



State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
Board of Social Work Examiners  
P.O. Box 110806, Juneau, Alaska 99811-0806  
Telephone: (907) 465-2551  
E-mail: [license@alaska.gov](mailto:license@alaska.gov)  
Website: [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ)

## CLINICAL SOCIAL WORKER LICENSURE APPLICATION

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### PLEASE READ THE INSTRUCTIONS BEFORE YOU COMPLETE THE APPLICATION

A person may apply for a license to practice clinical social work in the State of Alaska by examination (see Part I) or by credentials (see Part II).

#### PART I. LICENSURE BY EXAMINATION

The following documentation must be received to be considered for licensure by examination:

1. A completed and notarized application and \$50.00 nonrefundable application fee (08-4089).
2. An initial license fee of \$310.00 may be submitted at this time or upon successful passage of the examination. Please note that license fees are subject to change.
3. Certified transcripts of a master's degree or a doctoral degree in social work sent directly to the Division of Corporations, Business and Professional Licensing from a college or university approved by the Board.
4. Verification of having completed within 10 years before the application for licensure under the supervision of (08-4089b):
  - a licensed clinical social worker;
  - a licensed psychologist; or
  - a licensed psychiatrist.
  - a. minimum of two years of continuous full-time employment in postgraduate clinical social work; or
  - b. minimum of 3,000 hours of less than full-time employment in a period of not less than two years in postgraduate clinical social work.(Refer to 12 AAC 18.115, Supervision of Experience for Clinical Social Work License, for further information on supervision requirement.)
5. Three professional references (form 08-4089c) from the following, as appropriate:
  - a. a reference from a current social work employer;
  - b. a reference from a previous social work employer; and
  - c. a reference from any one of the following professionals:
    - Master's or doctorate degree social worker;
    - Licensed psychological associate, clinical psychologist, or physician specializing in psychiatry;
    - Licensed medical or osteopathic physician;
    - Licensed advanced nurse practitioner with a specialty area of practice in mental health;
    - Licensed registered nurse with a master's degree in psychiatric nursing;
    - Licensed marriage and family therapist; or
    - Licensed professional counselor.

**NOTE: Applicants who are not currently or were not previously employed in social work must submit three professional references from any of the above-listed individuals in Section "c."**

#### EXAMINATION INFORMATION

The Alaska Board of Social Work Examiners offers the examination through the Association of Social Work Boards. Upon approval to sit for the examination at the Clinical level, applicants will be instructed to register with the Association of Social Work Boards. A separate examination fee will be required by the Association of Social Work Boards.

Please be advised that the examination is offered in Alaska by computer in Eagle River (outside of Anchorage). The computer examination is offered in various sites across the United States. Once approved to take the examination, the applicant may sit for the exam at any test center in the United States. Scores will be available at the examination site and submitted to the Board.

## PART II. LICENSURE BY CREDENTIALS

The Board will issue a license to practice clinical social work to an applicant who holds a current license to practice clinical social work in another jurisdiction, **THAT AT THE TIME OF ORIGINAL ISSUANCE OF THE LICENSE, HAD REQUIREMENTS FOR LICENSURE EQUAL TO OR MORE STRINGENT THAN THOSE OF THIS STATE AND AT THE SAME LEVEL FOR WHICH APPLICATION HAS BEEN MADE.** (See AS 08.95.120)

The following documents are needed for licensure by credentials:

