



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 CREDENTIALS

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. .

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

The board will issue a license by credentials to practice psychology to an applicant who meets the criteria set out in AS 08.86.150. A person who is licensed or certified as a psychologist by a licensing authority other than the state is entitled to be licensed in the state without examination if the person applies on the proper application form, submits proof of continued competence as required by regulation of the board, pays the credential review fee, and the person

- (1) holds a doctoral degree with primary emphasis on psychology that satisfies the requirements of AS 08.86.130 and the examination and qualification requirements for the person's out-of-state license or certificate were essentially similar to or higher than the examination and qualification requirements for licensure under AS 08.86; or
- (2) is a diplomate in good standing of the American Board of Professional Psychology

Submit the following if applying under AS 08.86.150(1):

1. A completed, notarized application.
2. Fees: (Make check or money order payable to the State of Alaska.)
 - Nonrefundable application fee of \$75.00.
 - Credential review fee of \$100.00.
 - Initial license fee of \$1025.00. (May be submitted with the application or upon successful completion of licensing requirements).
3. Official transcripts sent directly from all undergraduate and graduate schools attended.
4. Verification of a current license or certificate as a psychologist from another jurisdiction issued based upon examination and qualification requirements essentially similar to or higher than those in this state at the time of application for the license from this state.
5. Verification of licensure from each jurisdiction where you hold or have ever held a license or permit to practice psychology.
6. Verification of the Examination for Professional Practice in Psychology (EPPP) scores sent directly from the licensing jurisdiction that administered the examination or from the Association of State and Provincial Psychology Boards (ASPPB.)
7. 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).
8. Vita – complete from the date of high school graduation to the time of application, including dates and places of residency.

Submit the following if applying under AS 08.86.150(2):

1. A completed notarized application.
2. Fees: (Make check or money order payable to the State of Alaska.)

Nonrefundable application fee of \$75.00.
Credential review fee of \$100.00.
Initial license fee of \$1025.00. (May be submitted with the application or upon successful completion of licensing requirements).
3. Verification of a current license or certificate as a psychologist from another jurisdiction issued based upon examination and qualification requirements essentially similar to or higher than those in this state at the time of application for the license from this state.
4. Verification of licensure from each jurisdiction where you hold or have ever held a license or permit to practice psychology.
5. 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).
6. Vita – complete from the date of high school graduation to the time of application, including dates and places of residency.
7. Verification that the applicant is a diplomate in good standing of the American Board of Professional Psychology, sent directly to the board from the American Board of Professional Psychology.

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

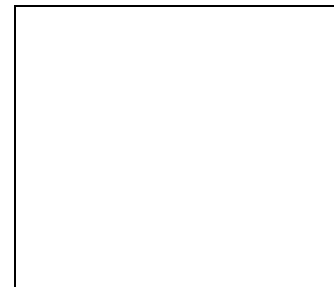
All information submitted with this application is considered public information unless required by state or federal law to remain confidential. Licensee information, including mailing addresses, is available on the division's Website at: www.commerce.state.ak.us/occ under "License Search".

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 CREDENTIALS

Table with 2 columns: Fees Due and Nonrefundable Application Fee. Includes amounts for Application Fee (\$75.00), Credential Review Fee (\$100.00), and Licensure Fee (\$1025.00).

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: _____

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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

Are you a diplomate in good standing of the American Board of Professional Psychology? Yes No

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.

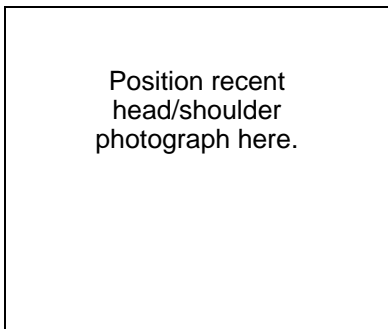
- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Has your professional license the practice psychology ever been denied, revoked, suspended, surrendered, placed on probation, or been subject to any other restriction or disciplinary action in any jurisdiction? | <input 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 suspended imposition of sentence)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had any malpractice settlements or judgments paid in 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

VERIFICATION OF LICENSURE

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 the jurisdiction in which I hold a license or have held licenses. Please complete this form and send it directly 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, 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

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Board of Psychologist and Psychological
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P.O. Box 110806
Juneau, AK 99811-0806

STATE OF ALASKA
Board of Psychologist and Psychological Associate Examiners

LETTER OF REFERENCE

Dear _____:

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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 Licensed Psychologist
 Member of American Psychological Association Diplomat 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: _____

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Notary Public

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