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*

Professional Counselor License by Credentials Application Instructions

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.

Note the following:

- Only use this application if you hold a current equivalent license to practice professional counseling in a jurisdiction with substantially the same or higher licensing requirements as this state, in accordance with AS 08.29.120.
- An incomplete application or any unusual circumstances noted in the application may require additional processing time.
- 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.
- 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this application from a source other than directly from the division or its official website, the application may be outdated or not an official version. Ensure you have the current version as outdated versions will not be accepted.

To practice distance professional services, registration with the Telemedicine Business Registry (TBR) is required in addition to obtaining a professional counselor license. Reach out to the business office at *BusinessLicense@Alaska.Gov* to inquire how to register with the TBR.

The following must be received by the division before your application for Professional Counselor License by Credentials can be reviewed:

1. APPLICATION
A signed, completed application (#08-4911, pages 1-4).

2. FEES
Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	$200.00
Initial License Fee:	$270.00
Total Fees Due:	$470.00

3. VERIFICATION OF LICENSURE
Verification of licensure must be sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice professional counseling, psychology, marital and family therapy or social work. Each verification must include an explanation of any disciplinary action taken against the licensee. Check with each of the state boards you are or have been licensed in for their verification request process. If a state offers free primary source verification on their website, that can be accepted as long as the website clearly confirms that it's a primary source verification.

4. CRIMINAL JUSTICE REPORT
Each applicant is required to submit a complete name-based report of criminal justice information for Alaska under AS 12.62.005 – AS 12.62.200 to our division. The Alaska report can be obtained by contacting the Department of Public Safety, Alaska State Troopers.

The Department of Public Safety, Criminal Records and Identification (R&I) Bureau maintains Alaska criminal justice information. An application for an Alaska report of criminal justice can be obtained online or in person. Check with the law enforcement office regarding what will be required to obtain the report.

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

Note: Only a name-based background check is required, not a biometrics or fingerprint report. Name-based criminal background checks may be requested from state law enforcement agencies.

5. STATUTES AND REGULATIONS

A copy of the current statutes and regulations pertaining to licensure requirements for the practice of professional counseling from the jurisdiction where you are currently licensed.

General Information

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 October 31 of odd-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.

PROFESSIONAL FITNESS QUESTIONS:
A "yes" response in the application does not mean your application will be denied. If you have responded "yes" to any professional fitness questions, submit an explanation with the charging and closing court documentation showing final disposition of charge(s) (e.g. court records, fitness letters, etc.).

DENIAL OF APPLICATION:
The denial of an application for 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.

CHANGES TO LEGAL NAMES, EMAIL ADDRESSES AND/OR MAILING ADDRESSES:
It is the applicant's responsibility to notify the division of any changes to legal names, email addresses and/or mailing addresses. The email or mailing address of record will be used to send all official notifications. The name appearing on the license must be your current legal name. The name change notification form is available on the division's website. Changes to email and/or mailing addresses can be submitted through MY LICENSE. (12 AAC 02.900)

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:
A U.S. Social Security Number must 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*, and include required supporting documents as noted on the form. (AS 08.01.060)

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

ABANDONED APPLICATIONS:
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 email or mailing address of the applicant, who then has 30 days to submit a written request for a refund of biennial license and other fees paid, if applicable. The application fee will not be refunded. If no request for a refund is received within that timeframe, no refund will be issued, and all fees will be forfeited. (12 AAC 02.910)

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)

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. A professional license does not bypass the need for a business license; if a business license is required, it must be obtained after an initial professional license is issued. For more information about business licenses, visit *BusinessLicense.Alaska.Gov.*

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*. Centralized statutes and regulations also apply to all professional licenses; those are also available on the division's website. To receive notifications of proposed regulation changes, send a request with your name, email, and the program you want to be updated on to the regulation specialist at the following email: *RegulationsAndPublicComment@Alaska.Gov.* Courtesy notifications of proposed program regulations changes will also be sent to the email address on record.

