



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

PSYCHOLOGICAL ASSOCIATE APPLICATION PACKET

Please read the application and all instructions carefully. Contact the division if you did not receive the board's statutes and regulations or download the most current version from the board's website. The licensing statutes are referenced under provisions of AS 08.86 and the board's administrative regulations are referenced under 12 AAC 60. The Board shall hold at least three meetings annually.

Please note that psychological associate applicants (upon application approval by the board) must first pass the National EPPP examination and Alaska state examination. Upon successful completion of the required examinations, a temporary license will be issued and the applicant may then begin supervised practice.

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

Submit the following:

1. A completed, notarized application.
2. Fees: (Make check or money order payable to the State of Alaska.)
Nonrefundable application fee of \$200.00.
Temporary license fee \$150.00.
State examination fee of \$50.00.
3. License fee of \$500.00 may be submitted with the application or upon successful completion of licensing requirements. (Please note that license fees are subject to change.)
4. Official transcripts sent directly from all undergraduate and graduate schools attended.
5. Authorization for Release of Records (form enclosed).
6. Master Education Course Work Check Sheet (form enclosed).
7. Psychological Associate Supervised Practice Plan (must be approved by the Board before beginning supervision) (form enclosed).
8. Reference letter(s) from immediate supervisor if a licensed psychologist, or two licensed psychologists who hold doctoral degrees (form enclosed).
9. Vita – complete from the date of high school graduation to the time of application, including dates and places of residency.
10. Upon completion of supervision, the Statement of Supervised Experience must be submitted (forms enclosed).
11. Proof of practicum in accordance with 12 AAC 60.084(2).

TEMPORARY LICENSE INFORMATION

A temporary license is required while obtaining post master supervised experience. Once the Board approves the application and post master supervision plan, the applicant is scheduled for the required examinations. Upon passing the required examinations, the temporary license is issued and the applicant may then begin supervised practice. The temporary license is valid for two years from the date of issuance and the Board will extend the temporary license if the applicant meets the requirements under 12 AAC 60.020(b) and demonstrates to the satisfaction of the Board that an extension is necessary to complete the supervised experience.

EXAMINATION INFORMATION

Applicants must pass both the computerized National Examination for Professional Practice in Psychology (EPPP) and the State Law and Ethics Examination. The state examination is administered separate from the computerized EPPP examination.

In Alaska, the EPPP is administered via computer in Anchorage; however, applicants may sit in any Prometric Test Center within the United States, U.S. Territories, or Canada. Upon application approval by the board, applicants will receive further instructions regarding administration and scheduling of the EPPP examination.

Please note that while the EPPP examination is offered up to four times per year because of computerization, AS 08.86.162 limits the number of times a psychological associate applicant can be examined to twice per year.

The State Law & Ethics Examination is offered four times per year. It is not computerized and is administered separate from the national examination.

Programs under the jurisdiction of the Division of Occupational Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination, you must submit a completed Application for Examination Accommodation for Candidates with Disabilities form. This form is available on the division's Website: www.commerce.alaska.gov/occ or contact the division to request the form.

OUT-OF-STATE APPLICANTS

Applicants licensed in another state as a psychological associate must meet Alaska's requirements for licensure, including passing the State Law and Ethics Examination. Verification of out-of-state licenses must also be provided and sent directly from applicable jurisdictions. Verification of EPPP score must be sent directly to the department from the ASPPB. Supervision obtained in another jurisdiction must meet Alaska's requirements. (Applicants may use the enclosed Statement of Supervised Experience form.)

GENERAL INFORMATION

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

All permanent licenses expire June 30 of odd-numbered years regardless of when first issued, except permanent licenses issued within 90 days of the expiration date will be issued through 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. If additional information of a confidential nature is required, you will be notified in writing. 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 under Professional Licensing or contact the division.



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PSY

For Division Use Only

APPLICATION FOR A PSYCHOLOGICAL ASSOCIATE 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.**

| | | |
|------------------|--|--|
| Fees Due: | <input type="checkbox"/> \$200.00 Nonrefundable Application Fee | <input type="checkbox"/> \$500.00 License Fee |
| | <input type="checkbox"/> \$50.00 State Examination Fee | <input type="checkbox"/> \$150.00 Temporary License Fee |

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 Master's and Doctorate universities attended. Give dates of attendance and graduation.

