



STATE OF ALASKA  
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT  
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING  
BOARD OF PROFESSIONAL COUNSELORS  
P.O. BOX 110806  
JUNEAU, AK 99811-0806  
TELEPHONE: (907) 465-2551  
E-MAIL: license@alaska.gov

## APPLICATION PACKET FOR AN APPROVED COUNSELOR SUPERVISOR

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**Please read the instructions before you complete the application.**

A person must be approved and certified by the board as an Approved Counselor Supervisor to supervise Professional Counselors who are in the process of obtaining their postgraduate experience.

**12 AAC 62.220. SUPERVISED EXPERIENCE.** (c) Beginning July 1, 2007, to meet the supervised experience requirements of AS 08.29.110(a)(6), the board will accept the hours of supervised experience, accumulated by an applicant for licensure, under the supervision of a person that is certified, before the supervision begins, as an approved counselor supervisor under 12 AAC 62.200.

If you have questions concerning any of the admission requirements herein described, please contact the licensing examiner for the Board of Professional Counselors at (907) 465-2551.

The board will approve the following individuals to provide supervision:

- Licensed Professional Counselor;
- Licensed Clinical Social Worker;
- Licensed Marital and Family Therapist;
- Licensed Psychologist;
- Licensed Psychological Associate;
- Licensed Physician; or
- Licensed Advanced Nurse Practitioner who is certified to provide psychiatric or mental health services.

The following must be submitted in order to obtain Professional Counselors Board-Approved Supervisor status:

1. A completed notarized application and \$50.00 (one-time fee) nonrefundable application fee (form 08-4430).
2. Supervisor certification fee of \$25.00 (one-time fee). (You may submit both fees in one check made payable to the "State of Alaska.")
3. Provide to the board a statement that you are currently licensed to practice and have at least five years of counseling experience (sections 3 and 4 of application). If applying from another jurisdiction, submit a copy of the applicant's license in that jurisdiction.
4. Provide to the board a statement that details your supervision philosophy, orientation, and experience (section 5 of application).
5. Submit documentation of having completed at least six contact hours of continuing education related to supervision of mental health professionals within the two years preceding the date of application.
6. In accordance with AS 08.29.210(a)(5) and 12 AAC 62.200(a)(3) and (b), the Board of Professional Counselors is requiring that the applicant adhere to the 1993 edition of the American Counseling Association's Ethical Guidelines for Counseling Supervisors. A copy of these guidelines may be obtained from the American Counseling Association, 5999 Stevenson Avenue, Alexandria, Virginia 22304-3300.
7. If not licensed in Alaska, you must submit a copy of your current professional license.



5. Please give a statement that details your supervision philosophy, orientation, and experience.

Supervision philosophy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Orientation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I will adhere, and will continue to adhere, to the ethical guidelines adopted which are the Ethical Guidelines for Counseling Supervisors of the Association for Counselor Education and Supervision (ACES), American Counseling Association (ACA), 1993 edition (12 AAC 62.200(b)).

I hereby certify that the information in this application is true and correct to the best of my knowledge.

**WARNING:** Alaska Statute 11.56.200 states that a person commits the crime of perjury if he/she makes a false statement.

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

SUBSCRIBED AND SWORN TO before me, a Notary Public, in and for the State of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_.

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

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