



Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Board of Psychologist and Psychological Associate Examiners
P.O. Box 110806
Juneau, Alaska 99811-0806
Telephone: (907) 465-5470
E-mail: license@alaska.gov
Website: www.commerce.state.ak.us/occ

APPLICATION PACKET PSYCHOLOGIST LICENSE BY EXAMINATION

Please read the application and all instructions carefully. You may download the most current version of the board's statutes and regulations from the board's website, or contact the division for a copy. The licensing statutes are located at AS 08.86 and the board's administrative regulations are at 12 AAC 60. The Board shall hold at least three meetings annually. If the applicant meets the requirements of AS 08.86..135, a temporary license will be issued.

Please be aware that examination applicants must obtain a temporary license and approval of the applicant's post doctoral supervision plan approved and a temporary license issued before beginning supervision.

Questions may be directed to the licensing examiner for the board at (907) 465-5470.

To apply for a psychology license by examination, submit the following documents:

1. A completed, notarized application.
2. Fees: (Make check or money order payable to the State of Alaska)
Nonrefundable application fee of \$75.00.
State examination fee of \$50.00.
Temporary license fee of \$150.00.
Initial license fee of \$1025.00 (may be submitted with the application or upon successful completion of licensing requirements).
3. Supervised Practice Plan. (form enclosed)
4. Official transcripts sent directly from all undergraduate and graduate schools attended.
5. Doctoral Course Work Check Sheet for Psychologist (form enclosed).
6. Five reference letters, one of which must be from the applicant's doctoral committee membership, preferably the chairperson; two from licensed psychologists, members of the American Psychological Association, or diplomates of the American Board of Professional Psychology; and two from other persons not related to the applicant (forms enclosed).
7. Vita – complete from the date of high school graduation to the time of application, including dates and places of residency.
8. Upon completion of supervision, the Statement of Supervised Psychological Experience must be submitted (form enclosed).
9. If the applicant has ever held a license to practice psychology in another jurisdiction, report of license status.
10. Proof of internship in accordance with 12 ACC 60.083 (A) (B) (i) (ii) (iii) (if program is not APA accredited).

EXAMINATION INFORMATION

Applicants applying for examination must pass both the computerized National Examination for Professional Practice in Psychology (EPPP) and the written State Law and Ethics Examination. The State examination is administered separately from the computerized EPPP examination.

In Alaska, the EPPP is administered via computer in Anchorage; however, applicants may sit at any Prometric Test Center within the United States, U.S. territories, or Canada. Upon application approval by the board, applicants will receive further instructions regarding administration and scheduling of the national examination. The computerized examination allows applicants greater flexibility in examination scheduling (up to four times per year).

The State Law and Ethics Examination is offered four times per year. It is not computerized and is administered separately from the national examination.

A complete application and all supporting documents must be received in the division's Juneau office at least 45 days before the next regularly scheduled meeting of the board in order to be considered for the next State Law & Ethics examination.

Upon board approval, a temporary license will be issued and applicants will be notified in writing that supervision may begin. Upon completion of supervision, the Statement of Supervised Psychological Experience form must be submitted. Upon acceptance by the board, the applicant will be notified and will be scheduled for the next available State Law & Ethics Examination.

Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination, you must submit a completed "Application for Examination Accommodation for Candidates with Disabilities" form. This form is available on the division's website: www.commerce.state.ak.us/occ or contact the division to request the form.

GENERAL INFORMATION

When submitting fees, make check or money order payable to the State of Alaska.

All licenses expire June 30 of odd-numbered years regardless of when first issued, except permanent licenses issued within 90 days of the June 30 expiration date will be issued to the next biennium.

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

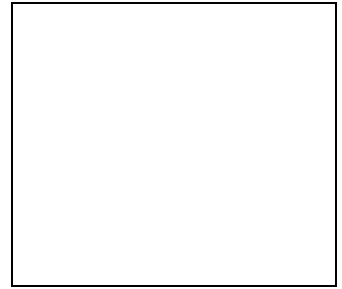
All information submitted with this application is considered public information unless required by state or federal law to remain confidential. Licensee information, including mailing addresses, is available on the division's Website at: www.commerce.state.ak.us/occ under "License Search".

SOCIAL SECURITY NUMBERS

Alaska Statutes (AS) 08.01.060(b) and AS 08.01.100(e) require an applicant for an occupational license to provide a United States Social Security Number. However, the Alaska Division of Corporations, Business and Professional Licensing may, under certain circumstances, issue a license to an applicant who does not have a Social Security Number. To apply for exception from the social security number requirement, complete this form and mail it to the division at the address above.



