



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, Alaska 99811-0806  
Telephone: (907) 465-2550  
E-mail: [license@alaska.gov](mailto:license@alaska.gov)  
Website: [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ)

## APPLICATION FOR PSYCHOLOGIST COURTESY LICENSE

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**YOUR COMPLETED APPLICATION, FEES AND SUPPORTING DOCUMENTS MUST BE POSTMARKED OR RECEIVED BY THE DIVISION NO LATER THAN 30 DAYS BEFORE THE DATE YOU PLAN TO BEGIN WORKING IN THIS STATE**

A courtesy license authorizes an individual to practice psychology in Alaska for a maximum of 30 days in a 12-month period. A person may not be issued more than one courtesy license in that person's lifetime. A courtesy license does not authorize the licensee to conduct a general psychology practice or to perform services outside the scope of practice under AS 08.86.230.

Questions may be directed to the licensing examiner for the Board of Psychologist and Psychological Associate Examiners at (907) 465-5470.

### REQUIREMENTS FOR COURTESY LICENSE:

1. Complete and notarized application.
2. A check or money order payable to the State of Alaska as follows:
  - Application fee (nonrefundable) \$200.00
  - Courtesy License fee \$200.00
3. Must **NOT** be a resident of Alaska.
4. Authorization for Release of Records (form enclosed).
5. Verification of a current license to practice psychology in another state sent directly to the division from that jurisdiction.
6. Verification of having passed the Examination for Professional Practice in Psychology (EPPP) with a score that meets the requirements in 12 AAC 60.140 sent directly from the licensing jurisdiction that administered the examination or from the Association of State and Provincial Psychology Boards (ASPPB).
7. Identification of dates for which the courtesy license is requested.
8. Identification of the scope of practice intended for the courtesy license.
9. Attest that you have not:
  - (A) previously been issued a courtesy license to practice psychology in the State of Alaska;
  - (B) had a psychologist license suspended or revoked in any jurisdiction; and
  - (C) been denied a license to practice psychology in this state within the past four years.
9. Submit a monthly report to the Board each month during the period of courtesy licensure indicating the number of days practiced under the courtesy license during the month.

**If you cannot attest to (A), (B), and (C) above, you are not eligible for a courtesy license in the State of Alaska. (12 AAC 60.035(c)(8)(A-C))**

**Note: All items must be postmarked or received by the Division at least 30 days before you plan to begin working in Alaska.**

## GENERAL INFORMATION

When submitting fees, make check or money order payable to the State of Alaska.

Alaska Statutes (AS) 08.01.060(b) and AS 08.01.100(e) require an applicant for an occupational license to provide a United States Social Security Number. However, the Alaska Division of Corporations, Business and Professional Licensing may, under certain circumstances, issue a license to an applicant who does not have a Social Security Number. To apply for exception from the social security number requirement, complete this form and mail it to the division at the address above.

A courtesy license authorizes the licensee to practice psychology in accordance with the scope identified on the application (12 AAC 60.035(c)(7)). A courtesy license does not authorize the licensee to conduct a general psychology practice or to perform services outside the scope of practice under AS 08.86.230.

In accordance with 12 AAC 60.035(a) a courtesy license holder may not practice more than 30 days within a 12-month period; the licensee shall submit a report to the board each month during the period of the license, indicating the number of days the licensee practiced under the courtesy license. **Reminder: Maximum allowed in a 12-month period is a total of 30 days.**

The holder of a courtesy license is obligated to uphold the professional standards identified in 12 AAC 60.185 and is subject to the disciplinary provisions of AS 08.01.075 and AS 08.86.204.

The board or its designee may waive the 30-day application deadline if the applicant requests a courtesy license to practice psychology and the board or its designee determines that the applicant's failure to meet the application deadline is for good cause.

## VERIFICATION OF EPPP SCORE

Some jurisdictions are unable to provide verification of the score received on the Examination for Professional Practice in Psychology (EPPP). Check with the licensing board that will be providing your license verification and if your EPPP score cannot be reported then you must request a EPPP Score Transfer Service from the Association of State and Provincial Psychology Boards (ASPPB). The EPPP Score Transfer Service form can be downloaded from the ASPPB web site at [www.asppb.org](http://www.asppb.org), or the ASPPB can be contacted at P.O. Box 241245, Montgomery, Alabama 36124-1245, by telephone at (334) 832-4580, or by fax at (334) 269-6379.

