

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 EXTENSION ON SUPERVISION PLAN

Name (Print): _____

Address: _____

City/State/Zip: _____

License Sought:: Psychologist
 Psychological Associate

1. Please respond to the following questions regarding your request on supervision:

A. State your reasons for requesting an extension for supervision.

B. Supervisor's name _____

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

