



**Board of Marital and Family Therapy**

State Office Building, 333 Willoughby Avenue, 9th Floor

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550 • Email: [license@alaska.gov](mailto:license@alaska.gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfMaritalFamilyTherapy](http://ProfessionalLicense.Alaska.Gov/BoardOfMaritalFamilyTherapy)

## Marital and Family Therapy Associate License Application

The Board will issue a four-year nonrenewable license to an applicant for supervised practice in accordance with AS 08.63.110, in order to satisfy the requirements of 08.63.100(2)(3)(C)(ii). The holder of this license may practice under supervision in a clinic, social service agency, or other setting approved by the board. An associate may accrue supervised hours only under the direct supervision of a supervisor approved by the Board.

**THE FOLLOWING DOCUMENTS AND FEES MUST BE ON FILE WITH THE DIVISION BEFORE THE APPLICATION WILL BE REVIEWED:**

1. **APPLICATION:** Completed, signed and notarized. An applicant with a “yes” answer to one or more professional conduct questions must submit a separate written, signed and dated explanation and provide copies of any supporting documents.

2. **FEES:**

Nonrefundable Application Fee	\$350
Initial Licensure Fee	\$600
<b>TOTAL FEES DUE</b>	<b>\$950</b>

Make check or money order payable to the State of Alaska. You may pay by credit card by submitting the attached Credit Card Payment Form.

3. **RELEASE:** Completed Authorization for Release of Records form (provided below).
4. **EDUCATIONAL REQUIREMENT:**
  - a. Submit official transcripts showing master’s or doctorate degree that meets the requirements of AS 08.63.100(a)(3)(B).  
— and —
  - b. To assist the Board in its review of your education, please complete the education course work sheet and return with your application.  
— or —
  - b. If your course of study did not include all of the courses or clinical practice as required you may substitute post-degree courses or practice as approved by the board to satisfy these requirements. Please complete the education course work sheet, check the “Substitution” box and return the form with your application.

5. **PROPOSED PLAN OF SUPERVISION:**  
Attach for Board approval a proposed plan to satisfy the supervision requirements of AS 08.63.100(a)(3)(C). If you change supervisors you must notify this office immediately and submit another proposal.

After licensure as a marital and family therapy associate an applicant must submit a Marital and Family Therapist License application (Form 08-4203) and all supporting documentation to be considered for the National Marital and Family Therapy Examination.

Upon completion of the required supervision the Verification of Approved Clinical Contact Hours shall be completed by your supervisor and returned directly to the Division by your supervisor.

## ! General Information

### APPLICATION PROCESSING:

The average time to process a paper application is 2-4 weeks from the date it is received in this office, complete with all correct forms and supporting documents and appropriate fees paid. If the application is incomplete, the applicant will be notified of the incomplete and/or incorrect documents and fees. When the application is complete and correct and all supporting documents have been received and all fees have been paid the license will be issued and sent to you with a cover letter about Alaska statutory requirements. If the application is not approved for licensure, a written explanation of the basis of that denial and information on how to appeal the decision will be provided. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

### LICENSE TERM:

Licenses are issued for a two-year period and expire on December 31 of odd-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record. If your program offers temporary licenses, they are issued for either 30 consecutive days or until the end of the calendar year, whichever period is shorter.

### FINGERPRINTING:

For programs requiring fingerprinting please be advised that processing is performed by the Department of Public Safety and they require about two months for processing, so plan accordingly.

### "YES" RESPONSES:

A "Yes" response in the application does not mean your application will be denied. If you have responded "Yes" to any professional fitness questions in the application, be sure to submit an explanation and documentation.

### DENIAL OF APPLICATION:

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

### RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, you will be sent a letter and required to submit copies of documentation and proof that you satisfied the continuing competency requirements as you stated on this renewal form. Please note that licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

### ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the Division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

### CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a "certified true copy of the original document".

### SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exception from Social Security Number Requirement form located at [ProfessionalLicense.Alaska.gov](http://ProfessionalLicense.Alaska.gov) or contact the Division for a copy of the form.

### SPECIAL ACCOMMODATIONS FOR 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 an *Application for Examination Accommodations for Candidates with Disabilities form* (08-4214).

### PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the Division's website at [ProfessionalLicense.Alaska.gov](http://ProfessionalLicense.Alaska.gov) under License Search.

### ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the Division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued and all fees will be forfeited.

### 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 Postsecondary 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 Postsecondary Education office at (907) 465-2962 or (800) 441-2962 to resolve payment issues.

### LISTSERV:

If your program has an electronic mailing list, contact staff to subscribe and receive meeting agendas and minutes, newsletters, position statements, and notices of regulation changes.

### BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, call (907) 465-2550 or online at: [BusinessLicense.Alaska.gov](http://BusinessLicense.Alaska.gov)

### STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the Division's website: [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov) If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the program you want to be updated on to:

**REGULATIONS SPECIALIST**  
**Department of Commerce, Community, and Economic Development**  
**Division of Corporations, Business and Professional Licensing**  
**P.O. Box 110806**  
**Juneau, Alaska 99811-0806**



THE STATE  
of **ALASKA**  
Department of Commerce, Community and Economic Development  
Division of Corporations, Business and Professional Licensing

**MFT**

FOR DIVISION USE ONLY

**Board of Marital and Family Therapists**  
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**Marital and Family Therapy Associate License Application**

**PART I Payment of Fees**

Required Fees	<input type="checkbox"/> Nonrefundable Application Fee	<b>\$350</b>
	<input type="checkbox"/> MFT Associate License Fee	<b>\$600</b>
Make checks payable to: State of Alaska or use the attached credit card payment form.		

**PART II Applicant Information**

Full Name			
Have you ever been known by any other name	<input type="checkbox"/> No	<input type="checkbox"/> Yes, enclosed is a certified copy of the court order	
Mailing Address			
Work Phone		Home Phone	
Date of Birth		Email	
<small><b>SOCIAL SECURITY NUMBER:</b> As required by State law, please provide your United States Social Security Number. It is considered CONFIDENTIAL information and is not for public disclosure; it may be used to verify inter-state licensure. (AS 08.01.100)</small>			

**PART III Education**

College Education	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Doctorate Degree
College or University		Location
Dates Attended		Degree

**PART IV Professional Background****1. Practice History**

List all relevant or related positions held.

<b>Employer's Name</b>			
<b>Employer's Address</b>			
<b>Employer's Phone</b>			
<b>Dates Employed</b>		<b>Title</b>	
<b>Direct Supervisor's Name</b>			
<b>Duties and Responsibilities</b>			

  

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<b>Employer's Address</b>			
<b>Employer's Phone</b>			
<b>Dates Employed</b>		<b>Title</b>	
<b>Direct Supervisor's Name</b>			
<b>Duties and Responsibilities</b>			

  

<b>Employer's Name</b>			
<b>Employer's Address</b>			
<b>Employer's Phone</b>			
<b>Dates Employed</b>		<b>Title</b>	
<b>Direct Supervisor's Name</b>			
<b>Duties and Responsibilities</b>			

**2. Professional Associations**

List all professional memberships or associations.

<b>Association's Name</b>	
<b>Association's Address</b>	
<b>Dates of Membership</b>	
<b>Office Held</b>	
<b>Projects or Committees</b>	

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<b>Dates of Membership</b>	
<b>Office Held</b>	
<b>Projects or Committees</b>	

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<b>Association's Address</b>	
<b>Dates of Membership</b>	
<b>Office Held</b>	
<b>Projects or Committees</b>	

## PART V Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial. If you answer "Yes" to any of the questions, please explain dates and circumstances on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, etc.). Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>1.</b> Have you ever had a professional license denied, revoked, suspended, or otherwise restricted, conditioned or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>2.</b> Have you ever been disciplined by any state board for any violation of the Marital and Family Therapy Practice Act or unethical conduct in delivery of professional services to clients?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>3.</b> Have you ever been the subject of an investigation by any state board or other licensing agency concerning a violation or alleged violation of any state regulation, statute, or law, or any violation or alleged violation of the Social Work Practice Act, or unprofessional or unethical conduct?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>4.</b> Have you ever had any malpractice settlements or judgments paid on your behalf?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>5.</b> Have you ever been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>6.</b> Within the past five years, have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates, or habit forming drugs?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>7.</b> Within the five years immediately preceding the date of application for licensure, have you experienced or been treated for, bipolar disorder, schizophrenia, paranoia, depression (except for situational or reactive depression), psychotic disorder, or other mental or physical or emotional condition or disability?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

All information submitted with this application is considered public information unless required by state or federal law to remain confidential. If additional information of a confidential nature is required, you will be notified in writing. Licensee information, including mailing addresses, is available on the division's website at [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov) under License Search.

## PART VI Notarized Signature

I certify that the information on this form is true and correct to the best of my knowledge. The Division may deny, suspend or revoke the license of a person who has obtained or attempted to obtain a license by fraud or deceit. The person may also be subject to criminal charges for perjury or unsworn falsification. (AS 11.56.210)

Further, by my signature below, I acknowledge the Board of Marital and Family Therapy has made me aware of AS 47.17.020 and my duty to comply with that statute.

Notary Stamp 	Applicant's Signature:	Printed Name:	
	Notary Public for State of:	Subscribed and Sworn to Before me on this Day:	
	Notary's Signature:	My Commission Expires:	



THE STATE  
of

**ALASKA** Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

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**PART VII Authorization for Release of Records**

To Whom It May Concern:

I, \_\_\_\_\_  
First Name Middle Name Last Name

residing at \_\_\_\_\_  
Address City State ZIP Code

authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my employment, and educational records, and records pertaining to litigation, suits, judgments and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business and Professional Licensing and its investigators.

I authorize the Division to discuss my records with persons or organizations which are considered appropriate by the Division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the Division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis, or treatment.