1. A completed and notarized application and \$50 nonrefundable application fee (08-4089).
2. An initial license fee of \$310.00, made payable to the State of Alaska. Please note that license fees are subject to change.
3. Verification of Licensure from **each** state where currently licensed and wherever previously licensed (08-4089a). The state must verify any disciplinary actions taken or pending. **THE EXAMINATION TAKEN MUST BE THE CLINICAL LEVEL EXAMINATION OFFERED BY THE ASSOCIATION OF SOCIAL WORK BOARDS.** (Copy form if you need additional forms.)
4. To meet the continuing competency requirements of 12 AAC 18.112 you must verify:
  - a. successful passage of the **Clinical** level examination within the two years before making application (form 08-4089a); **OR**
  - b. 1,500 hours of work as a licensed social worker within the last five years while holding a license similar to that for which application has been made (form 08-4089d); **AND**
  - c. completion of the continuing education (CE) requirements in 12 AAC 18.210(a)(1) and (3). The required 45 hours of CEs must have been obtained during the past five years before the date the application is received. Of the 45 hours of CE required, at least 6 contact hours must be in substance abuse education and at least 3 contact hours must be in professional ethics. (Attach course certificate indicating attendance and number of CE hours received.)
5. Three professional references (form 08-4089c) from the following, as appropriate:
  - a. a reference from a current social work employer;
  - b. a reference from a previous social work employer; and
  - c. a reference from any one of the following professionals:
    - master's or doctorate degree social worker;
    - licensed psychological associate, clinical psychologist, or physician specializing in psychiatry;
    - licensed medical or osteopathic physician;
    - licensed advanced nurse practitioner with a specialty area of practice in mental health;
    - licensed registered nurse with a master's degree in psychiatric nursing;
    - licensed marriage and family therapist; or
    - licensed professional counselor.

**NOTE: Applicants who are not currently or were not previously employed in social work must submit three professional references from any of the above-listed individuals in Section "c."**

6. Please submit documentation (usually statutes or regulations) which verifies that at the time of **ORIGINAL** issuance of your current license, that state had requirements for licensure equal to or more stringent than those of this state.

## **GENERAL INFORMATION**

### **APPLICATION REVIEW**

The board meets at least twice a year and will review applications at board meetings. Applications must be complete (including supporting documentation). Contact the division for meeting dates.

### **RENEWAL INFORMATION**

All certificates expire on June 30 of even-numbered years, regardless of when issued, except certificates issued within 90 days of the expiration date will be issued through the next biennium. Refer to 12 AAC 18.210 for continuing education requirements.

### **SOCIAL SECURITY NUMBER**

Alaska Statutes (AS) 08.01.060 (b) and 08.01.100(e) require an applicant for an occupational license to provide a United States Social Security Number. However, if you do not have a Social Security Number issued to you, you may qualify for an exception. Please complete the "Request for Exception from Social Security Number Requirement" form located at [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ) OR contact the division for a copy of the form.

### **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 Post-Secondary 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 Post-Secondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

### **PUBLIC INFORMATION**

Please be aware that all information on the application form will be available to the public unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at: [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ) under "License Search."

### **ADDRESS CHANGE**

In accordance with 12 AAC 02.900, a person must notify the Division in writing of any change in address. You can download the "Change of Address" form from the Division website at: [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ).

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Telephone: (907) 465-2551
E-mail: license@alaska.gov
Website: www.commerce.state.ak.us/occ

FOR DEPARTMENT USE ONLY

APPLICATION FOR CLINICAL SOCIAL WORKER LICENSURE

I HEREBY APPLY for licensure as a clinical social worker by:

- Examination
Credentials

Submit a complete notarized or postmaster-stamped application and applicable fees.
\$50.00 Nonrefundable Application Fee
\$310.00 Licensure Fee

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

1. Name: Last First M.I. Maiden
Social Security Number: (Required by AS 08.01.060) Date of Birth: Sex:

2. Mailing Address: Street or Box City State ZIP Code
Business Telephone: Home Telephone:
Email Address:

EDUCATION:

List name and mailing address of ALL Masters and Doctorate programs attended. Give dates of attendance and graduation.

3. College (Masters):
Date Degree Awarded:
Type of Degree:
4. College (Doctorate):
Date Degree Awarded:
Type of Degree:

PROFESSIONAL DATA:

5. List the state(s) where you currently hold or have held a license or certificate to practice clinical social work. Please indicate whether certified or licensed.

Table with 4 columns: STATE, DATE ISSUED, EXPIRATION DATE, LICENSED/CERTIFIED. Rows a and b.

