



STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATION, BUSINESS AND PROFESSIONAL LICENSING
BOARD OF PROFESSIONAL COUNSELORS
P.O. BOX 110806, JUNEAU, ALASKA 99811-0806
(907) 465-2551
E-mail: license@alaska.gov
Website: www.commerce.state.ak.us/occ/ppco.htm

PROFESSIONAL COUNSELOR LICENSURE APPLICATION

Please read the instructions before you complete the application.

A person may apply for licensure to practice professional counseling in the State of Alaska under the provisions of AS 08.29. Applicants may qualify for licensure by credentials (see Part I) or by examination (see Part II).

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

PART I – LICENSURE BY CREDENTIALS

The board will issue a license to practice professional counseling without examination to an applicant who holds a current license to practice professional counseling in another jurisdiction that has requirements for licensure substantially the same or higher than those of this state (AS 08.29.120(a)).

The following documents are needed for licensure by credentials:

1. A completed and notarized application and \$50.00 nonrefundable application fee (form 08-4403).
2. Initial licensure fee of \$200.00. All licenses are renewed biennially October 31 of odd numbered years.
3. Verification of Licensure from each state where currently licensed or have held a license (form 08-4403a). The state must verify any disciplinary actions taken or pending.
4. Each applicant is to submit a complete report of criminal justice information under AS 12.62.005 – AS 12.62.200 for Alaska. The Alaska report can be obtained by contacting the Department of Public Safety, Alaska State Troopers at any of the following locations listed on page 4 and 5.

In addition to the Alaska reports, you must submit an equivalent report from the jurisdiction in which you hold a current license to practice professional counseling.

PART II – 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 (form 08-4403).
2. The initial licensing fee of \$200.00 may be submitted at this time or upon successful passage of the examination. The license will not be issued without payment of this fee. All licenses are renewed biennially October 31 of odd numbered years.
3. Certified transcripts of a master's degree or doctorate degree in counseling or related field as defined in 12 AAC 62.990(b) and regionally accredited from an institution listed under 12 AAC 62.120(a)(1)-(7).

If the institution is not regionally accredited, the degree must have included course work in at least eight of the following subject areas:

- The helping relationship, including counseling theory and practice;
- Human growth and development;
- Lifestyle and career development;
- Group dynamics, processes, counseling and consulting;
- Assessment, appraisal, and testing of individuals;
- Social and cultural foundation, including multicultural issues;
- Principles of etiology, diagnosis, treatment planning, and prevention of mental and emotional disorders and dysfunctional behavior;
- Marriage and family counseling and therapy;
- Research and evaluation; and
- Professional counseling orientation and ethics.

To assist the board in review of your education, please complete the Educational Course Work Check Sheet and return with your application (form 08-4403d).

To meet the requirements of AS 08.29.130, Licensure of foreign-educated applicants, the degree must be from a foreign college or university approved by the board that meets the standards of a regionally or nationally accredited education institution in the United States. To be approved, the degree must have included course work in at least eight of the subject areas listed in 12 AAC 62.120(b)(1)-(10).

4. Submit verification of successfully having passed the National Counselor Examination for Licensure and Certification (NCE) within the last three years before the date of application administered by National Board for Certified Counselors, Inc. (NBCC). The board may approve an extension of the time specified in 12 AAC 62.110(d) for up to two years for an applicant who submits verification of having completed at least 2,000 hours of supervised experience during the three years after the date of application. This extension is only for applicants who are still in the process of accumulating supervised experience. The exam scores must be sent directly to the Division of Corporations, Business and Professional Licensing from the NBCC.

The Alaska Board of Professional Counselors requires that the examination required for a license to practice professional counseling is the **National Counselor Examination for Licensure and Certification (NCE)** administered by the **National Board for Certified Counselors, Inc. (NBCC)**. An applicant must obtain a passing score on the examination accepted by the board based on the determination made by the NBCC. Candidates wishing to sit for this examination will need to contact the NBCC directly to schedule the examination. To obtain information regarding the examination, please contact:

National Board for Certified Counselors, Inc.
3 Terrace Way, Suite D
Greensboro, North Carolina 27403-3660
(336) 547-0607
www.nbcc.org

