



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, Alaska 99811-0806
Telephone: (907) 465-2694
E-mail: BoardofPsychologists@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov/BoardofPsychologists

APPLICATION PACKET PSYCHOLOGIST LICENSE BY CREDENTIALS

Please read the application and all instructions carefully. You may download the most current version of the board's statutes and regulations from the board's website, or contact the division for a copy. The licensing statutes are located at AS 08.86 and the board's administrative regulations are at 12 AAC 60. The Board shall hold at least three meetings annually. .

Questions may be directed to the licensing examiner for the board at (907) 465-5470.

The board will issue a license by credentials to practice psychology to an applicant who meets the criteria set out in AS 08.86.150. A person who is licensed or certified as a psychologist by a licensing authority other than the state is entitled to be licensed in the state without examination if the person applies on the proper application form, submits proof of continued competence as required by regulation of the board, pays the credential review fee, and the person

- (1) holds a doctoral degree with primary emphasis on psychology that satisfies the requirements of AS 08.86.130 and the examination and qualification requirements for the person's out-of-state license or certificate were essentially similar to or higher than the examination and qualification requirements for licensure under AS 08.86; or
- (2) is a diplomate in good standing of the American Board of Professional Psychology

Submit the following if applying under AS 08.86.150(1):

1. A completed, notarized application.
2. Fees: (Make check or money order payable to the State of Alaska.)
 - Nonrefundable application fee of \$75.00.
 - Credential review fee of \$100.00.
 - Initial license fee of \$500.00. (May be submitted with the application or upon successful completion of licensing requirements).
3. Official transcripts sent directly from all undergraduate and graduate schools attended.
4. Authorization for Release of Records (form enclosed).
5. Verification of a current license or certificate as a psychologist from another jurisdiction issued based upon examination and qualification requirements essentially similar to or higher than those in this state at the time of application for the license from this state.
6. Verification of licensure from each jurisdiction where you hold or have ever held a license or permit to practice psychology (form enclosed).
7. Verification of the Examination for Professional Practice in Psychology (EPPP) scores sent directly from the licensing jurisdiction that administered the examination or from the Association of State and Provincial Psychology Boards (ASPPB).
8. Five reference letters, one of which must be from the applicant's doctoral committee membership, preferably the chairperson; two from licensed psychologists, members of the American Psychological Association, or diplomates of the American Board of Professional Psychology; and two from other persons not related to the applicant (forms enclosed).
9. Vita – complete from the date of high school graduation to the time of application, including dates and places of residency.

Submit the following if applying under AS 08.86.150(2):

1. A completed notarized application.
2. Fees: (Make check or money order payable to the State of Alaska.)
Nonrefundable application fee of \$75.00.
Credential review fee of \$100.00.
Initial license fee of \$500.00. (May be submitted with the application or upon successful completion of licensing requirements).
3. Authorization for Release of Records (form enclosed).
4. Verification of a current license or certificate as a psychologist from another jurisdiction issued based upon examination and qualification requirements essentially similar to or higher than those in this state at the time of application for the license from this state.
5. Verification of licensure from each jurisdiction where you hold or have ever held a license or permit to practice psychology.
6. Vita – complete from the date of high school graduation to the time of application, including dates and places of residency.
7. Verification that the applicant is a diplomate in good standing of the American Board of Professional Psychology, sent directly to the board from the American Board of Professional Psychology.

GENERAL INFORMATION

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

All licenses expire June 30 of odd-numbered years regardless of when first issued, except permanent licenses issued within 90 days of the June 30 expiration date will be issued to the next biennium.

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.

PUBLIC INFORMATION

All information submitted with this application is considered public information unless required by state or federal law to remain confidential. Licensee information, including mailing addresses, is available on the division's Website at: www.commerce.alaska.gov/occ under License Search.

SOCIAL SECURITY NUMBERS

In accordance with AS 08.01.060, the department is not authorized to issue a license unless the applicant's social security number has been provided to the department. If you do not have a social security number, you may download the Request for Exception from Social Security Number Requirement form at www.commerce.alaska.gov/occ under Professional Licensing or contact the division.



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PSY

For Division Use Only

APPLICATION FOR A PSYCHOLOGIST LICENSE BY CREDENTIALS

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

Fees Due: <input type="checkbox"/> \$75.00 Nonrefundable Application Fee <input type="checkbox"/> \$100.00 Credential Review Fee <input type="checkbox"/> \$500.00 Licensure Fee (May be submitted with the application or upon successful completion of licensing requirements)

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: _____

EDUCATION

List names, addresses, and ZIP codes of ALL undergraduate colleges and universities attended. Give dates of attendance and graduation.

College (Baccalaureate) _____

List names, addresses, and ZIP codes of ALL Masters and Doctorate universities attended. Give dates of attendance and graduation.

College (Masters) _____

College (Doctorate) _____

Doctoral Thesis:
 Area of Emphasis: _____
 Title of Thesis: _____
 Date Degree Earned: _____

PROFESSIONAL DATA

List the state(s) in which you are or have been 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 any state(s) in which you took a psychology licensing examination:

State: _____ Exam Date: _____ Passed Failed
State: _____ Exam Date: _____ Passed Failed
State: _____ Exam Date: _____ Passed Failed

Are you a diplomate in good standing of the American Board of Professional Psychology? Yes No

OCCUPATIONAL DATA: In chronological order, from most recent to most remote, list all relevant or related professional positions held. Provide names of employers, addresses, ZIP codes, telephone numbers, positions held, duties and responsibilities, and name of direct supervisor(s):

1. Name of Employer: _____
Dates: From: _____ To: _____
Employer Address: _____
Employer Telephone Number: _____
Name of Supervisor: _____
Position Held by Applicant: _____
Duties and Responsibilities: _____