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APPLICATION FOR LICENSURE AS A PSYCHOLOGIST
BY EXAMINATION

Table with 2 columns: Fees Due and Nonrefundable Application Fee. Rows include State Examination Fee, Temporary License Fee, and License Fee.

This application must be completed in full. If any section does not apply, write N/A in the space provided. PLEASE PRINT OR TYPE.

Name: Last First M.I. Maiden

Mailing Address: Street or Box

City State ZIP Code

Business Telephone: Home Telephone:

Social Security Number: (Required) Date of Birth: Sex:

EDUCATION

List names, addresses, and ZIP codes of ALL undergraduate colleges and universities attended. Give dates of attendance and graduation.

College (Baccalaureate)

List names, addresses, and ZIP codes of ALL Masters and Doctorate universities attended. Give dates of attendance and graduation.

College (Masters)

College (Doctorate)

Doctoral Thesis: Area of Emphasis: Title of Thesis: Date Degree Earned:

PROFESSIONAL DATA

List each jurisdiction in which you are or have been certified or licensed to practice psychology:

State: _____ License No. _____ Issue Date: _____ Expiration Date: _____
State: _____ License No. _____ Issue Date: _____ Expiration Date: _____
State: _____ License No. _____ Issue Date: _____ Expiration Date: _____

List state(s) in which you took a psychology licensing examination:

State: _____ Exam Date: _____ Passed Failed
State: _____ Exam Date: _____ Passed Failed
State: _____ Exam Date: _____ Passed Failed

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 codes, telephone numbers, positions held, duties and responsibilities, and name of direct supervisor(s):

1. Name of Employer: _____
Dates: From: _____ To: _____
Employer Address: _____
Employer Telephone Number: _____
Name of Supervisor: _____
Position Held by Applicant: _____
Duties and Responsibilities: _____

2. Name of Employer: _____
Dates: From: _____ To: _____
Employer Address: _____
Employer Telephone Number: _____
Name of Supervisor: _____
Position Held by Applicant: _____
Duties and Responsibilities: _____

3. Name of Employer: _____
Dates: From: _____ To: _____
Employer Address: _____
Employer Telephone Number: _____
Name of Supervisor: _____
Position Held by Applicant: _____
Duties and Responsibilities: _____

4. Name of Employer: _____
Dates: From: _____ To: _____
Employer Address: _____
Employer Telephone Number: _____
Name of Supervisor: _____
Position Held by Applicant: _____
Duties and Responsibilities: _____

5. Name of Employer: _____
Dates: From: _____ To: _____
Employer Address: _____
Employer Telephone Number: _____
Name of Supervisor: _____
Position Held by Applicant: _____
Duties and Responsibilities: _____

(Attach other pages as necessary to complete this section.)

PROFESSIONAL FITNESS

The following questions must be answered. "Yes" answers will be evaluated by the board, and will not necessarily result in license denial.

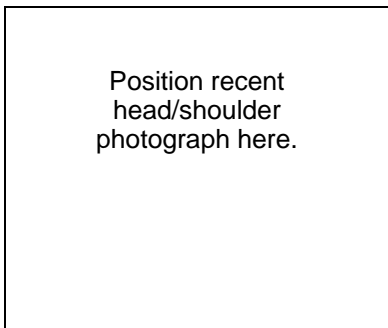
	YES	NO
1. Have you ever had a professional license practice psychology denied, revoked, suspended, surrendered, placed on probation, or been subject to any other restriction or disciplinary action in any jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been disciplined by any state board for any violation of a Psychology Practice Act or unethical conduct?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been convicted of any criminal offense(s), other than minor traffic violations, under the laws of any state or of the United States (including a suspended imposition of sentence)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had any malpractice settlements or judgments paid on your behalf?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you now, or within the past five years have you experienced, been diagnosed with, or been treated for bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (except for situational or reactive depression), or any other mental or emotional illness?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you now, or within the past five years have you experienced, been diagnosed with, or been treated for any physical or mental condition which may impair or interfere with your ability to practice?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you now, or within the past five years have you been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs?	<input type="checkbox"/>	<input type="checkbox"/>

A "Yes" answer may not prejudice your application, failure to answer honestly may. If you answered "Yes" to any of the above questions, please explain dates, locations and circumstances on a separate piece of paper. Also, submit any/all supporting documents that are applicable (court records, board actions, investigation notices, etc.).

