

PROFESSIONAL FITNESS

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

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Since the date of your last application, have you had a professional license denied, revoked, suspended, surrendered, placed on probation, or been subject of any restriction, censure, reprimand, or other disciplinary action in any jurisdiction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Since the date of your last application, have you been convicted of any criminal offense other than a minor traffic violation (convictions include suspended imposition of sentences)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Since the date of your last application, have you experienced or been treated for bipolar disorder, schizophrenia, paranoia, a psychotic disorder, substance abuse, depression (except for situational or reactive depression) or any other mental or emotional illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Since the date of your last application, have you been addicted to or excessively used alcohol or any other legal or illegal drugs? | <input type="checkbox"/> | <input type="checkbox"/> |

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

Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

CONTINUING COMPETENCY: Your license cannot be renewed unless you have met the continued competency requirements in Article 3 of 12 AAC 19 (see attached regulations).

RANDOM AUDIT: The board will audit a percentage of the license renewals. If your license is randomly selected for audit, you will be sent a letter and **required** to submit copies of documentation as proof that you satisfied the continued competency requirements as you stated on this renewal form. Save your documents for at least four years so you can respond to audits.

CONTINUING EDUCATION AFFIDAVIT OF COMPLIANCE: In accordance with Article 3 of 12 AAC 19, I hereby certify that I have obtained the following continuing education credits during the concluding licensing period January 1, 2007 - December 31, 2008, and that I have documentation of attendance at courses as described in 12 AAC 19.320 which I will furnish to the Board of Marital and Family Therapy if requested to do so.

AFFIDAVIT OF COMPLIANCE WITH AS 08.63.230

Do you certify that you are in compliance with the requirement to furnish clients with a disclosure statement that meets the requirements of AS 08.63.230?

- YES NO

Please note that if you are randomly selected for audit, you will be required to submit a copy of your disclosure statement to the Board for review with your audit documents.

PLEASE INDICATE BELOW THAT YOU HAVE RECEIVED THE FOLLOWING CONTINUING EDUCATION CREDITS (AS REQUIRED FOR YOUR CORRESPONDING LICENSE NUMBER) FROM JANUARY 1, 2007 THROUGH DECEMBER 31, 2008:

PLEASE INDICATE BELOW THAT YOU HAVE RECEIVED THE FOLLOWING CONTINUING EDUCATION CREDITS:

- _____ License Numbers 001 to 234 - 45 contact hours which includes two contact hours in professional ethics
- _____ License Number 235 - 30 contact hours which includes two contact hours in professional ethics
- _____ License Numbers 236 and above - 23 contact hours which includes two contact hours in professional ethics

PLEASE CHECK HERE IF YOU ARE AN APPROVED SUPERVISOR:

_____ If you have been approved as a Marital and Family Therapy Supervisor, in accordance with 12 AAC 19.210, you must obtain two contact hours of continuing education, related to the practice of supervising a marital and family therapist. A supervisor may also include these two contact hours in the total continuing education hours required for renewal. If you checked this area complete the section on the Continuing Education Documentation form under the APPROVED SUPERVISOR CONTINUING EDUCATION section.

The attached continuing education documentation form must be submitted with your renewal.

WARNING: The Marital and Family Therapy Board may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to practice Marital and Family Therapy by fraud or deceit. The person may also be subject to criminal charges for unsworn falsification (AS 11.56.210).

I certify that the information in this application is true and correct.

SIGN HERE 

Applicant's Signature: _____

Date: _____

NOTIFICATION OF PROPOSED REGULATION CHANGES

If you would like to receive notice of all proposed Marital and Family Therapist regulation changes, please send a written request adding your name to the Marital and Family Therapist Interested Parties List to:

**REGULATIONS SPECIALIST
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806
Juneau, Alaska 99811-0806**

**BOARD OF MARITAL AND FAMILY THERAPY
CONTINUING EDUCATION DOCUMENTATION**

This form must accompany your renewal form. If the form is not attached, it may cause a delay in the processing of your license.

Name: _____ License Number: _____
(Please print or type)

NOTE: Licensees holding license numbers 001 to 234, must document 45 contact hours which include two contact hours of professional ethics. Licensee holding license number 235 must document 30 contact hours which include two contact hours of professional ethics. License numbers 236 and above must document 23 contact hours which includes two contact hours in professional ethics.