College (Master's) _____

Area of Emphasis: _____

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

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 may not automatically result in license denial.

YES NO

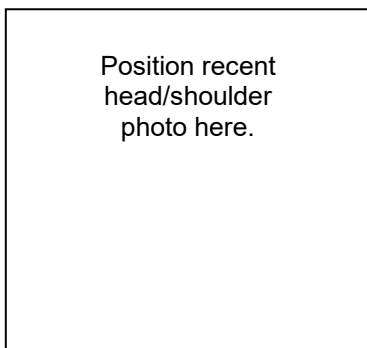
- | | | |
|---|--------------------------|--------------------------|
| 1. Has your professional license ever been denied, revoked, suspended, surrendered, stipulated, on probation, or been subject to any other restriction or disciplinary action in any jurisdiction?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever voluntarily surrendered or restricted your professional license in any jurisdiction? ... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 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"/> |
| 4. 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"/> |
| 5. Have you ever had any malpractice settlements or judgments paid in your behalf? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. 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"/> |
| 7. 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"/> |
| 8. Within the past five years, are you now, or have you experienced, been diagnosed with, or been treated for any chemical impairment? | <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 6-8 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 failure to obtain licensure as a psychological associate in Alaska, or subsequent revocation of my license.



Notary seal must overlies
portion of photograph

Signature of Applicant

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

Notary Public

My Commission Expires: _____

STATE OF ALASKA
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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 psychological associate. 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 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:

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*

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 master 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

Telephone Number

Please return completed 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

STATE OF ALASKA
Board of Psychologist and Psychological Associate Examiners

LETTER OF REFERENCE

Dear _____:

I am applying for a license to practice as a psychological associate in the State of Alaska. Please provide the information requested below to the State of Alaska at the address shown below. Thank you for your assistance.

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

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 may have sufficient information to adequately assess the above applicant's qualifications, please provide 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
☐ Member of American Psychological Association
☐ Licensed Psychologist
☐ 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/psychological
associate? ☐ 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: _____

Please return completed form to the address below:

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Economic Development
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E-mail: BoardofPsychologists@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov/BoardofPsychologists

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 may have sufficient information to adequately assess the above applicant's qualifications, please provide 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
☐ Member of American Psychological Association
☐ Licensed Psychologist
☐ 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
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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/psychological
associate? ☐ 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: _____

Please return completed form to the address below:

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Website: *ProfessionalLicense.Alaska.Gov/BoardofPsychologists*

**MASTER EDUCATION COURSE WORK CHECK SHEET
(FOR PSYCHOLOGICAL ASSOCIATES ONLY)**

Dear Applicant:

To assist the board in its review of your course work, please complete the following form and return it with your application.

NAME OF APPLICANT: _____

UNIVERSITY/COLLEGES ATTENDED: _____

TYPE OF DEGREE: _____ DATE GRANTED: _____

NOTE: You must have all of your undergraduate and graduate transcripts forwarded to the division directly from your school(s). If course titles do not clearly reflect the subject matters listed, the applicant must include course syllabi/descriptions of courses in which the material was covered.

1. Did your graduate program meet the following?

- a. Regionally accredited..... ☐ Yes ☐ No
- b. Public identification as Psychology program..... ☐ Yes ☐ No
- c. Psychology program is coherent organizational unit..... ☐ Yes ☐ No
- d. Clear authority for Psychology program..... ☐ Yes ☐ No
- e. An identifiable core of full-time Psychology faculty..... ☐ Yes ☐ No
- f. Identifiable body of students..... ☐ Yes ☐ No
- g. The Psychology program is an organized, integrated sequence of study..... ☐ Yes ☐ No

2. All applicants must complete question 2 (1-10).

Instruction in:

Note: Courses cannot be at the undergraduate level; they must be at the graduate level.

