

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
(907) 465-2551
E-mail: license@alaska.gov

MARITAL AND FAMILY THERAPY ASSOCIATE APPLICATION

PLEASE READ THE INSTRUCTIONS BEFORE YOU COMPLETE THE APPLICATION

If you have questions concerning the admission requirements, please contact the licensing examiner for the Board of Marital and Family Therapy at (907) 465-2551.

The Board will issue a four-year nonrenewable license to an applicant for supervised practice in accordance with AS 08.63.110. The holder of this license may practice under supervision in a clinic, social service agency, or other setting approved by the board. An associate may practice only under the direct supervision of a supervisor approved by the Board. The following documents must be on file in this office before the Board will consider an application for supervised practice.

1. A completed notarized application and \$175.00 nonrefundable application fee (form 08-4378).
2. A supervised practice licensing fee of \$445.00. A license for supervised practice expires four years from the date of issuance and may not be renewed.
3. Official transcripts of a master's or doctorate degree in marital and family therapy or allied mental health field from a regionally accredited educational institution sent directly to this division:
 - A. To assist the Board in its review of your education, please complete the Education Course Work Check Sheet and return with your application (form 08-4378a); or
 - B. If your course of study did not include all of the courses or clinical practice as required, you may substitute post-degree courses or practice as approved by the board to satisfy these requirements. Please complete the Substitution of Post-Degree Course Work Check Sheet and return with your application (form 08-4378b).
4. Attach for Board approval a proposed plan to satisfy the supervision requirements of AS 08.63.100(a)(3)(C) (form 08-4378d). If you change supervisors, you must notify this office immediately and submit another proposal. Information regarding supervision may be found on form 08-4378d.

The Board of Marital and Family Therapy recommends reading the following materials regarding supervision which can be found in:

- "The Reasonably Complete Systemic Supervisor Resource Guide" by Cheryl Storm and Thomas Todd
- "A Guide: The Initial Supervision Session Checklist" found from the Article "The Clinical Supervisor" by Prest, L. Schindler Azimmerman, T., and Sporakowski, M. (1992)
- "Live Supervision Form" by B. Keeney (ed), Diagnosis and assessment in family therapy and from the Forms Book, Copyright 1991, American Association for Marriage and Family Therapy
- "A Supervision Begins with Supervisee Self--Evaluation" for complete self-assessment guidelines, contact David Ivey, Texas Tech University, Box 41162, Lubbock, TX 79409-1162.

Upon your completion of the required supervision, the following will need to be submitted.

To be considered for the National Marital and Family Therapy Examination, an applicant must submit a written request and the following documentation 60 days before the examination date of the examination they wish to attend. The examination is offered during specific testing windows and applicants are directed to contact the division for exact examination window dates so that they can meet the appropriate examination deadline.

1. The "Supervisor's Report" completed by your supervisor and returned directly by your supervisor (remember, the examination deadline date must be met in order to be scheduled). (Form 08-4378f)
2. Verification of at least six contact hours of training related to domestic violence. Documentation may be a notarized copy of the transcript, certification, or letter (original) from the instructor. The following courses are acceptable:
 - A. postgraduate courses given by a regionally accredited academic institution, either audited or for credit;
 - B. courses offered by the American Association of Marital and Family Therapy;
 - C. courses offered by the Alaska Association for Marital and Family Therapy;
 - D. seminars, workshops, or mini-courses offered by professional organizations;
 - E. cross-disciplinary courses, seminars, or workshops in fields of medicine, law, behavioral sciences, ethics, or other disciplines;
 - F. courses, seminars, or workshops in substance abuse, domestic violence, cross-cultural issues, gender issues, or child abuse;
 - G. other courses not covered under (A) - (F) that are specifically approved by the board.

Upon successful passage of the Marital and Family Therapy examination, the initial license fee of \$775.00 must be submitted.

GENERAL INFORMATION

Once a person obtains licensure to practice marital and family therapy, they will need to become familiar with the requirements for licensure renewal and continuing education which are found under 12 AAC 19.300-.340.