2. Name of Employer: _____
Dates: From: _____ To: _____
Employer Address: _____
Employer Telephone Number: _____
Name of Supervisor: _____
Position Held by Applicant: _____
Duties and Responsibilities: _____

3. Name of Employer: _____
Dates: From: _____ To: _____
Employer Address: _____
Employer Telephone Number: _____
Name of Supervisor: _____
Position Held by Applicant: _____
Duties and Responsibilities: _____

4. Name of Employer: _____
Dates: From: _____ To: _____
Employer Address: _____
Employer Telephone Number: _____
Name of Supervisor: _____
Position Held by Applicant: _____
Duties and Responsibilities: _____

5. Name of Employer: _____
Dates: From: _____ To: _____
Employer Address: _____
Employer Telephone Number: _____
Name of Supervisor: _____
Position Held by Applicant: _____
Duties and Responsibilities: _____

(Attach other pages as necessary to complete this section.)

PROFESSIONAL FITNESS QUESTIONS

The following questions must be answered. "Yes" answers will be evaluated by the board, and will not necessarily result in license denial.

	YES	NO
1. Has your professional license the practice psychology ever been denied, revoked, suspended, surrendered, placed on probation, or been subject to any other restriction or disciplinary action in any jurisdiction?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been disciplined by any state board for any violation of a Psychology Practice Act or unethical conduct?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. 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 (including suspended imposition of sentence)?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had any malpractice settlements or judgments paid in your behalf?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you now, or within the past five years have you experienced, been diagnosed with, or been treated for bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (except for situational or reactive depression), or any other mental or emotional illness?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you now, or within the past five years 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"/>
7. Are you now, or within the past five years have you been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs?.....	<input type="checkbox"/>	<input type="checkbox"/>

A "Yes" answer may not prejudice your application, failure to answer honestly may. If you answered "Yes" to any of the above questions, please explain dates, locations and circumstances on a separate piece of paper. Also, submit any/all supporting documents that are applicable (court records, board actions, investigation notices, etc.).

If you answered "Yes" to questions 5-7 you must also submit a statement from your health care provider indicating your ability to provide psychological services.

Please be advised that all information provided with this application will be available to the public unless required to be kept confidential by state or federal law.

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 denial of licensure as a psychologist in Alaska, or the subsequent revocation of any license issued.



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: _____

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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: _____

Social Security Number: _____

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 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 in which I hold a license or have held licenses. Please complete this form and send it directly to:

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Website: *ProfessionalLicense.Alaska.Gov/BoardofPsychologists*

Signature: _____

Printed Name: _____

License No.: _____

Address: _____

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.):

Has the applicant's license ever been suspended or revoked? _____ If so, for what reason?

Has the applicant been subject to any other disciplinary action(s) (e.g., letter of warning, stipulation)? Please describe.

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

General Comments: _____



[BOARD SEAL]

Signature

Printed Name

Title

State Board

Date

Please return completed form to:

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STATE OF ALASKA
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LETTER OF REFERENCE

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Signature: _____

Printed Name: _____

Address: _____

PLEASE DO NOT DETACH

The information below must be completed by a professional reference. It **may not** be completed by the applicant.

I certify that I was professionally associated with _____
(Name of Applicant)

from _____ to _____. In order that the Board of Psychologist and Psychological Associate Examiners have sufficient information to adequately assess the above applicant's qualifications, please complete the following information:

1. Your name and title: _____
2. Mailing address: _____
3. Your place of employment: _____
4. Your relationship to the applicant: _____
5. How long have you known the applicant: _____
6. Check as appropriate:
 Applicant's Doctoral Committee Membership Licensed Psychologist
 Member of American Psychological Association Diplomate of ABPP
7. To your knowledge, is the applicant of good moral character? Yes No
8. To your knowledge, within the past five years, has the applicant been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs? Yes No
9. To your knowledge, has the applicant been found guilty of incompetence by another state or jurisdiction? Yes No
10. To your knowledge, has the applicant violated the ethical standards for providers of psychological services as established by another state agency or jurisdiction? Yes No
11. To your knowledge, has the applicant misrepresented his or her qualifications to the Board in any way? Yes No
12. To your knowledge, has the applicant been found to be practicing psychological services without a license? Yes No

13. Would you evaluate his/her technical knowledge and practical experience to be
 Excellent Very Good Fair Needs Improvement
in the practice of psychology. Please explain: _____

14. Would you recommend this person for licensure as a psychologist? Yes No
Please explain: _____

15. Any further comments the board might consider in reviewing this applicant: _____

Signature

Printed Name

Job Title

License Type/License No.

Professional Degree

Institution/Clinic Where Employed

Address

Email Address

SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of _____
this _____ day of _____, 20_____.

NOTARY SEAL

Notary Public

My Commission Expires: _____

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1. Your name and title: _____
2. Mailing address: _____
3. Your place of employment: _____
4. Your relationship to the applicant: _____
5. How long have you known the applicant: _____
6. Check as appropriate:

<input type="checkbox"/> Applicant's Doctoral Committee Membership	<input type="checkbox"/> Licensed Psychologist
<input type="checkbox"/> Member of American Psychological Association	<input type="checkbox"/> Diplomate of ABPP
7. To your knowledge, is the applicant of good moral character? Yes No
8. To your knowledge, within the past five years, has the applicant been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs? Yes No
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(Name of Applicant)

from _____ to _____. In order that the Board of Psychologist and Psychological Associate Examiners have sufficient information to adequately assess the above applicant's qualifications, please complete the following information:

1. Your name and title: _____
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Please explain: _____

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