1. History and Systems of Psychology..... ☐ Yes ☐ No

| INSTITUTION | COURSE NUMBER | FULL COURSE TITLE | DATES FROM / TO | CREDIT HOURS |
|-------------|------------------|-------------------|--------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

2. Psychological measurement ☐ Yes ☐ No

| INSTITUTION | COURSE NUMBER | FULL COURSE TITLE | DATES FROM / TO | CREDIT HOURS |
|-------------|------------------|-------------------|--------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

3. Research methodology ☐ Yes ☐ No

| INSTITUTION | COURSE NUMBER | FULL COURSE TITLE | DATES FROM / TO | CREDIT HOURS |
|-------------|------------------|-------------------|--------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

4. Techniques of data analysis (statistics) ☐ Yes ☐ No

| INSTITUTION | COURSE NUMBER | FULL COURSE TITLE | DATES FROM / TO | CREDIT HOURS |
|-------------|------------------|-------------------|--------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

5. Biological bases of behavior ☐ Yes ☐ No
(e.g., psychological psychology, comparative psychology,
neuropsychology, and psychopharmacology)

| INSTITUTION | COURSE NUMBER | FULL COURSE TITLE | DATES FROM / TO | CREDIT HOURS |
|-------------|------------------|-------------------|--------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

6. Cognitive-affective of behavior ☐ Yes ☐ No
(e.g., learning, memory, perception, cognition, thinking, motivation, and emotion)

| INSTITUTION | COURSE NUMBER | FULL COURSE TITLE | DATES FROM / TO | CREDIT HOURS |
|-------------|------------------|-------------------|--------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

7. Social bases of behavior ☐ Yes ☐ No
(e.g., social psychology, cultural, ethnic, sex roles,
and organizational behavior)

| INSTITUTION | COURSE NUMBER | FULL COURSE TITLE | DATES FROM / TO | CREDIT HOURS |
|-------------|------------------|-------------------|--------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

8. Individual differences ☐ Yes ☐ No
e.g., personality theory, human development, individual differences, abnormal
psychology, psychology of women, psychology of persons with disabilities,
and psychology of minority experience)

| INSTITUTION | COURSE NUMBER | FULL COURSE TITLE | DATES FROM / TO | CREDIT HOURS |
|-------------|------------------|-------------------|--------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

9. Knowledge and use of ethics ☐ Yes ☐ No

| INSTITUTION | COURSE NUMBER | FULL COURSE TITLE | DATES FROM / TO | CREDIT HOURS |
|-------------|------------------|-------------------|--------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

10. Practicum 12 AAC 60.010(b)(4) ☐ Yes ☐ No

| INSTITUTION | COURSE NUMBER | FULL COURSE TITLE | DATES FROM / TO | CREDIT HOURS |
|-------------|------------------|-------------------|--------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

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SUPERVISED PRACTICE PLAN

NOTE: SUPERVISION MAY NOT BEGIN UNTIL THE BOARD APPROVES THE SUPERVISION PLAN AND THE APPLICANT RECEIVES THE TEMPORARY LICENSE ISSUED UNDER 12 AAC 60.020.

COMPLETE THIS FORM AND RETURN IT DIRECTLY TO THE BOARD AT THE ADDRESS LISTED ABOVE.

NAME OF APPLICANT: _____
(Please Print)

TYPE OF SUPERIVSION: ☐ POST MASTER ☐ POST DOCTORAL

NAME OF SUPERVISOR: _____
(Please Print)

PROFESSIONAL LICENSE(S) HELD
BY SUPERVISOR:

| Type | State | License Number | Expiration Date |
|------|-------|----------------|-----------------|
|------|-------|----------------|-----------------|

EMAIL ADDRESS: _____

NAME OF AGENCY WHERE SUPERVISION IS TO BE PROVIDED:

LOCATED AT: _____

MAILING ADDRESS: _____

BUSINESS PHONE NUMBER: _____

Name of Agency or setting where supervised experience will occur: _____

As the **supervisee**, I have read 12 AAC 60.070 and .080 and agree to accept supervision consistent with the requirements in 12 AAC 60.070 and .080.