5. Verification of having completed at least 3,000 hours of supervised experience in the practice of professional counseling performed over a period of at least two years under the supervision of a supervisor approved by the board (form 08-4403c). This experience must be completed after having received your degree. You must verify that you have had at least 1,000 hours of direct counseling with individuals, couples, families, or groups and at least 100 hours of face-to-face supervision. Your supervisor must be approved by the board in accordance with 12 AAC 62.200. This supervision must come from a licensed professional counselor, licensed clinical social worker, licensed marital and family therapist, licensed psychologist, licensed psychological associate, licensed physician, licensed psychiatrist, or licensed advanced nurse practitioner who is certified to provide psychiatric or mental health services.
6. Two letters of recommendation from professional counselors who are familiar with your practice of professional counseling (08-4403b).
7. Each applicant is to submit a complete report of criminal justice information under AS 12.62.005 – AS 12.62.200 for Alaska. The Alaska report can be obtained by contacting the Department of Public Safety, Alaska State Troopers at any of the following locations listed on page 4 and 5.

In addition to the Alaska reports, if a state other than Alaska is your primary state of residence you must submit an equivalent report from your state of residency. Nonresident applicants will need to contact your local law enforcement office to obtain a complete report of criminal justice information.

Please Note: If forms are not legible, they will be returned.

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.

The board will also review complete applications between board 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 October 31 of odd-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 62.310 for continuing education requirements.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS

If the Alaska Commission on Postsecondary Education has determined you are in loan default or if the Alaska Child Support Enforcement Division has determined you are in arrears on child support, you will be issued a nonrenewable temporary license valid for 150 days. Contact Postsecondary Education at 1-800-441-2962 or (907) 465-2962 or Child Support Services at (907) 269-6657 if your last name begins with A – M; Contact (907) 269-6845 if your last name begins with N – Z; or 1-800-478-3300 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 "Professional License Search".

Locations to Obtain a Records Check

The Department of Public Safety, Criminal Records and Identification (R & I) Bureau maintains Alaska Criminal Justice Information.

BACKGROUND CHECK

An application for Alaska Criminal Justice Information search can be obtained on-line at: <http://www.dps.state.ak.us/statewide/background/index.asp> or a request can be made in person at one of the below offices.

When you appear in person, you must present two pieces of identification, one of which must be valid picture identification issued by a government unit (example: driver's license or identification card, a passport or visa).

LOCATIONS:

<p>Anchorage DPS – R & I 5700 E. Tudor Road Anchorage, AK 99507 907-269-5767</p>	<p>Monday - Friday 8:15 am – 4:00 pm</p>	<p>Fairbanks PD (Volunteers only) 911 Cushman Street Fairbanks, AK 99701 907-459-6500</p>	<p>Monday - Friday 10:00 am – 6:00 pm</p>
<p>Aniak ABWE Post PO Box 167 Aniak, AK 99557 800-675-4398</p>	<p>Monday - Friday 8:00 am – 12:00 pm</p>	<p>Galena DPS Old Galena Air Force Base Galena, AK 99741 907-656-1233</p>	<p>By Appointment Only</p>
<p>Bethel DPS Braun Building 3200 State Highway Bethel, AK 99559 907-543-2294</p>	<p>Monday - Friday 8:00 am – 4:00 pm</p>	<p>Girdwood DPS Girdwood Tesoro Mall Suite 8 Girdwood, AK 99587 907-783-0972</p>	<p>Monday - Friday 9:00 am – 2:30 pm</p>
<p>Bristol Bay PD Building 150 Airforce Base King Salmon, AK 99613 907-246-4222</p>	<p>Monday - Friday 8:00 am – 4:00 pm</p>	<p>Haines DPS 159 Main Street Haines, AK 99827 907-766-2552</p>	<p>By Appointment Only</p>
<p>Cordova DPS 711 First Cordova, AK 99574 907-424-3184</p>	<p>Monday - Friday 8:00 am – 12:00 pm Closed for Lunch 12:30 pm – 4:00 pm</p>	<p>Homer DPS 34115 Sterling Hwy Anchor Point, AK 99556 907-235-8239</p>	<p>Monday - Friday 8:30 am – 4:00 pm</p>
<p>Delta Junction DPS 1420 Alaska Hwy Jarvis Bldg. Delta Junction, AK 99737 907-895-4800</p>	<p>Monday - Friday 8:00 am – 4:00 pm</p>	<p>Juneau DPS 2760 Sherwood Lane Juneau, AK 99801 907-465-4000</p>	<p>Monday - Friday 8:00 am – 12:00 pm Closed for Lunch 1:00 pm – 4:00 pm</p>
<p>Dillingham DPS 536 Kenny Wren Road Dillingham, AK 99576 907-842-5641</p>	<p>Monday - Friday 8:00 am – 4:00 pm</p>		
<p>Fairbanks DPS 1979 Peger Road Fairbanks, AK 99709 907-451-5100</p>	<p>Monday - Friday 8:00 am – 4:00 pm</p>		