In accordance with AS 08.63.900(5), the definition for 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 whether cognitive, affective, or behavioral, within the context of human relationship, 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;
- B. an applied understanding of the dynamics of 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.

AS 47.17.020

In accordance with AS 08.63.050(6), the Board of Marital and Family Therapy is required to ensure that all licensees are aware of the requirements under AS 47.17.020 - Persons required to report. It is an applicant's responsibility to obtain a copy of AS 47.17.020 and review.

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.

The Board will also review complete applications between meeting dates. The Division will forward complete applications to Board members by using the mail ballot voting process.

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.

RENEWAL INFORMATION

All certificates expire on December 31 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 19.310 for continuing education requirements.

SOCIAL SECURITY NUMBER

Alaska Statute (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. Contact the division and request a "Request for Exception from Social Security Number Requirement" (Form 08-4372) to be mailed to you. If you qualify for license without a social security number, you will be required at each renewal to again complete the above form and mail it with your renewal application. Contact the division at the address noted on this application.

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 under "License Search."



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@alaska.gov

FOR DEPARTMENT USE ONLY

**MARITAL AND FAMILY THERAPY
ASSOCIATE APPLICATION**

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING APPLICATION

- Check as appropriate: \$175.00 Nonrefundable Application Fee
 \$455.00 Marital and Family Therapy Associate License Fee

Make checks or money order payable to the State of Alaska.

Name: _____
Last First M.I. Maiden

Social Security Number: _____ Date of Birth: _____ Sex: _____
(As required by AS 08.01.060)

Mailing Address: _____
Street or P.O. Box City State Zip Code

Business Telephone: _____ Home Telephone: _____

EDUCATION:

List names, addresses, and zip codes of **ALL** Masters and Doctorate programs attended. Give dates of attendance and graduation.

College (Master): _____

Title of Degree: _____

Date degree awarded: _____

College (Doctorate): _____

Title of Degree: _____

Date degree awarded: _____

FOR BOARD INFORMATION ONLY:

Please list any national professional organizations in which you hold current membership:

1. _____
2. _____
3. _____

OCCUPATIONAL DATA:

In chronological order, from most recent to most remote, list all relevant or related professional positions held. Provide names of employers, addresses, ZIP code, telephone numbers, positions held, duties, responsibilities, and name of direct supervisor(s). **(Attach other pages as necessary to complete this section.)**

1. Name of Employer: _____
Dates From: _____ To: _____
Employer Address: _____
Employer Telephone No.: _____
Name of Supervisor: _____
Position Held by Applicant: _____
Duties and Responsibilities: _____

2. Name of Employer: _____
Dates From: _____ To: _____
Employer Address: _____
Employer Telephone No.: _____
Name of Supervisor: _____
Position Held by Applicant: _____
Duties and Responsibilities: _____

3. Name of Employer: _____
Dates From: _____ To: _____
Employer Address: _____
Employer Telephone No.: _____
Name of Supervisor: _____
Position Held by Applicant: _____
Duties and Responsibilities: _____

PROFESSIONAL FITNESS

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

	YES	NO
1. Has your professional license been denied, revoked, suspended, surrendered, stipulated, on probation, or been subject to any other restriction or disciplinary action in any jurisdiction?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you voluntarily surrendered or restricted your professional license in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been disciplined by any state board for any violation of any Practice Act or unethical conduct?	<input type="checkbox"/>	<input type="checkbox"/>
4. Within the past five years, have you received a felony conviction or received a misdemeanor conviction?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you now or within the past five years have you been convicted of driving under the influence of alcohol, drugs, or chemical substances?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you now or within the past five years have you been addicted to or excessively used, or misused alcohol, narcotics, barbiturates, or habit-forming drugs?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you now, or within the past five years have you been treated for/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.

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 marriage and family therapist in Alaska, or subsequent revocation of my license.

Further, by my signature below, I acknowledge the Board of Marital and Family Therapy has made me aware of AS 47.17.020 and my duty to comply with that statute.