If you answered "Yes" to questions 5-7 you must also submit a statement from your health care provider indicating your ability to provide psychological services.

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 denial of licensure as a psychologist in Alaska, or the subsequent revocation of any license issued.



Signature of Applicant

Notary seal must overlie portion of picture.

SUBSCRIBED AND SWORN to before me, a Notary Public in and for the State of _____

this _____ day of _____, 20_____.



Notary Public

My Commission Expires: _____

STATE OF ALASKA
Board of Psychologist and Psychological Associate Examiners

PROOF OF INTERNSHIP

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Board of Psychologist and Psychological Associate Examiners
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E-mail: license@alaska.gov

Complete this form **ONLY** if your program is **NOT** APA accredited. In accordance with 12 ACC 60.083, the internship must be designed to provide a planned, programmed sequence of training experiences, the primary focus of which is to assure breadth and quality of training. The internship setting must have:

1. Name of a clearly designated psychologist:

2. Names of two, or more psychologists available as supervisors:

3. Attach or include a written statement or brochure from the internship program.

STATE OF ALASKA
Board of Psychologist and Psychological Associate Examiners

REPORT OF LICENSE STATUS

Applicant: Some states require a fee for completion of license verification; you may wish to check with the state board prior to submitting this form to them for completion:

State Board:

In applying for licensure to practice psychology in the State of Alaska, the Board of Psychologist and Psychological Associate Examiners requires this form to be completed by any jurisdiction in which I hold a license or have held a license practice psychology. Please complete this form and send it directly to:

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Division of Corporations, Business and Professional Licensing
Board of Psychologist and Psychological Associate Examiners
P.O. Box 110806
Juneau, Alaska 99811-0806
(907) 465-5470
E-mail: license@alaska.gov

Signature: _____

Printed Name: _____

License No.: _____

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 _____

Type of License Held _____

License No. _____ Issued Effective _____

License is Current _____ Lapsed _____ Expiration Date _____

By Reciprocity/Endorsement _____ By Examination _____

Date of Exam _____ Form _____ Percent Score _____ Raw Score _____

Examination Administered By _____

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

If the applicant's license has lapsed or expired, please explain why (e.g., failure to pay licensing renewal fee, etc.):

Has the applicant's license ever been suspended or revoked? _____ If so, for what reason?

Has the applicant been subject to any other disciplinary action(s) (e.g., letter of warning, stipulation)? Please describe.

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

General Comments: _____



[BOARD SEAL]

Signature

Printed Name

Title

State Board

Date

Please return completed form to:

Department of Commerce, Community, and
Economic Development
Division of Corporations, Business
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Board of Psychologist and Psychological
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P.O. Box 110806
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STATE OF ALASKA
Board of Psychologist and Psychological Associate Examiners

LETTER OF REFERENCE

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E-mail: license@alaska.gov

Signature: _____

Printed Name: _____

Address: _____

PLEASE DO NOT DETACH

The information below must be completed by a professional reference. It **may not** be completed by the applicant.

I certify that I was professionally associated with _____
(Name of Applicant)

from _____ to _____. In order that the Board of Psychologist and Psychological Associate Examiners have sufficient information to adequately assess the above applicant's qualifications, please complete the following information:

1. Your name and title: _____
2. Mailing address: _____
3. Your place of employment: _____
4. Your relationship to the applicant: _____
5. How long have you known the applicant: _____
6. Check as appropriate:
 Applicant's Doctoral Committee Membership
 Member of American Psychological Association
 Licensed Psychologist
 Diplomate of ABPP
7. To your knowledge, is the applicant of good moral character?..... Yes No
8. To your knowledge, within the past five years, has the applicant been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs?..... Yes No
9. To your knowledge, has the applicant been found guilty of incompetence by another state or jurisdiction?..... Yes No
10. To your knowledge, has the applicant violated the ethical standards for providers of psychological services as established by another state agency or jurisdiction?..... Yes No
11. To your knowledge, has the applicant misrepresented his or her qualifications to the board in any way?..... Yes No
12. To your knowledge, has the applicant been found to be practicing psychological services without a license?..... Yes No

13. Would you evaluate his/her technical knowledge and practical experience to be
 Excellent Very Good Fair Needs Improvement
in the practice of psychology. Please explain: _____

14. Would you recommend this person for licensure as a psychologist?..... Yes No
Please explain: _____

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



Signature

Printed Name

Job Title

License Type

License No. _____

Professional Degree

Institution/Clinic Where Employed

Address

Business Phone Number

SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of _____
this ____ day of _____, 20____.