LOCATIONS CONTINUED:

Juneau R & I 450 Whitter Street Juneau, AK 99811 907-465-4343	Monday - Friday 8:00 am - 12:00 pm Closed for Lunch 1:00 pm - 4:00 pm	Soldotna DPS 46333 Kalifornsky Beach Rd Soldotna, AK 99669 907-260-2700	Monday - Friday 8:30 am - 4:00 pm
Ketchikan DPS Dispatch Center 5150 N. Tongass Hwy Ketchikan, AK 99901 907-225-5118	24 hours a day, seven (7) days a week	Talkeetna DPS Talkeetna Alaskan Lodge 12.5 Mile Talkeetna Spur Rd Talkeetna, AK 99676 907-733-2256	Monday - Friday 8:00 am - 4:00 pm
Ketchikan JS Ketchikan State Office Building 415 Main Street Room 309 Ketchikan, AK 99901	Monday - Friday 8:00 am - 12:00 pm Closed for Lunch 12:30 pm - 4:30 pm	Tok DPS 1314.5 Alaska Hwy Tok, AK 99780 907-883-4471	Monday - Friday 8:00 am - 4:00 pm
Klawock DPS 6729 Klawock-Hollis Hwy Klawock, AK 99925 907-755-2918	By Appointment Only	Unalaska PD 29 Safety Way Unalaska, AK 99685 907-581-1233	24 Hours a day, seven (7) day a week
Kodiak DPS 211 Bartel Avenue Kodiak, AK 99615 907-486-4121	Mon 8:00 - 11:00 am Tues 8:00 - 1:00 pm Wed 8:00 - 11:00 am Thurs 8:00 - 11:00 am Fri 8:00 am - 12:00 pm	Valdez DPS 115 Meals Avenue Valdez, AK 907-835-4307	Sunday - Thursday 9:00 am - 5:00 pm
Kotzebue DPS 240 5 th Avenue Kotzebue, AK 99752 907-442-3222	Monday - Friday 8:00 am - 4:30 pm	Wrangell DPS 215 Front Street Wrangell, AK 99929 907-874-3215	Sat - Wed 10:00 am - 6:00 pm by appointment only; Leave a message at 874-3215
Nome DPS 245 Front Street Nome, AK 99762 907-443-2835	Monday - Friday 8:00 am - 12:00 pm Closed for Lunch 1:00 pm - 4:30 pm	Wrangell PD 431 Zimovia Hwy Wrangell, AK 99929 907-874-3304	Monday - Friday 8:00 am - 4:00 pm
North Slope Borough PD 1068 Kiogak Barrow, AK 99723 907-852-6111	Monday - Friday 8:30 am - 4:30 pm		
Palmer DPS 453 S. Valley Road Palmer, AK 99645 907-745-2131	Wed 8:00 am - 4:00 pm Fri 8:00 am - 4:00 pm		
Seward DPS City Hall 5 th Adams Streets Seward, AK 99664 907-224-3346	Monday - Friday 8:00 am - 12:00 pm Closed for Lunch 1:00 pm - 4:30 pm		
Sitka Training Academy 877 Sawmill Creek Hwy. Sitka, AK 99835 907-747-6611	Monday - Friday 8:00 am - 4:30 pm		

If applying for licensure by **credentials**, upon what state license do you base this application?

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 for the last five years, list all relevant or related professional positions held. Provide name of employer, mailing address, phone number, position held, duties and responsibilities, and name of direct supervisor(s). **Only those applicants applying by examination need to fill out the questions regarding supervised hours.**

9. Name of Employer: _____

Dates: From _____ to _____

Total number of supervised hours: _____

Total number of direct counseling hours: _____

Total number of face-to-face supervision: _____

Employer full address: _____

Employer Telephone number: _____

Name and degree of supervisor: _____

Position held by applicant: _____

Duties and responsibilities: _____

Name of Employer: _____

Dates: From _____ to _____

Total number of supervised hours: _____

Total number of direct counseling hours: _____

Total number of face-to-face supervision: _____

Employer full address: _____

Employer Telephone number: _____

Name and degree of supervisor: _____

Position held by applicant: _____

Duties and responsibilities: _____

Name of Employer: _____

Dates: From _____ to _____

Total number of supervised hours: _____

Total number of direct counseling hours: _____

Total number of face-to-face supervision: _____

Employer full address: _____

Employer Telephone number: _____

Name and degree of supervisor: _____

Position held by applicant: _____

Duties and responsibilities: _____

(If you need additional pages, please attach.)