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Professional Counselor License by Credentials Application

PART I Current License

Indicate the state license that will be the basis of your application.

State:		**License Number:**		**License Type:**	

Does the state listed above require 60 graduate semester hours in counseling?	☐ Yes ☐ No*
Does the state listed above require passage of a nationally recognized examination for professional counselors?	☐ Yes ☐ No**
Does the state listed above require a minimum of 3,000 hours of supervised experience over a period of at least 24 months?	☐ Yes ☐ No**

**If no,* STOP. The state does not have substantially the same or higher licensure requirements as this state and you may not apply by credentials, per AS 08.29.120.

***If no,* you may not use this application and will need to apply for an associate counselor license instead.

PART II Payment of Fees

Required Fees:	☐ Application and License Fee ($200 is Non-Refundable)	**$470.00**

PART III Personal Information

Full Legal Name:			

Provide all other names used (maiden, nicknames, aliases). 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).

☐ Not Applicable

☐ Other Names Used: _____

Mailing Address:	P.O. Box or Street	City	State	Zip
Primary State of Residence:				
Contact Phone:		**Date of Birth:**		

EMAIL AGREEMENT: Providing an email address authorizes the division to send you a web authorization code to register with the MY LICENSE self-service portal. If you do not receive a code or the code you received has expired, contact the division. Once registered you may opt-in to receive all official correspondence electronically. Your account can be accessed at any time.

Email Address:	
SOCIAL SECURITY NUMBER: 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 IV Professional License(s)

List all states or jurisdictions in which you currently are or have ever been licensed to practice professional counseling, psychology, marital and family therapy or social work.

State or Jurisdiction	License Number	Issue Date	Expiration Date	License Type
				☐ Professional Counselor ☐ Psychologist ☐ Marital and Family Therapist ☐ Social Worker
				☐ Professional Counselor ☐ Psychologist ☐ Marital and Family Therapist ☐ Social Worker
				☐ Professional Counselor ☐ Psychologist ☐ Marital and Family Therapist ☐ Social Worker
				☐ Professional Counselor ☐ Psychologist ☐ Marital and Family Therapist ☐ Social Worker
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				☐ Professional Counselor ☐ Psychologist ☐ Marital and Family Therapist ☐ Social Worker
				☐ Professional Counselor ☐ Psychologist ☐ Marital and Family Therapist ☐ Social Worker

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, 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 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**
2.	Have you been convicted of 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**
3.	Are you currently suffering from any condition, mental or physical, that impairs your judgment or that would otherwise adversely affect your ability to practice professional counseling in a competent, ethical and professional manner?	☐ **Yes** ☐ **No**
4.	Do you use drugs or alcohol in any manner that impairs your ability to practice professional counseling competently and safely?	☐ **Yes** ☐ **No**

"Yes" Answers

If you answered "yes" to questions 3 or 4, in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice as a professional counselor. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

PART VI Alaska Law

☐ I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.29 and 12 AAC 62).

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Signature Page

Applicant Name:		
Alaska License Number (if known):		☐ *Application in Process*

PART VII Agreement

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.

Applicant Signature:		**Date Signed:**	

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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.**

Location of Incident:		**Date of Incident:**	
Explanation of Incident: When in doubt, disclose and explain. *Make copies as necessary.*			

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.

Full Name:		**Program:**	
Signature:		**Date Signed:**	

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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**
☐ **Application Fee:**			
☐ **License or Renewal Fee:**			
☐ **Other *(fine, exam, etc.)*:**			
1.			
2.			
		TOTAL:	0

Name *(as shown on credit card)*:			
Mailing Address:			
Phone Number:		**Email *(Optional)*:**	
Signature of Credit Card Holder:	X		

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.

1. Credit Card Number:		**All 3 fields MUST be completed.**
2. Expiration Date:		**This section will be destroyed after the payment is processed.**
3. Security Code:		