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 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).

STATE OF ALASKA
BOARD OF MARITAL AND FAMILY THERAPY

EDUCATION COURSE WORK CHECK SHEET

Dear Applicant:

To assist the Board in its review of your course work, complete the following form and return it with your application. Thank you for your assistance in this matter.

NAME OF APPLICANT: _____

UNIVERSITY/COLLEGE ATTENDED: _____

TYPE OF DEGREE: _____ DATE GRANTED: _____

COURSE OF STUDY

Indicate below where and how you obtained the following graduate educational experience. **Do not list a course under more than one category.** If the course content is not self-evident in the title, attach a separate description.

(a) MARITAL AND FAMILY THERAPY THEORY (Three courses or nine semester or 12 quarter hours)

Courses that meet this requirement are informative of systems theory and other theoretical approaches to marital and family therapy. Courses taught in this area must enable students to think systemically about human issues by focusing on the systems paradigm to conceptualize and distinguish the critical epistemological issues in marital and family therapy. This area must provide a substantive understanding of the major models of system change and the principles and techniques evolving from each model. This comprehensive survey of the major models of system change will include, but are not limited to; structural, strategic, intergenerational, contextual, behavioral, experiential, and systemic. This section of the qualifications must also address the applied aspects of marital and family therapy practice, including the range of techniques associated with each orientation; indications and contraindications for utilizing specific techniques; development of a rationale for intervention; and the role of the therapist.

This area must also focus on two major interdependent components; diagnosis/assessment and treatment processes within the context of marital and family systems. Treatment processes must be offered for specific problems, including, but not limited to loss and bereavement, intense stress, substance abuse, suicide, incest, violence, sexual dysfunctions, divorce, and remarriage.

Any course work in this category which exceeds the required nine semester or twelve quarter hours may be applied toward meeting the requirements for family studies. Please indicate under credit hours whether quarter or semester.

Institution	Course Number	Full Course Title	Dates From/To	Credit Hours

(b) MARITAL AND FAMILY STUDIES (Three courses or nine semester or 12 quarter hours)

Courses that meet this requirement are informative of the broad dimensions of marriage and/or family and include such courses as marriage and family relations, family sociology, marriage, family and work relationships, or other such related topics in which marriage and the nature of the family and its functions are clearly evident in the course content. Please indicate under credit hours whether quarter or semester.

Institution	Course Number	Full Course Title	Dates From/To	Credit Hours

(c) HUMAN DEVELOPMENT (Three courses or nine semester or 12 quarter hours)

Courses that meet this requirement focus on the complex developmental relationships among individuals in the family. Individual-orientation and family/couple life cycle content must stress the interface between the interpersonal and the intrapersonal. Please indicate under credit hours whether quarter or semester.

Institution	Course Number	Full Course Title	Dates From/To	Credit Hours

(d) PROFESSIONAL STUDIES OR PROFESSIONAL ETHICS AND LAW (One course or three semester or four quarter hours)

Areas of study must include professional socialization and the role of professional organizations; licensure and certification; legal responsibilities, and liabilities of clinical practice and research; family law (state and federal); confidentiality issues; the marital and family therapy Code of Ethics, and interprofessional cooperation. The content of course work should be specific to the practice and professional of marital and family therapy. Please indicate under credit hours whether quarter or semester.

Institution	Course Number	Full Course Title	Dates From/To	Credit Hours

(e) RESEARCH (One course or three semester or four quarter hours)

Emphasis in this area is on understanding research methodology and data analysis, developing computer research skills, and learning to evaluate critically professional research reports relevant to marital and family therapy. Please indicate under credit hours whether quarter or semester.