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 violations of the Professional Counselor Practice Act or unethical conduct? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had a license to practice professional counseling, psychology, marital and family therapy, social work, or applied behavioral science revoked, suspended, restricted, or limited? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had any malpractice settlements or judgements paid on your behalf? (AS 08.29.400) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been convicted of a violation of a federal or state statute or Canadian law? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you now, or within the past five years been convicted of driving under the influence of alcohol, drugs, or chemical substance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you now, or within the past five years 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 hospitalized for emotional or mental illness, or have you been treated for or hospitalized for 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 professional counselor 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 Professional Counselors may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to practice professional counseling by fraud or deceit. The person may also be subject to criminal charges for perjury. (AS 11.56.200)

STATE OF ALASKA
BOARD OF PROFESSIONAL COUNSELORS

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 for completion.

State Board:

I am applying for a license to practice professional counseling in the State of Alaska. The Alaska Board of Professional Counselors 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 Professional Counselors
P.O. Box 110806
Juneau, Alaska 99811-0806

Signature: _____
Printed Name: _____
Name at Time License Issued: _____
License Number: _____
Address: _____

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 _____ Board of _____

Name of Licensee _____

Graduate of _____

Type of License Held _____

License No. _____ Issued Effective _____

License is Current _____ Lapsed _____ Expiration Date _____

By Reciprocity/Endorsement _____ By Examination _____

Date of Exam _____ Percent Score _____ Raw Score _____

Examination administered by _____

Licensee received at least _____ year(s) of supervised experience during the period from _____
to _____

Has the applicant's license been lapsed or expired? Yes No If "Yes", 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 reasons?

Has the applicant been subject to any other disciplinary action(s) (e.g., letter of warning, stipulation)? Yes No
Please describe.

Please provide any derogatory information you believe relevant to the applicant's qualifications to practice professional counseling.

General Comments: _____

Please submit documentation of current licensure requirements.

(Board Seal)

Signature: _____

Printed Name: _____

Title: _____

State Board: _____

Date: _____

Address: _____

Phone Number: _____

E-mail: _____

Date: _____

Please return completed form to:

Department of Commerce, Community, and
Economic Development
Division of Corporation, Business and
Professional Licensing
Board of Professional Counselors
P.O. Box 110806
Juneau, AK 99811-0806

STATE OF ALASKA
BOARD OF PROFESSIONAL COUNSELORS

**LETTERS OF RECOMMENDATION
(Exam Applicants Only)**

Name of person you are requesting recommendation from _____

I am applying for a license to practice professional counseling in the State of Alaska. I am required to provide letters of recommendation from professional counselors who are familiar with my work. Please provide the information requested on this form and **return completed form to:**

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

Signature

Printed Name

Address

DO NOT DETACH

Note: Print or type legibly.

The letter of recommendation must come from a professional counselor who is familiar with the applicant's work. The professional counselor does not necessarily need to be licensed. In accordance with 12 AAC 62.990(c)(4), "professional counselor" means a person who is in the practice of professional counseling as defined in AS 08.29.490(1).

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

from _____ to _____, and that I recommend the
applicant as being professionally capable, reliable, of good moral character and worthy of confidence.

The board believes a license to practice professional counseling carries important responsibilities. **Comment on the applicant's qualifications, abilities, character, etc.**, which involves the practice of professional counseling as defined in AS 08.29.490, which means the application of principles and methods, or procedures of the counseling profession to diagnose or treat, other than through the use of projective testing or individually administered intelligence tests, mental and emotional disorders that are referenced in the standard diagnostic nomenclature for individual, group, and organizational therapy, whether cognitive, affective, or behavioral, within the context of human relationships and systems. The Practice of Professional counseling includes the professional application of evaluation techniques, treatments and therapeutic services to individuals and groups for the purpose of treating the emotional and mental disorders; an applied understanding of the dynamics of the individual and of group interactions, along with the application of therapeutic and counseling techniques for the purpose of resolving intrapersonal and interpersonal conflict and changing perceptions, attitudes, and behaviors in the area of human relationships. Administration and use of appropriate assessment instruments that measure or diagnose problems or dysfunctions within the course of human growth and development as part of a counseling process or in the development of a treatment plan.