## PUBLIC INFORMATION

All information submitted with this application is considered public information unless required by state or federal law to remain confidential. If additional information of a confidential nature is required, you will be notified in writing. License information, including mailing addresses, is available on the division's web site at: [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ) under License Search.



State of Alaska  
 Department of Commerce, Community and Economic Development  
 Division of Corporations, Business and Professional Licensing  
**BOARD OF PSYCHOLOGIST AND PSYCHOLOGICAL ASSOCIATE EXAMINERS**  
 State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor  
 PO Box 110806, Juneau, AK 99811-0806  
 Phone: (907) 465-2550 ★ Fax: (907) 465-2974  
 E-mail: license@alaska.gov  
 Website: www.commerce.alaska.gov/occ

**PSY**

For Division Use Only

**APPLICATION FOR PSYCHOLOGIST COURTESY LICENSE**

This application must be completed in full. If any section does not apply, write N/A in the space provided. **PLEASE PRINT OR TYPE.**

<b>Fees Due:</b>	<input type="checkbox"/> <b>\$200.00 Nonrefundable Application Fee</b>	<input type="checkbox"/> <b>\$200.00 Courtesy License Fee</b>
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Name: \_\_\_\_\_  
Last First M.I. List all previous legal names

Social Security Number: \_\_\_\_\_  
 (Required by AS 08.01.060)

**Note: Failure to list all past legal names is considered a falsified application**

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Mailing Address: \_\_\_\_\_  
Street Address or PO Box

\_\_\_\_\_ City State ZIP Code

Business Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

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

State of Residence: \_\_\_\_\_

Twelve month period for which courtesy license is requested: \_\_\_\_\_, 20\_\_\_\_ through \_\_\_\_\_, 20\_\_\_\_\_.

Scope of practice for which courtesy license is requested: \_\_\_\_\_

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

**PROFESSIONAL DATA:**

List each jurisdiction in which you are certified or licensed to practice psychology:

State: \_\_\_\_\_ License No.: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ License No.: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ License No.: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

List state(s) in which you took the Examination for Professional Practice in Psychology (EPPP):

State: \_\_\_\_\_ Exam Date: \_\_\_\_\_  Passed  Failed

State: \_\_\_\_\_ Exam Date: \_\_\_\_\_  Passed  Failed

State: \_\_\_\_\_ Exam Date: \_\_\_\_\_  Passed  Failed

**PROFESSIONAL FITNESS:**

The following questions must be answered. **“YES” ANSWERS AUTOMATICALLY RESULT IN LICENSE DENIAL.**

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Have you previously been issued a courtesy license to practice psychology in the State of Alaska?.....        | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had a psychologist license suspended or revoked in any jurisdiction?.....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you been denied a license to practice psychology in the State of Alaska within the past four years?..... | <input type="checkbox"/> | <input type="checkbox"/> |

**IF YOU HAVE ANSWERED “YES” TO QUESTIONS 1, 2, OR 3 ABOVE STOP! YOU ARE NOT ELIGIBLE FOR A COURTESY LICENSE IN THE STATE OF ALASKA.**

The following questions must also be answered. “Yes” answers may not automatically result in license denial.

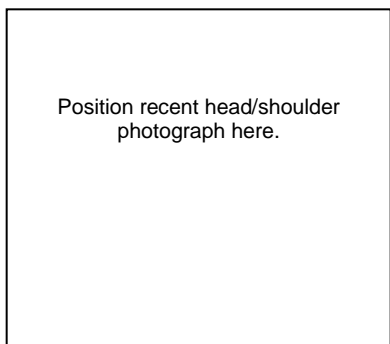
- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 4. Has your professional license ever been denied, revoked, suspended, surrendered, stipulated, on probation, or been subject to any other restriction or disciplinary action in any jurisdiction?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever voluntarily surrendered or restricted your professional license in any jurisdiction?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been disciplined by any state board for any violation of the Psychology Practice Act or unethical conduct?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been convicted of any criminal offense(s), other than minor traffic violations, under the laws of any state or of the United States (convictions include suspended imposition of sentence)?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had any malpractice settlements or judgements paid in your behalf?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Within the past five years, are you now, or have you experienced, been diagnosed with, or been treated for bipolar disorder, schizophrenia, paranoia, or psychotic disorder, substance abuse, depression (except for situational or reactive depression) or any other mental or emotional illness?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Within the past five years, are you now, or have you experienced, been diagnosed with, or been treated for any physical or mental condition which may impair or interfere with your ability to practice?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Within the past five years, are you now, or have you experience, been diagnosed with, or been treated for any chemical impairment?.....  | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered “Yes” to questions 4-11, please explain dates and circumstances on a separate piece of paper, and send any supporting documents that are applicable (court records, etc.).

