

State of Alaska
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
Telephone: (907) 465-5470
E-mail: license@alaska.gov

REQUEST FOR ALTERNATE SUPERVISION PLAN

Name (Print): _____
Address: _____
City/State/Zip _____

License Sought: Psychologist
 Psychological Associate

1. Please respond to the following questions regarding your alternate supervision plan:

A. State your reasons for requesting an alternate plan for supervision.

B. Supervisor's name _____

List supervisor's qualifications (degrees, certification, licensure, recognized expertise)

C. Proposed frequency of face-to-face supervision:

Number of times _____ per month

D. Proposed alternate plan for weekly supervision.

Telephone w/supervisor Correspondence w/supervisor Other (describe)

E. Describe the nature and extent of supervision plan (must include focus on ethics) _____

Signature of Applicant

Signature of Supervisor

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

NOTARY SEAL

Notary Public