Institution	Course Number	Full Course Title	Dates From/To	Credit Hours

(f) SUPERVISED CLINICAL PRACTICE (One year)

Direct clinical work with couples and families must have been a part of a graduate degree or completed through a supervised clinical practicum in marital and family therapy obtained subsequent to the granting of a degree in an equivalent course of study. This one-year requirement includes nine semester or twelve quarter hours or approximately 15 hours per week for one year. A minimum of 500 hours must have been spent in direct client contact with couples and families. Direct client contact is face-to-face (therapist and client) therapeutic intervention. The balance of time was to be spent in supervision, record keeping, and participation in other clinical activities of the agency or practice. Please indicate under credit hours whether quarter or semester.

Institution	Course Number	Full Course Title	Dates From/To	Credit Hours

STATE OF ALASKA
BOARD OF MARITAL AND FAMILY THERAPY

SUBSTITUTION OF POST-DEGREE COURSE(S) WORK CHECK SHEET
(FOR MARITAL AND FAMILY THERAPY ASSOCIATES)

Dear Applicant:

The board will, in its discretion, accept post-degree courses to satisfy the course of study requirements in AS 08.63.100(a)(3)(B)(i)-(vi) if the substituted courses:

1. contribute directly to the professional competency of a marital and family therapist and are directly related to the skills and knowledge required to implement marital and family therapy principles and methods. The following activities are acceptable if they are related to marital and family therapy:
 - (A) postgraduate courses given by a regionally accredited academic institution, either audited or for credit;
 - (B) courses offered by the American Association of Marital and Family Therapy;
 - (C) courses offered by the Alaska Association for Marital and Family Therapy; and
 - (D) seminars, workshops, or mini-courses offered by professional organizations.
2. are in the same subject area as the educational requirement for which they are being substituted; and
3. are equivalent to the hours of course work of the educational requirement for which they are being substituted as determined by:
 - (A) one "contact hour" equals a minimum of 50 minutes of classroom instruction between instructor and participant;
 - (B) one academic semester credit equals 15 contact hours; and
 - (C) one academic quarter credit equals 10 contact hours.

Please complete the Substitution of Post-Degree Course(s) Work Check Sheet and return with your application.

NOTE: If an applicant cannot show substituted course work for marital and family therapy, marital and family studies, or human development, the board will, in its discretion, accept post-degree practice as follows:

Three years of continuing practice is equivalent to one course or three semester or four quarter hours of course work. The same three years of practice may not be used to substitute for more than one course:

(a) MARITAL AND FAMILY THERAPY THEORY

Courses that meet this requirement are informative of systems theory and other theoretical approaches to marital and family therapy. Courses taught in this area must enable students to think systemically about human issues by focusing on the systems paradigm to conceptualize and distinguish the critical epistemological issues in marital and family therapy. This area must provide a substantive understanding of the major models of system change and the principles and techniques evolving from each model. This comprehensive survey of the major models of system change will include, but are not limited to; structural, strategic, intergenerational, contextual, behavioral, experiential, and systemic. This section of the qualifications must also address the applied aspects of marital and family therapy practice, including the range or techniques associated with each orientation; indications and contraindications for utilizing specific techniques; development of a rationale for intervention; and the role of the therapist.

This area must also focus on two major interdependent components; diagnosis/assessment and treatment processes within the context of marital and family systems. Treatment processes must be offered for specific problems, including, but not limited to loss and bereavement, intense stress, substance abuse, suicide, incest, violence, sexual dysfunctions, divorce, and remarriage.

Any course work in this category which exceeds the required nine semester or twelve quarter hours may be applied toward meeting the requirements for family studies. Please indicate under credit hours whether quarter or semester.

Institution	Course Number	Full Course Title	Dates From/To	Credit Hours	Practice From/To

(b) MARITAL AND FAMILY STUDIES

Courses that meet this requirement are informative of the broad dimensions of marriage and/or family and includes such courses as marriage and family relations, family sociology, marriage, family and work relationships, or other such related topics in which marriage and the nature of the family and its functions are clearly evident in the course content. Please indicate under credit hours whether quarter or semester.

Institution	Course Number	Full Course Title	Dates From/To	Credit Hours	Practice From/To

(c) HUMAN DEVELOPMENT

Courses that meet this requirement focus on the complex developmental relationships among individuals in the family. Individual-orientation and family/couple life cycle content must stress the interface between the interpersonal and the intrapersonal. Please indicate under credit hours whether quarter or semester.

