



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, AK 99811-0806
TELEPHONE: (907) 465-2551
E-MAIL: license@alaska.gov

APPLICATION PACKET FOR AN APPROVED COUNSELOR SUPERVISOR

Please read the instructions before you complete the application.

A person must be approved and certified by the board as an Approved Counselor Supervisor to supervise Professional Counselors who are in the process of obtaining their postgraduate experience.

12 AAC 62.220. SUPERVISED EXPERIENCE. (c) Beginning July 1, 2007, to meet the supervised experience requirements of AS 08.29.110(a)(6), the board will accept the hours of supervised experience, accumulated by an applicant for licensure, under the supervision of a person that is certified, before the supervision begins, as an approved counselor supervisor under 12 AAC 62.200.

If you have questions concerning any of the admission requirements herein described, please contact the licensing examiner for the Board of Professional Counselors at (907) 465-2551.

The board will approve the following individuals to provide supervision:

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

The following must be submitted in order to obtain Professional Counselors Board-Approved Supervisor status:

1. A completed notarized application and \$50.00 (one-time fee) nonrefundable application fee (form 08-4430).
2. Supervisor certification fee of \$50.00 (one-time fee). (You may submit both fees in one check made payable to the "State of Alaska.")
3. Provide to the board a statement that you are currently licensed to practice and have at least five years of counseling experience (sections 3 and 4 of application). If applying from another jurisdiction, submit a copy of the applicant's license in that jurisdiction.
4. Provide to the board a statement that details your supervision philosophy, counselor orientation, and counselor experience (section 5 of application).
5. Submit documentation of having completed at least six contact hours of continuing education related to supervision of mental health professionals within the two years preceding the date of application.
6. In accordance with AS 08.29.210(a)(5) and 12 AAC 62.200(a)(3) and (b), the Board of Professional Counselors is requiring that the applicant adhere to the "ACA Code of Ethics", American Counseling Association, 2005, Section F.
7. If not licensed in Alaska, you must submit a copy of your current professional license.

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, AK 99811-0806
TELEPHONE: (907) 465-2551
E-mail: license@alaska.gov

For Department Use Only

**APPLICATION FOR BOARD APPROVED
PROFESSIONAL COUNSELOR SUPERVISOR**

This application must be completed in full. If a section does not apply, write N/A in the space provided. **Please print or type.**

1. Name: _____
Last First Middle Maiden

Date of Birth: _____

2. Mailing Address: _____
Street or P.O. Box

_____ City State Zip Code

Business Telephone: _____ Home Telephone: _____

Email Address: _____

PROFESSIONAL DATA

3. List the state(s) where you currently hold or have held a license or certificate to practice professional counseling, clinical social work, marital and family therapy, psychology as a psychologist or psychological associate, physician, or advanced nurse practitioner who is certified to provide psychiatric or mental health services. Please indicate whether certified or licensed.

	State	Date Issued	Expiration Date	Licensed/Certified
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____

4. I, _____, am attesting that I have a _____ license to practice _____.

License Number: _____ Date Issued: _____

Expiration Date: _____ State: _____

AND

practiced _____ for at least five years during the period _____ to _____.

5. Please give a statement that details your supervision philosophy, counseling orientation, and counseling experience.

Supervision philosophy: _____

Counseling Orientation: _____

Counseling Experience: _____

I certify that I will adhere, and will continue to adhere, to the ethical guidelines adopted which are in accordance with AS 08.29.210(a)(5) and 12 AAC 62.200(a)(3).

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

WARNING: Alaska Statute 11.56.200 states that a person commits the crime of perjury if he/she makes a false statement.

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: _____