



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 EXTENSION ON SUPERVISION PLAN

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

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

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

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

License Sought:  Psychologist

Psychological Associate

1. Please respond to the following questions regarding your request on supervision:

A. State your reasons for requesting an extension for supervision.

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

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

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