Institution	Course Number	Full Course Title	Dates From/To	Credit Hours	Practice From/To

(d) PROFESSIONAL STUDIES OR PROFESSIONAL ETHICS AND LAW

Areas of study must include professional socialization and the role of professional organizations; licensure and certification; legal responsibilities, and liabilities of clinical practice and research; family law (state and federal); confidentiality issues; the marital and family therapy Code of Ethics, and interprofessional cooperation. The content of course work should be specific to the practice and profession of marital and family therapy. Please indicate under credit hours whether quarter or semester.

Institution	Course Number	Full Course Title	Dates From/To	Credit Hours	Practice From/To

(e) RESEARCH

Emphasis in this area is on understanding research methodology and data analysis, developing computer research skills, and learning to evaluate critically professional research reports relevant to marital and family therapy. Please indicate under credit hours whether quarter or semester.

Institution	Course Number	Full Course Title	Dates From/To	Credit Hours	Practice From/To

(f) SUPERVISED CLINICAL PRACTICE

Direct clinical work with couples and families must have been a part of a graduate degree or completed through a supervised clinical practicum in marital and family therapy obtained subsequent to the granting of a degree in an equivalent course of study. This one-year requirement includes nine semester or twelve quarter hours or approximately 15 hours per week for one year. A minimum of 500 hours must have been spent in direct client contact with couples and families. Direct client contact is face-to-face (therapist and client) therapeutic intervention. The balance of time was to be spent in supervision, record keeping, and participation in other clinical activities of the agency or practice. Please indicate under credit hours whether quarter or semester.

Institution	Course Number	Full Course Title	Dates From/To	Credit Hours	Practice From/To

MARITAL AND FAMILY THERAPY ASSOCIATE SUPERVISION PLAN GUIDELINES

Before beginning supervised practice as a Marital and Family Therapy Associate, the licensee shall submit to the Board for its approval a proposed plan for satisfying the supervision requirements of AS 08.63.100(a)(3)(C)(i) and (ii):

- After receiving a degree, practiced marital and family therapy within three years of the person's application, including 1,500 hours of direct clinical contact with couples and families; and
- Been supervised in the clinical contact for at least 200 hours, including 100 hours of individual supervision and 100 hours of group supervision approved by the board.

In accordance with AS 08.63.900(6), the definition of "supervision" means face-to-face consultation, direction, review, evaluation, and assessment of the practice of the person being supervised, including direct observation and the review of case presentations, audio tapes, and video tapes.

In accordance with AS 08.63.120, a person may not supervise a person under this chapter unless approved by the board as an "Approved Supervisor."

GUIDELINES FOR SUPERVISION PLAN

1. It is recommended that the supervisor and therapist/supervisee together discuss or evaluate the following issues for inclusion in the supervision plan before reviewing and signing the plan:
 - Education, training, and clinical experience
 - Philosophy of supervision
 - Previous supervision experience
 - Supervision goals
 - Supervisor style and techniques
 - Theoretical orientations
 - Legal/Ethical considerations
 - Use of self in supervision
 - Practical issues
 - Other issues that may need discussion
2. It is recommended that a variety of methods be included in the supervision plan, including:
 - case presentation
 - audiotapes
 - videotapes
 - live
 - other

If supervisee issues arise that seem out of the professional boundary of supervision, the issues must be addressed and appropriate therapy referrals given.

3. Evaluations:

- Ongoing, mutual feedback will be encouraged within a supportive and collegial atmosphere. Written evaluations will be provided by both supervisee and supervisor at quarterly intervals, and at the end of supervision. If the supervisee should have any problems or concerns with the supervisor, he/she is encouraged to bring these up as they occur. It is agreed that if concerns are not resolved, a consultation will be arranged with the following mutually-agreed upon mediator:

Name of Mediator

- In the event either party decides to terminate supervision prematurely, it is agreed that a full discussion of issues will be held. Furthermore, the supervisor retains the right to sign any forms for certifying supervision only when the supervisee has participated in and terminated supervision in an ethical and professional manner.