DATES OF ATTENDANCE	COURSE TITLE AND DESCRIPTION	NAME OF INSTRUCTOR	SPONSORING ORGANIZATION	HOURS CLAIMED
PROFESSIONAL ETHICS				
TOTAL				

APPROVED SUPERVISOR CONTINUING EDUCATION (12 AAC 19.210(b)) Completed at least two contact hours of CE related to the practice of supervising a marital and family therapist. A supervisor may also include those two hours in the total hours required for license renewal.

SIGN HERE 

_____ Applicant Signature

ARTICLE 3.
LICENSE RENEWAL AND CONTINUING EDUCATION

Section.

- 300. License renewal**
- 310. Continuing education requirement**
- 320. Approved continuing education activities**
- 330. Audit of continuing education requirements**
- 340. Failure to meet continuing education requirements and license reinstatement**

12 AAC 19.300. LICENSE RENEWAL. (a) An license to practice marital and family therapy expires on December 31 of even-numbered years.

(b) A marital and family therapist applying for license renewal shall

- (1) complete a renewal application on a form provided by the department;
- (2) pay the license renewal fee established in 12 AAC 02.242; and
- (3) submit a sworn statement of the continuing education contact hours completed during the concluding license period; the

statement must include the following information, when applicable, for each course, seminar, or workshop:

- (A) the name of the sponsoring organization;
- (B) the location of the course, seminar, or workshop;
- (C) the title or a brief description of the course, seminar, or workshop;
- (D) the principal instructor;
- (E) the dates of attendance;
- (F) the titles, issues, and dates of publications or presentations; and
- (G) the number of continuing education contact hours claimed.

12 AAC 19.310. CONTINUING EDUCATION REQUIREMENTS. (a) An applicant for renewal of a marital and family therapy license who has been licensed 18 months or more of the concluding license period shall document completion of 45 contact hours of continuing education acceptable to the board that was earned during the concluding license period. At least two of the contact hours must be in professional ethics.

(b) An applicant for renewal of a marital and family therapy license who has been licensed at least 12 months but less than 18 months of the concluding license period shall document completion of 30 contact hours of continuing education acceptable to the board that was earned during the concluding license period. At least two of the contact hours must be in professional ethics.

(c) An applicant for renewal of a marital and family therapy license who has been licensed less than 12 months of the concluding period shall document completion of 23 contact hours of continuing education acceptable to the board that was earned during the concluding license period. At least two of the contact hours must be in professional ethics.

(d) For the purposes of this section,

- (1) one "contact hour" equals a minimum of 50 minutes of classroom instruction between instructor and participant;
- (2) one academic semester credit equals 15 contact hours; and
- (3) one academic quarter credit equals 10 contact hours.

(e) Only hours of actual attendance during which instruction was given will be accepted as continuing education contact hours earned from an academic course that is audited by the licensee, and the total number of contact hours earned may not exceed the academic credit hours offered for that course.

12 AAC 19.320. APPROVED CONTINUING EDUCATION ACTIVITIES. (a) To be accepted by the board, continuing education must contribute directly to the professional competency of a marital and family therapist and must be directly related to the skills and knowledge required to implement marital and family therapy principles and methods.

(b) The following continuing education activities are acceptable if they are related to marital and family therapy in accordance with (a) of this section:

- (1) postgraduate courses given by a regionally accredited academic institution, either audited or for credit;
- (2) courses offered by the American Association for Marital and Family Therapy;
- (3) courses offered by the Alaska Association for Marital and Family Therapy;
- (4) seminars, workshops, or mini-courses offered by professional organizations;
- (5) cross-disciplinary courses, seminars, or workshops in the fields of medicine, law, behavioral sciences, ethics, or other

disciplines;

- (6) courses, seminars, or workshops in substance abuse, domestic violence, cross-cultural issues, gender issues, or child abuse;
- (7) other courses not covered under (1)--(6) of this subsection that are specifically preapproved by the board, up to a maximum of

15 contact hours;

(8) first-time preparation and presentation of a marital and family therapy course, seminar, or workshop, up to a maximum of 10 contact hours allocated among all marital and family therapists and other professionals involved.