Notary Public

My Commission Expires: _____

NOTARY SEAL

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14. Would you recommend this person for licensure as a psychologist? Yes No
Please explain: _____

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



Signature

Printed Name

Job Title

License Type

License No. _____

Professional Degree

Institution/Clinic Where Employed

Address

Business Phone Number

SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of _____
this _____ day of _____, 20_____.



Notary Public

My Commission Expires: _____

NOTARY SEAL

Please return completed form to:

Department of Commerce, Community, and
Economic Development
Division of Corporations, Business
and Professional Licensing
Board of Psychologist and Psychological
Associate Examiners
P.O. Box 110806
Juneau, AK 99811-0806

DOCTORAL COURSE WORK CHECK SHEET

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.

NAME OF APPLICANT: _____

UNIVERSITY/COLLEGES ATTENDED: _____

TYPE OF DEGREE: _____ DATE GRANTED: _____

NOTE: Please have all of your undergraduate and graduate transcripts forwarded to the division directly from your school(s). If course titles do not clearly reflect the subject matters listed, the applicant must include course syllabi/descriptions of courses in which the material was covered.

1. Was your graduate program accredited by the American Psychological Association (APA) (either full or provisional) at the time of graduation? Yes No
 Unsure

If answer to number 1 is "no" or "unsure" answer question 2 (a-h).

2. All of the following requirements must be met to establish APA accreditation equivalency.
- a. Regionally accredited Yes No
 - b. Public identification as Psychology program Yes No
 - c. Psychology program is coherent organizational unit Yes No
 - d. Clear authority for Psychology program Yes No
 - e. An identifiable core of full-time Psychology faculty Yes No
 - f. Identifiable body of students Yes No
 - g. The Psychology program is an organized, integrated sequence of study Yes No
 - h. Equivalent of three full-time years, graduate study
 - A. Two years at a single institution, from which the doctoral degree is granted; and
 - B. One year is in full-time residence from the institution from which the degree is granted. (See 12 AAC 60.083(a)-(b).) Yes No

3. All applicants must complete question 3 (1-11):

Instruction in:

1. History and Systems of Psychology Yes No

INSTITUTION	COURSE NUMBER	FULL COURSE TITLE	DATES FROM / TO	CREDIT HOURS

2. Psychology measurement..... Yes No

INSTITUTION	COURSE NUMBER	FULL COURSE TITLE	DATES FROM / TO	CREDIT HOURS

3. Research Methodology..... Yes No

INSTITUTION	COURSE NUMBER	FULL COURSE TITLE	DATES FROM / TO	CREDIT HOURS

4. Techniques of data analysis (statistics)..... Yes No

INSTITUTION	COURSE NUMBER	FULL COURSE TITLE	DATES FROM / TO	CREDIT HOURS

5. Biological..... Yes No
 (e.g., psychological psychology, comparative psychology, neuropsychology, and psychopharmacology)

INSTITUTION	COURSE NUMBER	FULL COURSE TITLE	DATES FROM / TO	CREDIT HOURS

6. Cognitive-affective..... Yes No
 (e.g., learning, memory, perception, cognition, motivation, emotion)

INSTITUTION	COURSE NUMBER	FULL COURSE TITLE	DATES FROM / TO	CREDIT HOURS

7. Social..... Yes No
 (e.g., social psychology, cultural, ethnic, group processes, sex roles, organizational and systems theory)

INSTITUTION	COURSE NUMBER	FULL COURSE TITLE	DATES FROM / TO	CREDIT HOURS

8. Individual Differences..... Yes No
 (e.g., personality theory, human development, individual differences, abnormal psychology, psychology of women, and psychology of handicapped)

INSTITUTION	COURSE NUMBER	FULL COURSE TITLE	DATES FROM / TO	CREDIT HOURS

9. Knowledge and use of scientific and professional ethics..... Yes No

INSTITUTION	COURSE NUMBER	FULL COURSE TITLE	DATES FROM / TO	CREDIT HOURS

10. Supervised practicum appropriate to area to practice..... Yes No

INSTITUTION	COURSE NUMBER	FULL COURSE TITLE	DATES FROM / TO	CREDIT HOURS

11. Internship..... Yes No

INSTITUTION	COURSE NUMBER	FULL COURSE TITLE	DATES FROM / TO	CREDIT HOURS

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Board of Psychologist and Psychological Associate Examiners
P.O. Box 110806
Juneau, Alaska 99811-0806
Telephone: (907) 465-5470
E-mail: license@alaska.gov

SUPERVISED PRACTICE PLAN

NOTE: SUPERVISION MAY NOT BEGIN UNTIL THE BOARD APPROVES THE SUPERVISION PLAN AND THE APPLICANT RECEIVES THE TEMPORARY LICENSE ISSUED UNDER 12 AAC 60.020

COMPLETE THIS FORM AND RETURN IT DIRECTLY TO THE BOARD AT THE ADDRESS LISTED ABOVE.