For the Board of Professional Counselors 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. Is the applicant currently or been within the past five years addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the applicant ever been disciplined or sanctioned by another state or jurisdiction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the applicant violated the ethical standards for providers of professional counseling, psychology, marital and family therapy, or social work as established by another state agency or jurisdiction? | <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 professional counseling, psychology, marital and family therapy, or social services without a license? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Would you evaluate the applicant's 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 | | |
| 8. Would you recommend this person for licensure as a professional counselor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Any further comments the board might consider in reviewing this applicant: _____ | | |

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

Signature: _____

License Type, if applicable: _____

License Number, if applicable: _____

Institution/Clinic Where Employed: _____

Address: _____

Telephone Contact: _____

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: _____

STATE OF ALASKA
BOARD OF PROFESSIONAL COUNSELORS

**LETTERS OF RECOMMENDATION
(Exam Applicants Only)**

Name of person you are requesting recommendation from _____

I am applying for a license to practice professional counseling in the State of Alaska. I am required to provide letters of recommendation from professional counselors who are familiar with my work. Please provide the information requested on this form and **return completed form to:**

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

Signature

Printed Name

Address

DO NOT DETACH

Note: Print or type legibly.

The letter of recommendation must come from a professional counselor who is familiar with the applicant's work. The professional counselor does not necessarily need to be licensed. In accordance with 12 AAC 62.990(c)(4), "professional counselor" means a person who is in the practice of professional counseling as defined in AS 08.29.490(1).

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

from _____ to _____, and that I recommend the
applicant as being professionally capable, reliable, of good moral character and worthy of confidence.

The board believes a license to practice professional counseling carries important responsibilities. **Comment on the applicant's qualifications, abilities, character, etc.**, which involves the practice of professional counseling as defined in AS 08.29.490, which means the application of principles and methods, or procedures of the counseling profession to diagnose or treat, other than through the use of projective testing or individually administered intelligence tests, mental and emotional disorders that are referenced in the standard diagnostic nomenclature for individual, group, and organizational therapy, whether cognitive, affective, or behavioral, within the context of human relationships and systems. The Practice of Professional counseling includes the professional application of evaluation techniques, treatments and therapeutic services to individuals and groups for the purpose of treating the emotional and mental disorders; an applied understanding of the dynamics of the individual and of group interactions, along with the application of therapeutic and counseling techniques for the purpose of resolving intrapersonal and interpersonal conflict and changing perceptions, attitudes, and behaviors in the area of human relationships. Administration and use of appropriate assessment instruments that measure or diagnose problems or dysfunctions within the course of human growth and development as part of a counseling process or in the development of a treatment plan.

For the Board of Professional Counselors 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"/> |
| 7. Is the applicant currently or been within the past five years addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has the applicant ever been disciplined or sanctioned by another state or jurisdiction?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has the applicant violated the ethical standards for providers of professional counseling, psychology, marital and family therapy, or social work as established by another state agency or jurisdiction?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has the applicant misrepresented his or her qualifications to the board in any way?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has the applicant been sanctioned for practicing professional counseling, psychology, marital and family therapy, or social services without a license?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Would you evaluate the applicant's 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 | | |
| 8. Would you recommend this person for licensure as a professional counselor?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Any further comments the board might consider in reviewing this applicant: _____ | | |

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

Signature: _____

License Type, if applicable: _____

License Number, if applicable: _____

Institution/Clinic Where Employed: _____

Address: _____

Telephone Contact: _____

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: _____

STATE OF ALASKA
BOARD OF PROFESSIONAL COUNSELORS

**POST DOCTORAL/MASTER EXPERIENCE VERIFICATION
(For Examination Applicants Only)**

Dear Supervisor:

I am applying for licensure in the State of Alaska as a professional counselor. My application shows that I worked under your supervision from _____ to _____.

I am required to provide evidence of this supervised work experience to the Alaska Board of Professional Counselors. Please provide the information required and return completed form to:

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

Signature: _____

Printed Name: _____

Address: _____

Note: Print or type legibly.