(9) first-time presentation or publication of an article or book chapter related to the practice of marital and family therapy that was presented at a state or national association meeting or published by a publisher recognized by the profession, up to a maximum of 10 contact hours allocated among all marital and family therapists and other professionals involved; and

(10) completion of a formal correspondence program, video tape program, audio cassette program, or other individual study program; the number of hours of continuing education credit awarded will be determined by the board using the contact hour standards described in 12 AAC 19.310(d)(1), not to exceed one-half of the total contact hours of continuing education required for license renewal under 12 AAC 19.310; a program under this paragraph is acceptable only if

(A) the program requires registration and provides evidence of successful completion; or

(B) the licensee submits a signed statement verifying that the licensee has successfully completed the program from a licensee who is a supervisor approved under 12 AAC 19.210 and has supervised the licensee's study program under this paragraph.

(c) Hours spent in job orientation will not be accepted as continuing education contact hours.

12 AAC 19.330. AUDIT OF CONTINUING EDUCATION REQUIREMENTS. (a) After each renewal period the board will, in its discretion, audit renewal applications to monitor compliance with the continuing education requirements of this chapter.

(b) A licensee selected for audit shall, within 30 days from the date of notification, submit documentation to verify completion of the contact hours claimed under 1 AAC 19.300.

(c) An applicant for renewal is responsible for maintaining adequate and detailed records of all continuing education hours claimed and shall make them available to the board upon request under this section. Records must be retained for three years after the date the continuing education hours were earned.

12 AAC 19.340. FAILURE TO MEET CONTINUING EDUCATION REQUIREMENTS AND LICENSE REINSTATEMENT. (a) The board will reinstate a license that was not renewed because of the licensee's failure to meet the continuing education requirements in 12 AAC 19.300 - 12 AAC 19.330 if the licensee submits to the board proof of completion of all required continuing education credit hours and meets all other requirements for license renewal.

(b) A licensee who is unable to obtain the continuing education hours required for license renewal due to reasonable cause or excusable neglect may submit a written request to the board for an exception. The request for an exemption must include an explanation of the reasonable cause or excusable neglect that resulted in the licensee's failure to meet the continuing education requirements. If the board grants the exemption, the board will, in its discretion, prescribe an alternative method of compliance with the continuing education requirements as the board considers appropriate to the individual situation.

(c) In this section, "reasonable cause or excusable neglect" includes

- (1) chronic illness;
- (2) retirement;
- (3) military service;
- (4) leave of absence from active practice during the concluding licensing period; and
- (5) hardships recognized by the board.

ARTICLE 2. SUPERVISED PRACTICE

Section.

210. Approved Supervisors

12 AAC 19.210. APPROVED SUPERVISORS. (a) The board will approve a person to be an approved supervisor under this chapter if the applicant submits.

- (1) a complete, notarized application on a form provided by the department;
- (2) verification of a current license under AS 08.63.100 to practice marital and family therapy;
- (3) documentation of having practiced marital and family therapy for five years; and
- (4) documentation of having completed at least six contact hours of education related to the practice of supervising a marital and family therapist within the last two years.

(b) To maintain approval under AS 08.63.120 and this section, a supervisor shall document at the time of license renewal that during the concluding license period the supervisor completed at least two contact hours of continuing education related to the practice of supervising a marital and family therapist. A supervisor may also include those two contact hours of continuing education in the total continuing education contact hours required for license renewal in 12 AAC 19.310.

(c) If a person does not maintain approval as an approved supervisor under AS 08.63.120 and this section because of noncompliance with the continuing education requirements of (b) of this section, the person may apply to the board for reinstatement of the approval. The board will reinstate the approval if the applicant

- (1) submits
 - (A) a complete, notarized application on a form provided by the department; and
 - (B) documentation of compliance with the continuing education requirements of (b) of this section; and
- (2) complies with the requirements of AS 08.63.120 and (a)(2) and (3) of this section.

ARTICLE 3. GENERAL PROVISIONS

Section.