6. List any state(s) in which you passed/failed a social worker examination at the Clinical level.

a. State: Exam Date: Exam Administered By:
b. State: Exam Date: Exam Administered By:

Check either Passed or Failed, as appropriate
Passed Failed
Passed Failed

7. If applying for licensure by CREDENTIALS, list what state license you base this application on? License Number Date of Issuance State

8. Do you hold any other professional license? Yes No
If yes, type of license held and number

**OCCUPATIONAL DATA:** In chronological order, from **most recent to most remote**, list all relevant or related post graduate positions held in the past ten years. Provide name of employer, mailing address, telephone number, position held, duties and responsibilities, and name of direct supervisor(s).

9. **Name of Employer:** \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Total number of hours employed: \_\_\_\_\_

Employer full address: \_\_\_\_\_

Employer telephone number: \_\_\_\_\_

Name and degree of direct supervisor: \_\_\_\_\_

Name and degree of clinical supervisor who provided supervision toward the 100 required hours of supervision:  
\_\_\_\_\_

Position held by applicant: \_\_\_\_\_

Total number of hours of clinical social work provided by you per week in this setting \_\_\_\_\_

Total number of hours of clinical social work supervision received weekly (individual) \_\_\_\_\_ (group) \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Total number of hours employed: \_\_\_\_\_

Employer full address: \_\_\_\_\_

Employer telephone number: \_\_\_\_\_

Name and degree of direct supervisor: \_\_\_\_\_

Name and degree of clinical supervisor who provided supervision toward the 100 required hours of supervision:  
\_\_\_\_\_

Position held by applicant: \_\_\_\_\_

Total number of hours of clinical social work provided by you per week in this setting \_\_\_\_\_

Total number of hours of clinical social work supervision received weekly (individual) \_\_\_\_\_ (group) \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Total number of hours employed: \_\_\_\_\_

Employer full address: \_\_\_\_\_

Employer telephone number: \_\_\_\_\_

Name and degree of direct supervisor: \_\_\_\_\_

Name and degree of clinical supervisor who provided supervision toward the 100 required hours of supervision:  
\_\_\_\_\_

Position held by applicant: \_\_\_\_\_

Total number of hours of clinical social work provided by you per week in this setting \_\_\_\_\_

Total number of hours of clinical social work supervision received weekly (individual) \_\_\_\_\_ (group) \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Total number of hours employed: \_\_\_\_\_

Employer full address: \_\_\_\_\_

Employer telephone number: \_\_\_\_\_

Name and degree of direct supervisor: \_\_\_\_\_

Name and degree of clinical supervisor who provided supervision toward the 100 required hours of supervision:

Position held by applicant: \_\_\_\_\_

Total number of hours of clinical social work provided by you per week in this setting \_\_\_\_\_

Total number of hours of clinical social work supervision received weekly (individual) \_\_\_\_\_ (group) \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Total number of hours employed: \_\_\_\_\_

Employer full address: \_\_\_\_\_

Employer telephone number: \_\_\_\_\_

Name and degree of direct supervisor: \_\_\_\_\_

Name and degree of clinical supervisor who provided supervision toward the 100 required hours of supervision:

Position held by applicant: \_\_\_\_\_

Total number of hours of clinical social work provided by you per week in this setting \_\_\_\_\_

Total number of hours of clinical social work supervision received weekly (individual) \_\_\_\_\_ (group) \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Total number of hours employed: \_\_\_\_\_

Employer full address: \_\_\_\_\_

Employer telephone number: \_\_\_\_\_

Name and degree of direct supervisor: \_\_\_\_\_

Name and degree of clinical supervisor who provided supervision toward the 100 required hours of supervision:

Position held by applicant: \_\_\_\_\_

Total number of hours of clinical social work provided by you per week in this setting \_\_\_\_\_

Total number of hours of clinical social work supervision received weekly (individual) \_\_\_\_\_ (group) \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL FITNESS**

