



**PROFESSIONAL FITNESS**

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

Since the date of your last application for an Alaska Professional Counselor license:

YES NO

- 1. Has your license been denied, revoked, suspended, surrendered, placed on probation, or been subject of any restriction, censure, reprimand, or other disciplinary action in any jurisdiction?.....  YES  NO
- 2. Have you been convicted of any criminal offense other than a minor traffic violation? .....  YES  NO
- 3. Have you experienced or been treated for bipolar disorder, schizophrenia, paranoia, a psychotic disorder, substance abuse, or any other mental or emotional illness which may impair or interfere with your ability to practice as a Professional Counselor?.....  YES  NO
- 4. Have you been addicted to or excessively or illegally used alcohol or a controlled substance?.....  YES  NO
- 5. Have you experienced a physical disability which may impair or interfere with your ability to practice as a Professional Counselor? .....  YES  NO

**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.).**

**CONTINUING EDUCATION:** Your license cannot be renewed unless you have met the continuing education requirements in 12 AAC 62 (see attached regulations).

- License Numbers 001 through 552 – 40 contact hours which includes three contact hours in professional ethics.
- License Numbers 553 through 564 – 30 contact hours which includes three contact hours in professional ethics.
- License Number 565 and above – 20 contact hours which includes three contact hours in professional ethics.

**RANDOM AUDIT:** In accordance with 12 AAC 62.330 and 12 AAC 02.960, the Alaska Board of Professional Counselors will audit a percentage of the license renewals. If your renewal is randomly selected for audit, you will be notified and **required** to submit documentation to verify completion of the continuing education requirements as stated on this renewal form. You must save your documents for at least three years so you can respond to audits.

**WARNING:** Alaska Statute 11.56.210 states that any person who knowingly or intentionally furnishes false or fraudulent information in this application is subject to imprisonment for not more than one year, a fine of not more than \$5,000, or both.

**AFFIDAVIT OF COMPLIANCE WITH CONTINUING EDUCATION REQUIREMENTS**

Do you certify that you have complied with the continuing education requirements in 12 AAC 62.310 – .320 during the license period from November 1, 2007 through October 31, 2009?

YES  NO

I certify under penalty of unsworn falsification that the information furnished 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 Board of Professional Counselors regulation changes, please send a written request adding your name to the Board of Professional Counselors 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 PROFESSIONAL COUNSELORS  
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 552, must document 40 contact hours which include three contact hours of professional ethics. Licensees holding license number 553 - 564 must document 30 contact hours which include three contact hours of professional ethics. License numbers 565 and above must document 20 contact hours which includes three contact hours in professional ethics.

DATES OF ATTENDANCE	COURSE TITLE AND DESCRIPTION	SPONSORING ORGANIZATION	HOURS CLAIMED
<b>PROFESSIONAL ETHICS</b>			
<b>TOTAL</b>			

**SIGN HERE** 

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

**NOTE: No more than one-half of the total number of continuing education contact hours required for renewal of a license under this section may be earned by completion of a correspondence, videotape, audiocassette, or other individual study program.**

**ARTICLE 3.  
LICENSE RENEWAL AND REINSTATEMENT;  
CONTINUING EDUCATION**

**Section.**

- 300. License renewal**
- 310. Continuing education requirements**
- 320. Approved continuing education**
- 330. Audit of continuing education**
- 340. License reinstatement**

**12 AAC 62.300. LICENSE RENEWAL.** (a) A licensee applying for renewal of a professional counselor license must

- (1) submit a complete renewal application, on a form provided by the department, including a statement of the continuing education contact hours under 12 AAC 62.310 completed by the applicant during the concluding licensing period; and
- (2) pay the license renewal fee established in 12 AAC 02.325.

**12 AAC 62.310. CONTINUING EDUCATION REQUIREMENTS.** (a) A licensee applying for renewal of a professional counselor license must complete the number of continuing education contact hours set out in this section; at least three of the contact hours must be in professional ethics:

(1) first biennial renewal, if the licensee held the license for less than 12 months during the concluding renewal period, 20 contact hours;

(2) first biennial renewal, if the licensee held the license for at least 12 months but less than 18 months during the concluding renewal period, 30 contact hours;

(3) first biennial renewal, if the licensee held the license for 18 months or more during the concluding renewal period, 40 contact hours;

(4) second or subsequent biennial renewal, 40 contact hours.

(b) Except as provided in (c) of this section, the board will consider one continuing education "contact hour" as a minimum of 50 minutes of classroom instruction between instructor and participant. The board will accept academic credit converted to contact hours as follows:

(1) one semester academic credit equals 15 contact hours;

(2) one quarter academic credit equals 10 contact hours.

(c) For a course, seminar, or workshop offered or approved by an organization listed in 12 AAC 62.320(b)(2), if the organization has designated the number of continuing education units to be awarded for that course, seminar, or workshop, the board will accept contact hours equal to the designated number of continuing education units.

(d) No more than one-half of the total number of continuing education contact hours required for renewal of a license under this section may be earned by completion of a correspondence, videotape, audiocassette, or other individual study program.