NAME OF APPLICANT: _____
(Please Print)

NAME OF SUPERVISOR: _____
(Please Print)

PROFESSIONAL LICENSE(S) HELD
BY SUPERVISOR:

Type	State	License Number	Expiration Date
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NAME OF AGENCY WHERE SUPERVISION IS TO BE PROVIDED:

LOCATED AT: _____

MAILING ADDRESS: _____

BUSINESS PHONE NUMBER: _____

Name of Agency or setting where supervised experience will occur: _____

As the **supervisee**, I have read 12 AAC 60.070 and .080 and agree to accept supervision consistent with the requirements in 12 AAC 60.070 and .080.

As the **supervisor**, I have read 12 AAC 60.070 and .080 and agree to provide supervision consistent with the requirements in 12 AAC 60.070 and .080. To the best of my knowledge I attest that my professional license is in good standing and that there are no pending complaints against my license at this time.

We both acknowledge that changes in the supervision plan must be reported to the board in writing and approved by the board. We further acknowledge that supervision may begin upon formal notification from the board of the approval of the Supervised Practice Plan and, for those receiving supervision in Alaska, the issuance of a temporary license to the applicant.

Signature of Supervisee (Notarization Not Required)

Signature of Supervisor *(Signature must be Notarized)

* SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of _____
this _____ day of _____, 20_____.

Notary Public

NOTARY SEAL

My Commission Expires: _____

08-4113d (Rev. 10/22/09)

CONTINUED ON REVERSE

12 AAC 60.070. "PSYCHOLOGIST" AND "PSYCHOLOGICAL ASSOCIATE EXPERIENCE"

DEFINED. (a) *Repealed 1/14/82.*

(b) The one year's experience required for a psychologist applicant by AS 08.86.130(a)(3) is satisfied by one year of post-doctoral experience in a field of psychology the same as or similar to that in which the applicant acquired academic training under the supervision of a licensed psychologist or a diplomate of the American Board of Professional Psychology.

(c) The two years' experience required for a psychological associate applicant by AS 08.86.160(a)(3), is satisfied by two years' supervised experience in the specialty area that is the same or similar to the field of psychology in which the applicant received education and training.

Authority: AS 08.86.070 AS 08.86.080 AS 08.86.130

12 AAC 60.080. CRITERIA FOR EVALUATION OF EXPERIENCE. (a) In order to be credited with the experience required by 12 AAC 60.070, a psychologist or psychological associate applicant must meet the following minimum requirements:

(1) the applicant's supervised experience must have been in the same or a similar field of psychology as was the applicant's education and training;

(2) a year of experience must consist of not less than 1,500 clock hours completed in not less than 10 months and not more than 24 consecutive calendar months; during weeks the applicant works, the applicant must obtain at least 20 hours, but not more than 40 hours, of supervised experience per week;

(3) during

(A) the first year of post master's supervised experience, contact between the supervisor and the applicant must be for a minimum of two hours per week of face-to-face supervision, one hour of which must be individual face-to-face supervision, dealing with direct services provided by the applicant; an applicant must also obtain two additional hours per week in learning activities, as defined in 12 AAC 60.990(a)(10), covering case conferences, ethics, co-therapy, and other content assigned by the supervisor; and

(B) the second year of post master's and the year of post doctoral supervised experience, contact between the supervisor and applicant must be for a minimum of one hour per week of individual face-to-face supervision dealing with direct services provided by the applicant;

(4) at least 80 percent of the supervised experience must be with a licensed psychologist, a diplomate of the American Board of Professional Psychology, or a person holding a doctorate degree in psychology and who is considered by the board qualified to supervise; 20 percent of the supervised experience may be with a psychiatrist licensed under AS 08.64 or a similar law of another state, a psychological associate licensed under AS 08.86 or a similar law of another state, a clinical social worker licensed under AS 08.95 or a similar law of another state, a marriage and family therapist licensed under AS 08.63 or a similar law of another state, or a professional counselor licensed under AS 08.29 or a similar law of another state, who is qualified and competent in the specialty area that is the same or similar to the field of psychology in which the applicant received education and training;

(5) *repealed 5/18/85;*

(6) *repealed 3/27/98;*

(7) *repealed 3/27/98;*

(8) for a psychologist applicant, post doctoral experience may be earned in any post doctoral training program approved by the American Psychological Association or other program determined by the board to be equivalent;

(9) at least 50 percent of the supervised experience must be direct service; at least 50 percent of the direct service must be face-to-face contact with patients.