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

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Have you ever been disciplined by any state board for any violation of the Social Work Practice Act or unethical conduct? .....                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had an application for a professional license denied? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had a license to practice social work revoked, suspended, restricted, or limited? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been investigated by a licensing authority or professional association even if no disciplinary action resulted?.....                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had any malpractice settlements or judgments paid on your behalf? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been convicted of a criminal offense other than a minor traffic violation? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you now or have you been within the past 5 years, addicted to or excessively used or misused alcohol, narcotics, barbiturates, or habit-forming drugs? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you now or within the past 5 years, been treated or hospitalized for emotional or mental illness, drug addiction or alcoholism? .....                        | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "Yes" to any of the above questions, please explain dates and circumstances on a separate piece of paper, and send any supporting documents that are applicable (court records, etc.).

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.

Applicants must update their answers to fitness questions if any changes occur.

**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 clinical social worker in Alaska, or subsequent revocation of my license.**

\_\_\_\_\_  
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: \_\_\_\_\_

**WARNING:** The Board of Social Work Examiners may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to practice social work by fraud or deceit. The person may also be subject to criminal charges for perjury. (AS 11.56.200)

STATE OF ALASKA  
BOARD OF SOCIAL WORK 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.

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State Board:

I am applying for a license to practice social work at the Clinical level in the State of Alaska. The Alaska Board of Social Work Examiners requires that this form be completed by each jurisdiction in which I hold or have held a license. Please complete the form and return it to:

State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
Board of Social Work Examiners  
P.O. Box 110806, Juneau, Alaska 99811-0806

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

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

Name at Time License Issued: \_\_\_\_\_

License Number: \_\_\_\_\_

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 \_\_\_\_\_

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

Graduate of \_\_\_\_\_

License No. \_\_\_\_\_ Type of License \_\_\_\_\_ Issued Effective \_\_\_\_\_

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

Date of Exam \_\_\_\_\_ National \_\_\_\_\_ State \_\_\_\_\_

Exam Administered by \_\_\_\_\_

At what level was the examination administered? \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_

License is current \_\_\_\_\_ Lapsed \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

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

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  
Please describe:

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Please provide any information you believe relevant to the applicant's qualifications and fitness to practice social work:

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

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(BOARD SEAL)

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Title

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

**Please return completed form to:**

State of Alaska  
Department of Commerce, Community, and  
Economic Development  
Division of Corporations, Business and  
Professional Licensing  
Board of Social Work Examiners  
P.O. Box 110806  
Juneau, AK 99811-0806

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

Phone Number: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

STATE OF ALASKA  
BOARD OF SOCIAL WORK EXAMINERS

**POST GRADUATE CLINICAL SOCIAL WORK SUPERVISION**  
**(To be used only for Licensure by Examination)**

Dear Supervisor:

I am applying for licensure in the State of Alaska as a clinical social worker. My application shows that I worked under your supervision from \_\_\_\_\_ to \_\_\_\_\_.

I am required to provide evidence of this supervised work to the Alaska Board of Social Work Examiners. Please provide the information required below directly to the State of Alaska at the address shown below. Thank you for your assistance.

State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
Board of Social Work Examiners  
P.O. Box 110806, Juneau, Alaska 99811-0806

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

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

Name at Time of Supervision: \_\_\_\_\_

License Number: \_\_\_\_\_

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

\_\_\_\_\_

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**PLEASE DO NOT DETACH**

**The information below must be completed by the supervisor; it may not be completed by the applicant. Supervision must be provided by a licensed clinical social worker, licensed psychologist, or licensed psychiatrist.**

I, \_\_\_\_\_, did supervise \_\_\_\_\_  
(Name of Supervisor) (Name of Applicant)

during the period from \_\_\_\_\_ to \_\_\_\_\_

while applicant was employed at \_\_\_\_\_  
(Name of Institution/Professional Clinic, etc.)