In accordance with AS 08.29.110(a)(6), I must document that I have been supervised in the practice of professional counseling performed over a period of at least two years under the supervision of an approved supervisor in accordance with AS 08.29.210. The supervision must include 3,000 hours of supervised experience, with at least 1,000 hours of direct counseling with individuals, couples, families, or groups and at least 100 hours of face-to-face supervision by a supervisor approved in accordance with AS 08.29.210 and in accordance with supervised experience under 12 AAC 62.220. This experience must be completed after having received my degree.

The information below must be completed by the supervisor; it may not be completed by the applicant. Supervision must be provided by a person who has been approved and certified by the board in accordance with AS 08.29.210 and 12 AAC 62.200. Supervision must be provided by a person who is a professional counselor licensed in the State of Alaska, or is a licensed clinical social worker, licensed marital and family therapist, licensed psychologist, or licensed psychological associate, licensed physician, or licensed advanced nurse practitioner who is certified to provide psychiatric or mental health services.

I, _____, did supervise _____
(Name of Supervisor) (Name of Applicant)

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

during the period from _____ to _____.

Total hours of supervised experience: _____

Total hours of direct counseling with individuals, couples, families, or groups: _____

Total hours of face-to-face supervision provided: _____

The board believes a license to practice professional counseling carries important responsibilities. **Please comment**, as supervisor, on the applicant's qualifications, abilities, character, etc., which involve the use of professional counseling as defined 08.29.490(1)(A)(B)(C).

For the Board of Professional Counselors 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. Is the applicant currently or been within the past five years addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the applicant ever been disciplined or sanctioned by another state or jurisdiction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the applicant violated the ethical standards for providers of professional counseling, psychology, marital and family therapy, or social work as established by another state agency or jurisdiction? | <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 professional counseling, psychology, marital and family therapy, or social services without a license? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Would you evaluate the applicant's 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 | | |
| 8. Would you recommend this person for licensure as a professional counselor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Any further comments the board might consider in reviewing this applicant: _____ | | |

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

Check as appropriate

I was approved and certified as an approved supervisor by the Board of Professional Counselors on _____ and I am a

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

Signature: _____

Printed Name: _____

License Type: _____

License Number: _____

Institutional/Clinic Where Employed: _____

Address: _____

Telephone Contact: _____

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: _____

STATE OF ALASKA
BOARD OF PROFESSIONAL COUNSELORS

EDUCATIONAL COURSE WORK CHECK SHEET
(To be filled out only if not nationally or regionally accredited)

Dear Applicant:

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

Please have your transcript(s) forwarded to the division directly from your school(s). To meet the requirements of AS 08.29.110, an applicant's degree must be from an institution that was regionally accredited at the time of the applicant's graduation (see 12 AAC 62.120(a)(1)-(7)). If the degree is not accredited the degree must include course work in at least eight of the ten subjects listed (12 AAC 62.120(b)(1)-(10)).

NAME OF APPLICANT: _____

UNIVERSITY/COLLEGE ATTENDED: _____

TYPE OF DEGREE: _____ DATE GRANTED: _____

All of the following requirements must be met to establish equivalency.

Instruction has been received in the following areas (you must have eight out of the ten):

1. Helping relationship, including counseling theory and practice. Yes No

Institution	Course Number	Course Title	Dates	Credit

2. Human growth and development. Yes No

Institution	Course Number	Course Title	Dates	Credit

3. Lifestyle and career development. Yes No

Institution	Course Number	Course Title	Dates	Credit

4. Group dynamics, processes, counseling, and consulting. Yes No

Institution	Course Number	Course Title	Dates	Credit

5. Assessment, appraisal, testing of individuals. Yes No

Institution	Course Number	Course Title	Dates	Credit

6. Social and cultural foundation, including multicultural issues. Yes No

Institution	Course Number	Course Title	Dates	Credit

7. Principles of etiology, diagnosis, treatment planning, and prevention of mental and emotional disorders and dysfunctional behavior. Yes No

Institution	Course Number	Course Title	Dates	Credit

8. Marriage and family counseling and therapy. Yes No

Institution	Course Number	Course Title	Dates	Credit

9. Research and evaluation. Yes No

Institution	Course Number	Course Title	Dates	Credit

10. Professional counseling orientation and ethics. Yes No

Institution	Course Number	Course Title	Dates	Credit



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: _____