



State of Alaska  
 Department of Commerce, Community, and Economic Development  
 Division of Corporations, Business and Professional Licensing  
**Board of Psychologist and Psychological Associate Examiners**  
 P.O. Box 110806  
 Juneau, AK 99811-0806  
 Telephone: (907) 465-2550  
 E-mail: license@alaska.gov

**REQUEST FOR ALTERNATE SUPERVISION PLAN**

Name (Print): \_\_\_\_\_

License Sought:  Psychologist

Address: \_\_\_\_\_

Psychological Associate

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. Please respond to the following questions regarding your alternate supervision plan:

A. State your reasons for requesting an alternate plan for supervision.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B. Supervisor's name \_\_\_\_\_

List supervisor's qualifications (degrees, certification, licensure, recognized expertise)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

C. Proposed frequency of face-to-face supervision:

Number of times \_\_\_\_\_ per  month

D. Proposed alternate plan for weekly supervision.

Telephone w/supervisor       Correspondence w/supervisor       Other (describe)

E. Describe the nature and extent of supervision plan (must include focus on ethics) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Signature of Supervisor

SUBSCRIBED AND SWORN before me, a Notary Public in and for the State of \_\_\_\_\_,

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

NOTARY SEAL

\_\_\_\_\_  
 Notary Public