

STATE OF ALASKA  
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT  
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING  
BOARD OF MARITAL AND FAMILY THERAPY  
P.O. BOX 110806, JUNEAU, ALASKA 99811-0806  
Telephone: (907) 465-2551  
E-mail: license@commerce.state.ak.us

## **APPLICATION TO BECOME AN APPROVED MARITAL AND FAMILY THERAPY SUPERVISOR**

In accordance with AS 08.63.120, a person may not supervise an associate marital and family therapist unless approved by the board to be a supervisor.

If you have questions concerning the admission requirements, please contact the licensing examiner at (907) 465-2551.

The board will approve a licensed marital and family therapist to provide supervision to an associate marital and family therapist upon submission of the following information.

1. A complete notarized application.
2. Proof that you are currently licensed to practice marital and family therapy in this state.
3. Proof that you have practiced marital and family therapy for at least five continuous years. In accordance with AS 08.63.900(5), the practice of marital and family therapy means:

the diagnosis and treatment of mental and emotional disorders that are referenced in the standard diagnostic nomenclature for marital and family therapy, whether cognitive, affective, or behavioral, with the context of human relationships, particularly marital and family systems, marital and family therapy involves:

- (A) the professional application of assessments and treatments of psychotherapeutic services to individuals, couples, and families for the purpose of treating the diagnosed emotional and mental disorders; and
  - (B) an applied understanding of the dynamics and marital and family interactions, along with the application of psychotherapeutic and counseling techniques for the purpose of resolving intrapersonal and interpersonal conflict and changing perceptions, attitudes, and behaviors in the area of human relationships and family life.
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.

### **GENERAL INFORMATION**

Licensees must adhere to the requirements for license renewal and continuing education found under Article 2 of 12 AAC 19.210(b) and Article 3 of 12 AAC 19.300-.340.

State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
Board of Marital and Family Therapy  
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Juneau, AK 99811-0806  
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E-mail: license@dced.state.ak.us

FOR DEPARTMENT USE ONLY

**APPLICATION TO BECOME AN APPROVED MARITAL AND FAMILY THERAPY SUPERVISOR**

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

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_ City State Zip Code

Business Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

I, \_\_\_\_\_, am attesting that I have:

3. An Alaska Marital and Family Therapy License No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_

4. Practiced marital and family therapy for at least five continuous years for the period from \_\_\_\_\_  
to \_\_\_\_\_ (in accordance with AS 08.63.900(5)(A) and (B)).

Please give a brief description of your practice (in accordance with AS 08.63.900(5)(A) and (B). If more space is needed, please attach a separate page.

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5. Met the education requirements as found in AS 08.63.100(a)(3)(B).

Yes, I meet the education requirements

No, I do not meet the education requirements.

I 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 marital and family therapy approved supervisor in Alaska, or subsequent revocation of my license.

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

SUBSCRIBED AND SWORN 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 Marital and Family Therapy 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 perjury. (AS 11.56.200)