As the **supervisor**, I have read 12 AAC 60.070 and .080 and agree to provide supervision consistent with the requirements in 12 AAC 60.070 and 080. To the best of my knowledge I attest that my professional license is in good standing and that there are no pending complaints against my license at this time.

We both acknowledge that changes in this supervision plan must be reported to the board in writing and approved by the Board. We further acknowledge that supervision may begin upon formal notification from the Board of the approval of the Supervised Practice Plan and, for those receiving supervision in Alaska, the issuance of a temporary license to the applicant.

Signature of Supervisee (Notarization not required)

Signature of Supervisor *(Signature must be Notarized)

*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: _____

12 AAC 60.070. "PSYCHOLOGIST" AND "PSYCHOLOGICAL ASSOCIATE EXPERIENCE"

DEFINED. (a) *Repealed 1/14/82.*

(b) The one year's experience required for a psychologist applicant by AS 08.86.130(a)(3) is satisfied by one year of post-doctoral experience in a field of psychology the same as or similar to that in which the applicant acquired academic training under the supervision of a licensed psychologist or a diplomate of the American Board of Professional Psychology.

(c) The two years' experience required for a psychological associate applicant by AS 08.86.160(a)(3), is satisfied by two years' supervised experience in the specialty area that is the same or similar to the field of psychology in which the applicant received education and training.

Authority: AS 08.86.070 AS 08.86.080 AS 08.86.130

12 AAC 60.080. CRITERIA FOR EVALUATION OF EXPERIENCE. (a) In order to be credited with the experience required by 12 AAC 60.070, a psychologist or psychological associate applicant must meet the following minimum requirements:

(1) the applicant's supervised experience must have been in the same or a similar field of psychology as was the applicant's education and training;

(2) a year of experience must consist of not less than 1,500 clock hours completed in not less than 10 months and not more than 24 consecutive calendar months; during weeks the applicant works, the applicant must obtain at least 20 hours, but not more than 40 hours, of supervised experience per week;

(3) during

(A) the first year of post master's supervised experience, contact between the supervisor and the applicant must be for a minimum of two hours per week of face-to-face supervision, one hour of which must be individual face-to-face supervision, dealing with direct services provided by the applicant; an applicant must also obtain two additional hours per week in learning activities, as defined in 12 AAC 60.990(a)(10), covering case conferences, ethics, co-therapy, and other content assigned by the supervisor; and

(B) the second year of post master's and the year of post doctoral supervised experience, contact between the supervisor and applicant must be for a minimum of one hour per week of individual face-to-face supervision dealing with direct services provided by the applicant;

(4) at least 80 percent of the supervised experience must be with a licensed psychologist, a diplomate of the American Board of Professional Psychology, or a person holding a doctorate degree in psychology and who is considered by the board qualified to supervise; 20 percent of the supervised experience may be with a psychiatrist licensed under AS 08.64 or a similar law of another state, a psychological associate licensed under AS 08.86 or a similar law of another state, a clinical social worker licensed under AS 08.95 or a similar law of another state, a marriage and family therapist licensed under AS 08.63 or a similar law of another state, or a professional counselor licensed under AS 08.29 or a similar law of another state, who is qualified and competent in the specialty area that is the same or similar to the field of psychology in which the applicant received education and training;

(5) *repealed 5/18/85;*

(6) *repealed 3/27/98;*

(7) *repealed 3/27/98;*

(8) for a psychologist applicant, post doctoral experience may be earned in any post doctoral training program approved by the American Psychological Association or other program determined by the board to be equivalent;

(9) at least 50 percent of the supervised experience must be direct service; at least 50 percent of the direct service must be face-to-face contact with patients.

(b) Unsupervised independent private practice, including unsupervised practicums, clerkships, and externships, will not be considered as acceptable supervised professional experience.

(c) For good cause shown to the board's satisfaction, the board will accept an alternate plan of supervision that varies from the requirement of (a)(3) of this section, if the applicant

(1) submits the alternate plan in writing to the board on a form provided by the department; and

(2) receives approval of the alternate plan by the board before beginning the alternate supervised experience.