**Total hours applicant was employed in a clinical social work position during this period at the agency \_\_\_\_\_ hours.**

**Total hours of individual clinical supervision provided by you to this applicant during this period was \_\_\_\_\_ hours.**

**Total hours of group clinical supervision provided by you to this applicant during this period was \_\_\_\_\_ hours.**

The board believes a license to practice social work at the clinical level carries important responsibilities. Please comment on the applicant's qualifications, abilities, character, etc., which involves use of social work principles and methods as defined in AS 08.95.990(7), and which include counseling of a nonmedical nature to assist in the treatment of mental and emotional conditions of individuals, families, and groups; providing information and referral services; providing or arranging for the provision of social services; explaining and interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, provide, or improve social and health services; and doing research related to social work.

AS 08.95.990(2) defines "clinical social work" as the diagnosis of psychiatric disorders and the use of techniques of applied psychotherapy of a nonmedical nature while practicing social work.

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

For the Board of Social Work Examiners to have sufficient information to assess the applicant's qualifications, please answer the following questions:

YES NO

1. Would you recommend the applicant for licensure as a clinical social worker?

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

I hereby certify that the above information is true and complete to the best of my knowledge.

Check as appropriate:

I am a

- Licensed Clinical Social Worker
- Licensed psychologist
- Licensed psychiatrist

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
License Held

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Professional Degree

\_\_\_\_\_  
Institution/Clinic Where Employed

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

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

NOTARY SEAL

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

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

Please return completed form to:

State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
Board of Social Work Examiners  
P.O. Box 110806  
Juneau, AK 99811-0806

STATE OF ALASKA  
BOARD OF SOCIAL WORK EXAMINERS

**PROFESSIONAL REFERENCE**

The professional reference must come from:

- (1) a current social work employer;
- (2) a previous social work employer; and
- (3) a reference from one of the following professionals:
  - (a) Master's or doctorate degree social worker;
  - (b) Licensed psychological associate, clinical psychologist, or physician specializing in psychiatry;
  - (c) Licensed medical or osteopathic physician;
  - (d) Licensed advance nurse practitioner with a specialty area of practice in mental health;
  - (e) Licensed registered nurse with a master's degree in psychiatric nursing;
  - (f) Licensed marital and family therapist; or
  - (g) Licensed professional counselor.

Dear \_\_\_\_\_:

I am applying for a license to practice social work at the Clinical level in the State of Alaska. I am required to provide three professional references. Please provide the information requested below to the State of Alaska at the address shown below. Thank you for your assistance.

State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
Board of Social Work Examiners  
P.O. Box 110806, Juneau, Alaska 99811-0806

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

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

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

**NOTE: Applicants who are not currently or were not previously employed in social work must submit three professional references from any of the above-listed individuals in Section (3).**

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**PLEASE DO NOT DETACH**

I hereby certify that I have been professionally associated with \_\_\_\_\_  
(Name of Applicant)

from \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_\_.

WHAT IS THE NATURE OF YOUR RELATIONSHIP? \_\_\_\_\_

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

The board believes a license to practice social work at the clinical level carries important responsibilities. Please comment on the applicant's qualifications, abilities, character, etc., which involves use of social work principles and methods, as defined in AS 08.95.990(7), and which include counseling of a nonmedical nature to assist in the treatment of mental and emotional conditions of individuals, families, and groups; providing information and referral services; providing or arranging for the provision of social services; explaining and interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, provide, or improve social and health services; and doing research related to social work.

AS 08.95.990(2) defines "clinical social work" as the diagnosis of psychiatric disorders and the use of the techniques of applied psychotherapy of a nonmedical nature while practicing social work.