**CONFIDENTIALITY:** 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.

I hereby acknowledge that while practicing under a courtesy license I must meet the ethics and standards identified in 12 AAC 60.185 and that I must submit monthly reports regarding the number of days I have practiced under the courtesy license during the month.

**I hereby certify that the information in this application is true and correct to the best of my knowledge. I understand that any false information may result in failure to obtain a courtesy license as a psychologist in Alaska, or subsequent revocation of my courtesy license.**



Notary seal must overlie portion of picture



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

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

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_



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

My Commission Expires: \_\_\_\_\_

**WARNING:** Pursuant to 12 AAC 60.050 the board may deny approval to sit for the licensing examinations, or revoke a license granted on the basis of false or misleading statements, whether made knowingly or not. An applicant may also be subject to criminal charges for perjury (AS 11.56.200).

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E-mail: license@alaska.gov

## AUTHORIZATION FOR RELEASE OF RECORDS

To Whom It May Concern:

I, \_\_\_\_\_

residing at \_\_\_\_\_

authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my medical, dental, employment, and education records, and any records pertaining to litigation, suits, judgments and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business and Professional Licensing and its investigators.

I authorize the Division to discuss my records with persons or organizations which are considered appropriate by the Division in connection with an official investigation, and to provide copies of my records to those persons or organizations considered appropriate by the Division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis, or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment.

I request that upon presentation of this release, or a certified true copy of it, that you provide copies of those records to the Division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with my application for initial issuance of a license as a psychologist. This authorization expires one year from the date of my signature below.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

STATE OF ALASKA  
Board of Psychologist and Psychological Associate Examiners

**VERIFICATION OF LICENSURE**

Applicant: Some states require a fee for completion of a license verification; you may wish to check with the State Board prior to submitting this form to them for completion:

State Board:

In applying for licensure to practice psychology in the State of Alaska, the Board of Psychologist and Psychological Associate Examiners requires this form to be completed by the jurisdiction(s) in which I hold a license or have held licenses. Please complete this form and send it directly to:

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, Alaska 99811-0806  
(907) 465-5470  
E-mail: license@alaska.gov

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

License No.: \_\_\_\_\_

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

\_\_\_\_\_

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**PLEASE DO NOT DETACH**

The information below must be completed by the State Licensing Board. It **may not** be completed by the applicant.

State of \_\_\_\_\_ Board of \_\_\_\_\_

Name of Licensee \_\_\_\_\_

Type of License Held \_\_\_\_\_

License No. \_\_\_\_\_ Issued Effective \_\_\_\_\_

License is Current \_\_\_\_\_ Lapsed \_\_\_\_\_ Expiration Date \_\_\_\_\_

By Reciprocity/Endorsement \_\_\_\_\_ By Examination \_\_\_\_\_

Date of Exam \_\_\_\_\_ Form \_\_\_\_\_ Percent Score \_\_\_\_\_ Raw Score \_\_\_\_\_

Examination Administered By \_\_\_\_\_

Licensee received at least \_\_\_\_\_ year(s) of supervised, post doctoral experience during the  
period from \_\_\_\_\_ to \_\_\_\_\_

If the applicant's license has lapsed or expired, please explain why (e.g., failure to pay licensing renewal fee, etc.):

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Has the applicant's license ever been suspended or revoked?  YES  NO If "yes", for what reason?

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Has the applicant been subject to any other disciplinary action(s), (e.g., letter of warning, stipulation)?  YES  NO  
If "yes", please describe.

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Please provide any derogatory information you believe relevant to the applicant's qualifications to practice psychology.

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General Comments: \_\_\_\_\_

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[BOARD SEAL]

Please return complete form to:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
State Board

\_\_\_\_\_  
Date