4. Case Responsibility:

- Informed consent: The supervisee provides to the client the informed consent form that includes the fact that material might be shared with a supervisor.
- Clinical obligations: To ensure ethical and clinical obligations, the supervisee will, at the beginning of each session, review any cases where there are issues of:
 - a. suicide/homicide
 - b. confidentiality
 - c. dual role relationship potentials
- Coordinating: Supervisory boundaries will be clarified in writing in terms of responsibility between marital and family therapist supervisor and agency supervisors.

5. Caseload Review:

- The supervisee will come to supervision sessions with specific cases, issues, and/or questions to discuss and with brief case outlines indicating presenting problems, in writing. Periodically, the supervisee's caseload will be reviewed in terms of number of cases, complexity and variety of presenting concerns, as well as relevant intervention strategies.
- Emergencies – In case of emergency or high-risk situations, the supervisee will contact the supervisor for consultation.

Supervisee must follow agency protocol for emergencies in agency cases. In all cases, documentation of all supervisory discussions is the supervisee's responsibility.

EVALUATION PROCESS (Information Only)

Introduction:

- As a supervisor, I have the responsibility to evaluate the background knowledge a supervisee has in the field of marriage and family therapy. I must evaluate the supervisee's skills, abilities, and appropriateness in doing therapy. If the supervisee wants state licensing, I will need to know the specific requirements to obtain those positions.

Method:

- Evaluations will be both written and verbal using a rating scale format that covers various competency areas. The supervisee will be encouraged to provide ongoing feedback to the supervisor, and mutual feedback will be encouraged in a supportive and collegial atmosphere. Evaluation will assess progress toward the supervisee's goals, as well as progress toward meeting requirements for credentialing.

- The written evaluations of the supervisee will be quarterly with a final evaluation at the end of the supervision. At each supervision session, the supervisee will be encouraged to bring up any problems or concerns, and to note any areas he/she particularly appreciates, as they occur.
- The supervisor will keep notes of supervision sessions describing the supervisee's present concern and relevant information about the client that can be summarized for continuity in supervision. The supervisee may review these notes and comment upon them verbally and in writing as needed.
- The supervisor will discuss with supervisee his/her philosophies of supervision along with the supervision contract at the beginning of a supervisory relationship.
- It should be understood that the evaluation of supervisee skill/competency areas takes place in a certain time period, and that supervisee skills will change with time.

Evaluation Tool:

The supervisee will be evaluated in the following ten skill areas:

- The ability to fulfill agency/organization responsibilities and manage his/her caseload.
- The skill at establishing and maintaining an ongoing relationship with clients.
- The ability to observe client interactions.
- The skill of learning about theory and integrating observations of clients with theory.
- The ability to adequately direct the course of therapy.
- The ability to behave in ways that will facilitate client change.
- The ability to use resources to promote supervisee growth and present him/herself as a marital and family therapist.
- The skill to be able to use awareness of self in therapy sessions, and be aware of personal issues.
- The understanding of ethics and ethical behavior in doing therapy.
- The ability to recognize and address contextual variables in the therapy setting (i.e., gender, race, ethnicity, sexual preference, religion).

For live or video supervision, the actual evaluation form will include a section on evaluating the atmosphere in the therapy room.

Relevant Issues in Evaluation:

Finally, there are relevant issues in doing therapy, which will be discussed with the supervisee during evaluation. These include:

- Respectful treatment of clients.
- Relative proficiency with individuals, couples, family, and group formats.
- Ability to deal with negative feedback in supervision.
- Willingness to present issues/cases in supervision when supervisee feels stuck/uncertain.
- Quality of paperwork.
- Ability to manage stress and take care of self.

When difficulties occur in the supervision process, and these difficulties are not resolved in open discussion, a mutually agreed upon mediator/consultant will be asked to help work out the concern. The supervisor and supervisee will share payment for the services of this consultant equally.