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

For the Board of Social Work Examiners to have sufficient information to assess the applicant's qualifications, please answer the following questions:

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| To your knowledge:   |                          |                          |
| 1. is the applicant of good moral character? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. has the applicant within the past five years, ever been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. has the applicant ever been found guilty of incompetence by another state or jurisdiction? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. has the applicant violated the ethical standards of another state agency or jurisdiction for providers of social work services? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. has the applicant misrepresented his or her qualifications to the board in any way? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. has the applicant been sanctioned for practicing social work services without a license? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Please evaluate the applicant's technical knowledge and practical experience:<br><input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Fair <input type="checkbox"/> Needs Improvement |                          |                          |
| 8. Would you recommend the applicant for licensure as a clinical social worker? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain: \_\_\_\_\_

9. Any further comments the board might consider in reviewing this applicant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I hereby certify that the above information is true and complete to the best of my knowledge.**

**Check all as appropriate:**

**I am a**

- Current employer**
- Previous employer**
- Master's degree social worker**
- Doctorate degree social worker**
- Licensed psychological associate**
- Licensed clinical psychologist**
- Licensed physician specializing in Psychiatry**
- Licensed medical physician**
- Licensed osteopathic physician**
- Licensed advanced nurse practitioner with specialty area of practice in mental health**
- Licensed registered nurse with a master's degree in psychiatric nursing**
- Licensed marriage and family therapist**
- Licensed professional counselor**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Professional Degree

\_\_\_\_\_  
License Held

License Number: \_\_\_\_\_

\_\_\_\_\_  
Institution/Clinic Where Employed

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

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

day of \_\_\_\_\_, in the year of \_\_\_\_\_.

NOTARY SEAL

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

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

**Please return completed form to:**

State of Alaska  
 Department of Commerce, Community, and Economic Development  
 Division of Corporations, Business and Professional Licensing  
 Board of Social Work Examiners  
 P.O. Box 110806  
 Juneau, AK 99811-0806

STATE OF ALASKA  
BOARD OF SOCIAL WORK EXAMINERS

**PROFESSIONAL REFERENCE**

The professional reference must come from:

1. a current social work employer;
2. a previous social work employer; and
3. a reference from one of the following professionals:
  - (a) Master's or doctorate degree social worker;
  - (b) Licensed psychological associate, clinical psychologist, or physician specializing in psychiatry;
  - (c) Licensed medical or osteopathic physician;
  - (d) Licensed advance nurse practitioner with a specialty area of practice in mental health;
  - (e) Licensed registered nurse with a master's degree in psychiatric nursing;
  - (f) Licensed marital and family therapist; or
  - (g) Licensed professional counselor.

Dear \_\_\_\_\_:

I am applying for a license to practice social work at the Clinical level in the State of Alaska. I am required to provide three professional references. Please provide the information requested below to the State of Alaska at the address shown below. Thank you for your assistance.

State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
Board of Social Work Examiners  
P.O. Box 110806, Juneau, Alaska 99811-0806

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

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

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

**NOTE: Applicants who are not currently or were not previously employed in social work must submit three professional references from any of the above-listed individuals in Section (3).**

---

**PLEASE DO NOT DETACH**

I hereby certify that I have been professionally associated with \_\_\_\_\_  
(Name of Applicant)

from \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_.

WHAT IS THE NATURE OF YOUR RELATIONSHIP? \_\_\_\_\_

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

The board believes a license to practice social work at the clinical level carries important responsibilities. Please comment on the applicant's qualifications, abilities, character, etc., which involves use of social work principles and methods, as defined in AS 08.95.990(7), and which include counseling of a nonmedical nature to assist in the treatment of mental and emotional conditions of individuals, families, and groups; providing information and referral services; providing or arranging for the provision of social services; explaining and interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, provide, or improve social and health services; and doing research related to social work.

AS 08.95.990(2) defines "clinical social work" as the diagnosis of psychiatric disorders and the use of the techniques of applied psychotherapy of a nonmedical nature while practicing social work.