(d) A supervisor must verify in writing to the board the applicant's supervised experience, setting out the nature and extent of the supervision. A supervisor shall comprehensively document, on a form provided by the department, that during the applicant's supervised experience, the applicant was instructed in issues and concerns related to ethical behavior and that the applicant adequately understands and applies the ethical principles and guidelines.

(e) For good cause shown to the board's satisfaction, the board will grant an extension up to 12 months for an applicant to complete the supervised experience required under 12 AAC 60.070.

(f) *Repealed 12/8/2005.*

Authority: AS 08.86.070 AS 08.86.130 AS 08.86.162 AS 08.86.080 AS 08.86.160

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*

STATEMENT OF SUPERVISED EXPERIENCE
(FOR PSYCHOLOGICAL ASSOCIATES ONLY)

(To document Supervised Experience, complete this form and return it directly to the board at the address listed above.)

1. Name of Applicant: _____
2. Name of Supervisor: _____
3. Name and address of agency where Supervised Experience was gained: _____

4. The applicant's title and position during the period of supervised psychological experience:

Title: _____

Position: _____

5. Dates of supervised psychological experience: from _____ to _____
month / day / year month / day / year

6. During the first year of post master supervised experience, contact between the supervisor and the applicant must be for a minimum of two hours per week of face-to-face supervision dealing with direct services provided by the applicant; an applicant must also obtain two additional hours per week in learning activities covering case conferences, ethics, and co-therapy.

How many hours, per week, did you provide face-to-face supervision during the first year of supervision? _____

Did that supervision deal with direct services, as defined in 12 AAC 60.080(f)? ☐ yes ☐ no

7. During the second year of post master supervised experience, contact between the supervisor and applicant must be for a minimum of one hour per week of individual face-to-face supervision dealing with direct services provided by the applicant.

How many hours, per week, did you provide face-to-face supervision during the second year of supervision? _____

Did that supervision deal with direct services, as defined in 12 AAC 60.080(f)? ☐ yes ☐ no

8. During the applicant's supervised experience, was the applicant instructed in issues and concerns related to ethical behavior and did the applicant adequately understand and apply the ethical principles and guidelines?
☐ yes ☐ no

9. Specify other types of supervision or learning activities provided: _____

10. 12 AAC 60.080(a)(2) states that a year of experience must consist of not less than 1,500 clock hours completed in not less than 10 months and not more than 24 consecutive calendar months; during weeks the applicant works, the applicant must obtain at least 20 hours, but not more than 40 hours of supervised experience per week.

How many total number of hours of psychological experience did the applicant receive? _____

Did the applicant obtain at least 20 hours, but not more than 40 hours of supervised experience per week?

☐ yes ☐ no

12 AAC 60.080(a)(9) reads: at least 50 percent of the supervised experience must be direct services; at least 50 percent of the direct service must be face-to-face contact with patients.

“Direct Service” is defined in 12 AAC 60.080(f) as: In this section, “direct service” means activities performed by a psychologist or psychological associate that are directly related to providing psychological services to a patient, including individual and family psychotherapy, psychological testing, report writing, studying test results, case consultations, and reviewing published works relating to the patient’s needs.

As the supervisor, I certify that the hours and training reported on this form are true and correct. I further certify that I supervised the applicant in accordance with statutes and regulations set forth by the Alaska Board of Psychologist and Psychological Associate Examiners.

Signature of Supervisor

License Type

License Number

Printed Name

Institution/Clinic Where Employed

Business Phone Number

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: _____

As the Supervisee, I certify that I received the hours and training as reported on this form. I further certify that the training was provided in accordance with statutes and regulations set forth by the Alaska Board of Psychologist and Psychological Associate Examiners.

Signature of Supervisee

Printed Name

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: _____



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
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

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: _____

Program Type: _____ 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 (name change, wall certificate, fine, duplicate license, exam, etc.): _____

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

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

1. Account Number: _____

2. Expiration Date: _____

3. Billing ZIP Code: _____

4. Security Code: _____

All four fields **MUST**
be completed!

This section will be
destroyed after the
payment is processed.