230. Disclosure Statement

Sec. 08.63.230. Disclosure statement. Before the performance of services, a licensed marital and family therapist shall ensure that the client was furnished a copy of a professional disclosure statement that contained

- (1) the name, title, business address, and business telephone number of the marital and family therapist;
- (2) a description of the formal professional education of the marital and family therapist, including the institutions attended and the degrees received from the institutions;
- (3) the marital and family therapist's areas of specialization and the services available;
- (4) the marital and family therapist's fee schedule listed by type of service or hourly rate;
- (5) a description of the exception to confidentiality contained in AS 08.63.200(a)(6); and
- (6) at the bottom of the first page of the statement, the following sentence: "This information is required by the Board of Marital and Family Therapy, which regulates all licensed marital and family therapists," followed by the name, address, and telephone number of the board's office.

SAMPLE DISCLOSURE STATEMENT

(1) Name of Marital and Family Therapist _____
Title of Marital and Family Therapist _____
Business Address _____
City _____ State _____ Zip Code _____
Business Telephone Number _____

(2) Description of the formal professional education of the Marital and Family Therapist, including the institutions attended and the degrees received:

(3) Areas of specialization and services available: _____

(4) Fee schedule by type of service of hourly rate: _____

(5) AS 08.63.230 – Disclosure Statement – In addition to the professional disclosure statement required by AS 08.63.230, a licensee must provide written notice to the client that the treatment program may be discussed with other professionals and, if that occurs, the client’s confidentiality will be maintained; and the name and identity of the client will be disclosed only in compliance with AS 08.63.200.

(6) “This information is required by the Board of Marital and Family Therapy which regulates all licensed Marital and Family Therapists”.

Board of Marital and Family Therapy
Division on Occupational Licensing
P.O. Box 110806
Juneau, AK 99811-0806
Phone: (907) 465-2551

Date: October 14, 2008

To: All Licensed Marital and Family Therapists in Alaska

From: Board of Marital and Family Therapy

Subject: Required Disclosure Statement

Statute 08.63.230 states that Licensed Marital and Family Therapists need to furnish their clients with a professional disclosure statement before the performance of their services. Below is an outlined "sample" Disclosure Statement. Marital and Family Therapists are required to include Item 6 as it reads.

SAMPLE DISCLOSURE STATEMENT

- (1) Bill Platee
Licensed Marital and Family Therapist
Counseling Associates of Southeast
408 Gold St.
Juneau, AK 99801
(907) 586-3479
bplatte@excite.com
- (2) Bachelors Degree in Social Work 1968
New York University

Masters Degree in Psychology
with concentration in Marital and Family Therapy
Antioch University 1981
- (3) Areas of Specialization:
couples counseling, divorce mediation,
alcohol/drugs as a family issue,
family crisis intervention,
grief and loss issues, depression/anxiety,
parenting issues
- (4) Fee \$85 per session
- (5) This counseling relationship will abide by the confidentiality regulations set forth by state and federal regulations for Marriage and Family Therapists. There are exceptions to these regulations for which the counselor is obliged to communicate to an outside party. I will be happy to discuss these exceptions.
- (6) "This information is required by the Board of Marital and Family Therapy which regulates all licensed Marital and Family Therapists".

Board of Marital and Family Therapy
Division on Occupational Licensing
P.O. Box 110806
Juneau, AK 99811-0806
Phone: (907) 465-2551



State of Alaska
 Department of Commerce, Community, and Economic Development
 Division of Corporations, Business and Professional Licensing
 PO Box 110806, Juneau, Alaska 99811-0806
 Phone: (907) 465-2550
 Fax: (907) 465-2974

OFFICE USE ONLY

CREDIT CARD PAYMENT

For security purposes, please **do not email** credit card information. Fax or mail this form to the Division. Completion of this form is not proof of payment until the division processes the information contained herein. If any information on this form is illegible, the form will be rejected. Please print.

Name of Applicant or Licensee: _____
Corporate or Individual (first, middle, last)

License Number (if applicable): _____

Type of License: _____

I wish to make payment by credit card for the following:
(check all that apply)

- | | Amount |
|---|--------|
| <input type="checkbox"/> Application fee | _____ |
| <input type="checkbox"/> License (or renewal) fee | _____ |
| <input type="checkbox"/> Fine | _____ |
| <input type="checkbox"/> Other (specify): _____ | _____ |

Total: _____

Print Name on Credit Card: _____

Complete Mailing Address: _____

Telephone Number: _____

Signature of Credit Card Holder: _____

Credit Card Type (check one): VISA MASTERCARD

Card Number: _____

Please provide the 3-digit security code number from the back of the card: _____

Expiration Date: _____