use of professional counseling as defined in 08.29.490(1)(A)(B)(C).

1. To the best of your knowledge is the applicant of good moral character? Yes No
-
2. To 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. Has the applicant ever been disciplined or sanctioned by another state or jurisdiction? Yes No
-
4. Has the applicant violated the ethical standards for providers of professional counseling, psychology, marital and family therapy, or social work as established by another state agency or jurisdiction? 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 sanctioned for practicing professional counseling, psychology, marital and family therapy or social services without a license? Yes No
-
7. Would you evaluate the applicant's technical knowledge and practical experience to be:
 Excellent Very Good Fair Needs Improvement
- Please elaborate:
-
8. Would you recommend this applicant for licensure as a professional counselor? Yes No
-
9. Please provide further comments for the Board to consider in reviewing this applicant:

Dates Supervised Applicant: (provide a start and end date)		Total Hours of Supervised Experience	
Total Hours of Direct Counseling		Total Hours of Face-to-Face Supervision	
<input type="checkbox"/> I Hold a Professional License	Type:	State:	License Number:
Date Certified as an Approved Supervisor by the Board of Professional Counselors:			
Check Professions Licensed in:			
<input type="checkbox"/> Professional Counselor	<input type="checkbox"/> Clinical Social Worker	<input type="checkbox"/> Marital and Family Therapist	
<input type="checkbox"/> Psychologist	<input type="checkbox"/> Physician	<input type="checkbox"/> Psychiatrist	
<input type="checkbox"/> Advanced Nurse Practitioner who is Certified to Provide Psychiatric or Mental Health Services			
Institution or Clinic Where Employed		Address	
Telephone		Email	

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:	

Education Work Checksheet

You must complete this form if you:

1. are not nationally or regionally accredited

and/or

2. your graduate degree is from a related field (related fields include psychology, marital and family therapy, social work and applied behavior science)

Applicant:

To assist the Board in its review of your course work, please complete the following form and return it with your application. Thank you for your assistance in this matter.

Please have your transcript(s) forwarded to the Division directly from your school(s). To meet the requirements of AS 08.29.110, an applicant's degree must be from an institution that was regionally accredited at the time of the applicant's graduation (12 AAC 62.120(a)(1)-(7)). If the degree is not accredited the degree must include course work in at least eight of the ten subjects listed (12 AAC 62.120(b)(1)-(10)).

Applicant's Name			
University or College			
Type of Degree		Date Awarded	

To establish equivalency instruction must have been received in eight of the ten subjects:

1. Helping relationship, including counseling theory and practice.

Yes

No

Institution	Course Number	Course Title	Dates	Credit

2. Human growth and development.

Yes

No

Institution	Course Number	Course Title	Dates	Credit

3. Lifestyle and career development.

Yes

No

Institution	Course Number	Course Title	Dates	Credit

4. Group dynamics, processes, counseling and consulting.

Yes

No

Institution	Course Number	Course Title	Dates	Credit

5. Assessment, appraisal and testing of individuals.

Yes

No

Institution	Course Number	Course Title	Dates	Credit

6. Social and cultural foundation, including multicultural issues.

Yes

No

Institution	Course Number	Course Title	Dates	Credit

7. Principles of etiology, diagnosis, treatment planning and prevention of mental and emotional disorders and dysfunctional behavior. Yes No

Institution	Course Number	Course Title	Dates	Credit

8. Marriage and family counseling and therapy. Yes No

Institution	Course Number	Course Title	Dates	Credit

9. Research and evaluation. Yes No

Institution	Course Number	Course Title	Dates	Credit

10. Professional counseling orientation and ethics. Yes No

Institution	Course Number	Course Title	Dates	Credit



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
333 Willoughby Avenue, 9th Floor, Juneau, AK 99801
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CREDIT CARD PAYMENT

For security purposes please do not email credit card information. Fax or mail this credit card payment form to the Division. Completion of this form is not proof of payment until the Division processes the information. If any information on this form is illegible the form will be rejected.

Name of Applicant or Licensee: _____

Type of License: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

- Application Fee
License (or renewal) Fee
Fine
Other (specify):

Amount

Total:

Name (as shown on credit card): _____

Mailing Address: _____

Phone: _____ Email (optional): _____

Credit Card Type: [] VISA — or — [] Mastercard

Signature of Credit Card Holder: _____

Dotted line separator

VISA or Mastercard Number: _____ Expiration Date: _____

This section below the dotted line will be destroyed upon processing of the payment.