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

**12 AAC 62.320. APPROVED CONTINUING EDUCATION.** (a) To be accepted by the board, continuing education must contribute directly to the professional competency of a professional counselor and must be directly related to the skills and knowledge required to implement professional counseling principles and methods.

(b) The following continuing education will be accepted by the board if related to professional counseling as provided in (a) of this section:

(1) postgraduate courses, seminars, and workshops offered or approved by a regionally or nationally accredited institution of higher education, either audited by the licensee or taken for academic credit;

(2) courses, seminars, and workshops offered or approved by the

(A) American Counseling Association;

(B) Alaska Counseling Association;

(C) American Psychological Association;

(D) American Association of State Social Work Boards;

(E) National Association of Social Workers;

(F) American Association for Marital and Family Therapy;

(G) National Board of Certified Counselors (NBCC);

(H) Alaska Commission for Behavioral Health Certification;

(I) Alaska Psychological Association;

(J) Alaska School Counselor Association;

(K) Alaska Chapter of the National Association of Social Workers;

(L) American School Counselor Association;

(M) Alaska Department of Health and Social Services;

(N) Co-Occurring Disorders Institute, Inc.;

(O) Alaska Rural Behavioral Health Training Academy;

(P) National Association of Alcohol and Drug Abuse Counselors;

(Q) Regional Alcohol and Drug Abuse Counselor Training Program;

(3) cross-disciplinary courses, seminars, or workshops in the fields of medicine, law, behavioral sciences, ethics, or other disciplines;

- (4) first-time preparation and presentation of a professional counseling course, seminar, or workshop; the board will accept up to a maximum of 10 contact hours allocated among all professional counselors involved in the preparation and presentation;
- (5) first-time preparation or publication of an article or book chapter related to the practice of professional counseling that was presented at a state or national association meeting or published by a publisher accepted by the board as recognized by the profession; the board will accept up to a maximum of 10 contact hours allocated among all professional counselors involved in the preparation or publication;
- (6) completion of a correspondence, video tape, audio cassette, or other individual study program; 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 from an approved counselor supervisor who supervised the study program verifying that the licensee has successfully completed the program;
- (7) up to 15 contact hours of continuing education in other courses, seminars, workshops, and in service training not covered under (1) - (6) of this subsection that are not specifically preapproved by the board, but meet the standards contained in (a) of this section.
- (c) Time spent in job orientation may not be accepted as continuing education contact hours.

**12 AAC 62.330. AUDIT OF CONTINUING EDUCATION.** (a) After each biennial 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 must, within 30 days from the date of receipt of notification, submit verification of completion of the continuing education contact hours required under 12 AAC 62.310.

(c) A licensee must maintain adequate detailed records of all continuing education contact hours claimed, and must submit the records to the board upon request. The licensee must retain the records for at least three years after the date the continuing education contact hours were earned and included on the statement submitted under 12 AAC 62.300.

**12 AAC 62.340. LICENSE REINSTATEMENT.** The board will reinstate a license that has been lapsed less than five years if the applicant submits proof of completion of all continuing education contact hours that would have been required to keep the applicant's license current, and the applicant meets all other requirements under AS 08.29 and this chapter for license renewal.



State of Alaska  
Department of Commerce, Community and Economic Development  
Division of Corporations, Business and Professional Licensing  
BOARD OF PROFESSIONAL COUNSELORS  
PO Box 110806  
Juneau, AK 99811-0806  
Phone: (907) 465-2551  
E-mail: [license@alaska.gov](mailto:license@alaska.gov)

## APPLICATION PACKET FOR AN APPROVED COUNSELOR SUPERVISOR

Please read the instructions before you complete the application.

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

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

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

The board will approve the following individuals to provide supervision:

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

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

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



State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
BOARD OF PROFESSIONAL COUNSELORS
PO Box 110806
Juneau, AK 99811-0806
Phone: (907) 465-2551
E-mail: license@alaska.gov

APPLICATION FOR BOARD APPROVED
PROFESSIONAL COUNSELOR 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 Middle Maiden

Social Security Number: Date of Birth:

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

City State Zip Code

Business Telephone: Home Telephone:

Email Address:

PROFESSIONAL DATA

3. List the state(s) where you currently hold or have held a license or certificate to practice professional counseling, clinical social work, marital and family therapy, psychology as a psychologist or psychological associate, physician, or advanced nurse practitioner who is certified to provide psychiatric or mental health services. Please indicate whether certified or licensed.

Table with 4 columns: State, Date Issued, Expiration Date, Licensed/Certified. Rows a and b.

4. I, \_\_\_\_\_, am attesting that I have a \_\_\_\_\_ license to practice \_\_\_\_\_.

License Number: Date Issued:

Expiration Date: State:

AND

practiced \_\_\_\_\_ for at least five years during the period \_\_\_\_\_ to \_\_\_\_\_.

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

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

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

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

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

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

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

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

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

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

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



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:** \_\_\_\_\_