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

For the Board of Social Work Examiners to have sufficient information to assess the applicant's qualifications, please answer the following questions:

	YES	NO
To your knowledge:		
1. is the applicant of good moral character? .....	<input type="checkbox"/>	<input type="checkbox"/>
2. has the applicant within the past five years, ever been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs? .....	<input type="checkbox"/>	<input type="checkbox"/>
3. has the applicant ever been found guilty of incompetence by another state or jurisdiction? .....	<input type="checkbox"/>	<input type="checkbox"/>
4. has the applicant violated the ethical standards of another state agency or jurisdiction for providers of social work services? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. has the applicant misrepresented his or her qualifications to the board in any way? .....	<input type="checkbox"/>	<input type="checkbox"/>
6. has the applicant been sanctioned for practicing social work services without a license? .....	<input type="checkbox"/>	<input type="checkbox"/>
7. Please evaluate the applicant's technical knowledge and practical experience: <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Fair <input type="checkbox"/> Needs Improvement		
8. Would you recommend the applicant for licensure as a clinical social worker? .....	<input type="checkbox"/>	<input type="checkbox"/>
Please explain: _____		
9. Any further comments the board might consider in reviewing this applicant: _____		
_____		
_____		

**I hereby certify that the above information is true and complete to the best of my knowledge.**

**Check all as appropriate:**

**I am a**

- Current employer**
- Previous employer**
- Master's degree social worker**
- Doctorate degree social worker**
- Licensed psychological associate**
- Licensed clinical psychologist**
- Licensed physician specializing in Psychiatry**
- Licensed medical physician**
- Licensed osteopathic physician**
- Licensed advanced nurse practitioner with specialty area of practice in mental health**
- Licensed registered nurse with a master's degree in psychiatric nursing**
- Licensed marriage and family therapist**
- Licensed professional counselor**

	_____ Signature
	_____ Printed Name
	_____ Job Title
	_____ Professional Degree
	_____ License Held
	License Number: _____
	_____ Institution/Clinic Where Employed
	Address: _____
	_____
	Phone Number: _____
	E-mail: _____

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

NOTARY SEAL

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**Please return completed form to:**

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 Department of Commerce, Community, and Economic Development  
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 Juneau, AK 99811-0806

STATE OF ALASKA  
BOARD OF SOCIAL WORK EXAMINERS

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  - (d) Licensed advance nurse practitioner with a specialty area of practice in mental health;
  - (e) Licensed registered nurse with a master's degree in psychiatric nursing;
  - (f) Licensed marital and family therapist; or
  - (g) Licensed professional counselor.

Dear \_\_\_\_\_:

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State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
Board of Social Work Examiners  
P.O. Box 110806, Juneau, Alaska 99811-0806

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

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

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

**NOTE: Applicants who are not currently or were not previously employed in social work must submit three professional references from any of the above-listed individuals in Section (3).**

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**PLEASE DO NOT DETACH**

I hereby certify that I have been professionally associated with \_\_\_\_\_  
(Name of Applicant)

from \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_.

WHAT IS THE NATURE OF YOUR RELATIONSHIP? \_\_\_\_\_

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

The board believes a license to practice social work at the clinical level carries important responsibilities. Please comment on the applicant's qualifications, abilities, character, etc., which involves use of social work principles and methods, as defined in AS 08.95.990(7), and which include counseling of a nonmedical nature to assist in the treatment of mental and emotional conditions of individuals, families, and groups; providing information and referral services; providing or arranging for the provision of social services; explaining and interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, provide, or improve social and health services; and doing research related to social work.

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

For the Board of Social Work Examiners to have sufficient information to assess the applicant's qualifications, please answer the following questions:

- | To your knowledge:   | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. is the applicant of good moral character? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. has the applicant within the past five years, ever been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. has the applicant ever been found guilty of incompetence by another state or jurisdiction? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. has the applicant violated the ethical standards of another state agency or jurisdiction for providers of social work services? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. has the applicant misrepresented his or her qualifications to the board in any way? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. has the applicant been sanctioned for practicing social work services without a license? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Please evaluate the applicant's technical knowledge and practical experience:<br><input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Fair <input type="checkbox"/> Needs Improvement |                          |                          |
| 8. Would you recommend the applicant for licensure as a clinical social worker? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Please explain: _____  |                          |                          |
| 9. Any further comments the board might consider in reviewing this applicant: _____  |                          |                          |
| _____  |                          |                          |

I hereby certify that the above information is true and complete to the best of my knowledge.