(b) Unsupervised independent private practice, including unsupervised practicums, clerkships, and externships, will not be considered as acceptable supervised professional experience.

(c) For good cause shown to the board's satisfaction, the board will accept an alternate plan of supervision that varies from the requirement of (a)(3) of this section, if the applicant

(1) submits the alternate plan in writing to the board on a form provided by the department; and

(2) receives approval of the alternate plan by the board before beginning the alternate supervised experience.

(d) A supervisor must verify in writing to the board the applicant's supervised experience, setting out the nature and extent of the supervision. A supervisor shall comprehensively document, on a form provided by the department, that during the applicant's supervised experience, the applicant was instructed in issues and concerns related to ethical behavior and that the applicant adequately understands and applies the ethical principles and guidelines.

(e) For good cause shown to the board's satisfaction, the board will grant an extension up to 12 months for an applicant to complete the supervised experience required under 12 AAC 60.070.

(f) *Repealed 12/8/2005.*

Authority: AS 08.86.070 AS 08.86.130 AS 08.86.162 AS 08.86.080 AS 08.86.160

STATEMENT OF SUPERVISED PSYCHOLOGICAL EXPERIENCE

(To document Supervised Experience, complete this form and return it directly to the board at the address listed above.)

1. Name of Applicant: _____

2. Name of Supervisor: _____

3. Name and address of agency where Supervised Experience was gained: _____

4. The applicant's title and position during the period of supervised psychological experience:

Title: _____

Position: _____

5. Dates of supervised psychological experience: from: _____ to _____
month / day / year month / day / year

6. During the year of post doctoral supervised experience, contact between the supervisor and applicant must be for a minimum of one hour per week of individual face-to-face supervision dealing with direct services provided by the applicant.

How many hours, per week, did you provide face-to-face supervision? _____

Did that supervision deal with direct services, as defined in 12 AAC 990(a)(9)? Yes No

7. During the applicant's supervised experience was the applicant instructed in issues and concerns related to ethical behavior and did the applicant adequately understand and apply the ethical principles and guidelines?

Yes No

8. Specify other types of supervision or learning activities provided: _____

CONTINUED ON REVERSE

9. 12 AAC 60.080(a)(2) states that a year of experience must consist of not less than 1,500 clock hours completed in not less than 10 months and not more than 24 consecutive calendar months; during weeks the applicant works, the applicant must obtain at least 20 hours, but not more than 40 hours of supervised experience per week.

How many total number of hours of psychological experience did the applicant receive? _____.

Did the applicant obtain at least 20 hours, but not more than 40 hours of supervised experience per week?

Yes No

12 AAC 60.080(a)(9) reads: at least 50 percent of the supervised experience must be direct services; at least 50 percent of the direct service must be face-to-face contact with patients.

“Direct Service” is defined in 12 AAC 60.990(a)(9) as: In this section, “direct service” means activities performed by a psychologist or psychological associate that are directly related to providing psychological services to a patient, including individual and family psychotherapy, psychological testing, report writing, studying test results, case consultations, and reviewing published works relating to the patient’s needs.

As the Supervisor, I certify that the hours and training reported on this form are true and correct. I further certify that I supervised the applicant in accordance with statutes and regulations set forth by the Alaska Board of Psychologist and Psychological Associate Examiners.

Signature of Supervisor

License Type License Number

Printed Name

Institution/Clinic Where Employed

Business Phone Number

Address

SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of _____ this ____ day
of _____, 20_____.

NOTARY SEAL

Notary Public

My Commission Expires: _____

As the Supervisee, I certify that I received the hours and training as reported on this form. I further certify that the training was provided in accordance with statutes and regulations set forth by the Alaska Board of Psychologist and Psychological Associate Examiners.

Signature of Supervisee

Printed Name

SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of _____ this ____
day of _____, 20_____.

NOTARY SEAL

Notary Public

My Commission Expires: _____