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APPLICATION FOR MARITAL AND FAMILY THERAPY ASSOCIATE SUPERVISION

This application must be completed in full. If a section does not apply, write N/A in the space provided. **Please print or type.** Please attach a complete supervision plan using the Supervision Plan Guidelines.

Name of Supervisee: _____
Last First M.I.

Mailing Address: _____
Street or P.O. Box

City State Zip Code

Business Telephone: _____ Home Telephone: _____

Name of Supervisor: _____
Last First M.I.

Mailing Address: _____
Street or P.O. Box

City State Zip Code

Supervisor to complete this section only: I am a licensed Marital and Family Therapist in the State of Alaska and have been approved by the board as an "Approved Supervisor."

License No.: _____ Expires: _____

1. Proposed Schedule: Total hours of supervision: _____
Total hours of individual supervision: _____
Total hours of group supervision: _____
Frequency of sessions: _____
Length of sessions: _____

2. Location: Specify whose office/facility where supervision will be provided:
Name of facility: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____

Supervisee/Marital and Family Therapy Associate Date

Supervisor/Marital and Family Therapy Associate Date

STATE OF ALASKA
BOARD OF MARITAL AND FAMILY THERAPY

**APPROVED SUPERVISOR REPORT
(TO BE SUBMITTED AT CONCLUSION OF SUPERVISION)**

Dear Supervisor:

I am applying for licensure in the State of Alaska as a marital and family therapist. 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 Marital and Family Therapy. Please provide the information required 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 Marital and Family Therapy
P.O. Box 110806, Juneau, Alaska 99811-0806

Signature: _____

Printed Name: _____

Name at Time of Supervision: _____

License No.: _____

Address: _____

PLEASE DO NOT DETACH. The information below must be completed by the supervisor; it **may not** be completed by the applicant.

SUPERVISEE: _____
(print/type name)

The above-named individual has successfully completed marital and family therapy approved supervision under my supervision beginning _____, 20____ and ending _____, 20____ for the following contact and supervision hours:

Total hours of direct clinical contact with couples and families performed by the supervisee during this period were _____ hours.

Total hours of individual supervision provided by me (supervisor) to this applicant (supervisee) during this period were _____ hours.

Total hours of group supervision provided by me (supervisor) to this applicant (supervisee) during this period were _____ hours.

The State of Alaska believes a license to practice marital and family therapy carries important responsibilities. Please comment, as supervisor, on the applicant's qualifications, abilities, character, etc., which involve the use of marital and family therapy as defined in AS 08.63.900.

(5) "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, within the context of human relationships, particularly marital and family therapy 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;

(B) an applied understanding of the dynamics of 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;

In order that the Board of Marital and Family Therapy have sufficient information to adequately assess the above applicant's qualifications, please comment on the following:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. To your knowledge, is the applicant of good moral character?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. To your knowledge, within the last five years, has the applicant been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. To your knowledge, has the applicant had any malpractice judgments brought against him/her? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. To your knowledge, has the applicant violated the ethical standards for providers of marital and family therapy services? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. To your knowledge, has the applicant misrepresented his or her professional qualifications? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. To your knowledge, has the applicant ever been convicted of a felony?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. At any time during your supervision of this applicant, were restrictions placed on the applicant? If so, please explain on separate sheet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Would you evaluate his/her technical knowledge and practical experience to be
<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Fair <input type="checkbox"/> Needs Improvement | | |

in the practice of marital and family therapy? Please explain: _____

9. Would you recommend this person for licensure as a marital and family therapist?..... Yes No

Please explain: _____

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

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

Signature

Printed Name

Job Title

License Held

License No.: _____

Professional Degrees

Institution/Clinic Where Employed

Address: _____

Subscribed and sworn to before me this _____ day of _____, _____.

NOTARY SEAL

Notary Public, State of _____

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 Marital and Family Therapy
P.O. Box 110806
Juneau, AK 99811-0806