Check all as appropriate:

I am a

- Current employer
- Previous employer
- Master's degree social worker
- Doctorate degree social worker
- Licensed psychological associate
- Licensed clinical psychologist
- Licensed physician specializing in Psychiatry
- Licensed medical physician
- Licensed osteopathic physician
- Licensed advanced nurse practitioner with specialty area of practice in mental health
- Licensed registered nurse with a master's degree in psychiatric nursing
- Licensed marriage and family therapist
- Licensed professional counselor

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Professional Degree

\_\_\_\_\_  
License Held

License Number: \_\_\_\_\_

\_\_\_\_\_  
Institution/Clinic Where Employed

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

\_\_\_\_\_  
Phone Number: \_\_\_\_\_

\_\_\_\_\_  
E-mail: \_\_\_\_\_

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

NOTARY SEAL

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

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

Please return completed form to:

State of Alaska  
 Department of Commerce, Community, and Economic Development  
 Division of Corporations, Business and Professional Licensing  
 Board of Social Work Examiners  
 P.O. Box 110806  
 Juneau, AK 99811-0806  
 08-4089c (Rev. 11/19/09)

STATE OF ALASKA  
BOARD OF SOCIAL WORK EXAMINERS

**VERIFICATION OF WORKING EXPERIENCE**  
**(To be used only for Licensure by Credentials)**

Dear \_\_\_\_\_:

I am applying for a license by credentials to practice social work at the Clinical level in the State of Alaska. I am required to provide verification of working experience. 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 Social Work Examiners  
P.O. Box 110806, Juneau, Alaska 99811-0806

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

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

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

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**PLEASE DO NOT DETACH**

The continuing competency requirements established in 12 AAC 18.112(2)(A) require verification of 1,500 hours of work as a social worker within the last five years while holding a license similar to that for which application has been made.

**The information below must be completed by the applicant's employer or supervisor; it may not be completed by the applicant.**

I, \_\_\_\_\_, did work with or supervised \_\_\_\_\_  
(Name of Employer/Supervisor)

at \_\_\_\_\_  
(Name of Institution/Professional Clinic, etc.)

from \_\_\_\_\_ to \_\_\_\_\_ for a total of \_\_\_\_\_ hours.  
(must be at least 1,500 hours)

The board believes a license to practice clinical social work carries important responsibilities. Please comment on the applicant's qualifications, ability, character, etc.

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\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Institution/Clinic Where Employed

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

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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

NOTARY SEAL

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

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

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Juneau, AK 99811-0806

**BOARD OF SOCIAL WORK EXAMINERS  
CONTINUING EDUCATION DOCUMENTATION  
TO BE USED ONLY FOR LICENSURE BY CREDENTIALS**

**Print Name:** \_\_\_\_\_

**NOTE:** If using CEs to meet the continuing competency requirements of 12 ACC 18.112, List the continuing education (CE) requirements per 12 ACC 18.210(a)(1) and (3). The required 45 hours of CE's must have been obtained during the past five years before the date the application is received. Of the 45 hours of CE required, at least six contact hours must be in substance abuse education and at least three contact hours must be in professional ethics. **Attach course certificate indicating attendance and number of CE hours received.**

In the table below, the categories for hours are broken down as follows: G – General continuing education hours; S – Substance Abuse hours; and P – Professional Ethics.

Dates of Attendance	Title/Brief Description Course/Seminar or Workshop	Principal Instructor	Sponsoring Organization	G	S	P
<b>SUBTOTAL HOURS FOR EACH CATEGORY:</b>						
<b>TOTAL HOURS OF CONTINUING EDUCATION:</b>						

**Note:** List only courses that you have taken. Do not list courses you anticipate taking.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date