I request that upon presentation of this release, or a Certified True Copy, that you provide copies of the records to the Division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with my application for licensure as a marital and family therapist and expires one (1) year from the date of my signature below.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing and its investigators, and all others directly or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Work Telephone:** \_\_\_\_\_

## PART VIII Graduate Educational Experience

In addition to submitting official graduate transcripts showing a master's or doctorate degree, indicate below where and how you obtained the following graduate educational experience. Do not list a course under more than one category.

- Satisfying Educational Requirement using Graduate Educational Experience
- Satisfying Educational Requirement using Substitution of Post-Degree Courses

*The board will, in its discretion, accept post-degree courses or practice to satisfy the course of study requirements in AS 08.63.100(a)(3) (B)(i-vi). See 12 AAC 19.120*

### 1. Marital and Family Therapy Theory (Three courses or nine semesters or 12 quarter hours)

Courses that meet this requirement are informative of systems theory and other theoretical approaches to marital and family therapy. Courses taught in this area must enable students to think systemically about human issues by focusing on the systems paradigm to conceptualize and distinguish the critical epistemological issues in marital and family therapy. This area must provide a substantive understanding of the major models of system change and the principles and techniques evolving from each model. This comprehensive survey of the major models of system change will include, but are not limited to; structural, strategic, intergenerational, contextual, behavioral, experiential, and systemic. This section of the qualifications must also address the applied aspects of marital and family therapy practice, including the range of techniques associated with each orientation; indications and contraindications for utilizing specific techniques; development of a rationale for intervention; and the role of the therapist.

This area must also focus on two major interdependent components; diagnosis/assessment and treatment processes within the context of marital and family systems. Treatment processes must be offered for specific problems, including, but not limited to loss and bereavement, intense stress, substance abuse, suicide, incest, violence, sexual dysfunctions, divorce, and remarriage.

Institution	Course ID	Course Title	Term	Semester System
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

### 2. Marital and Family Studies (Three courses or nine semesters or 12 quarter hours)

Courses that meet this requirement are informative of the broad dimensions of marriage and/or family and include such courses as marriage and family relations, family sociology, marriage, family and work relationships or other such related topics in which marriage and the nature of the family and its functions are clearly evident in the course content.

Institution	Course ID	Course Title	Term	Semester System
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter



**PART VIII Graduate Educational Experience**

(continued)

**3. Human Development**

(Three courses or nine semesters or 12 quarter hours)

Courses that meet this requirement focus on the complex developmental relationships among individuals in the family. Individual-orientation and family/couple life cycle content must stress the interface between the interpersonal and the intrapersonal.

Institution	Term	Course Title	Credits	Semester System
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

**4. Professional Studies or Professional Ethics and Law**

(One course or three semesters or four quarter hours)

Courses that meet this requirement are informative of the broad dimensions of marriage and/or family and include such courses as marriage and family relations, family sociology, marriage, family and work relationships or other such related topics in which marriage and the nature of the family and its functions are clearly evident in the course content.

Institution	Term	Course Title	Credits	Semester System
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

**PART VIII Graduate Educational Experience**

(continued)

**5. Research**

(One course or three semesters or four quarter hours)

Emphasis in this area is on understanding research methodology and data analysis, developing computer research skills, and learning to evaluate critically professional research reports relevant to marital and family therapy.

Institution	Term	Course Title	Credits	Semester System
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter

**6. Supervised Clinical Practice**

(One year)

Direct clinical work with couples and families must have been a part of a graduate degree or completed through a supervised clinical practicum in marital and family therapy obtained subsequent to the granting of a degree in an equivalent course of study. This one-year requirement includes nine semester or twelve quarter hours or approximately 15 hours per week for one year. Direct client contact is face-to-face (therapist and client) therapeutic intervention. The balance of time was to be spent in supervision, record keeping, and participation in other clinical activities of the agency or practice.

Institution	Term	Course Title	Credits	Semester System
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter
				<input type="checkbox"/> Semester <input type="checkbox"/> Quarter



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**PART IX Associate Supervision Plan**

Supervisee's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**THIS PART TO BE COMPLETED BY THE SUPERVISOR**

I am a licensed marital and family therapist in the State of Alaska and have been approved by the Board as an approved supervisor.

Supervisor's Name		License #	
Mailing Address		Phone	

<b>Proposed Supervision Schedule</b>	Total Hours of Supervision	
	Total Hours of Individual Supervision	
	Total Hours of Group Supervision	
	Frequency of Sessions	
	Length of Sessions	

<b>Facility Where Supervision to Be Provided</b>	Facility Name	
	Address	
	Phone Number	

The undersigned agree to comply with all statutes and regulations and the guidelines in the attached plan.

→	Supervisee/MFT Associate	Date
→	Supervisor	Date



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**Proposed Plan of Supervision Guidelines**

Before beginning supervised practice as a marital and family therapy associate, the licensee shall submit to the Board for its approval a proposed plan for satisfying the supervision requirements of AS 08.63.100(a) (3)(C).

In accordance with AS 08.63.120, a person may not supervise a person under this chapter unless approved by the Board as an “approved supervisor.”

It is recommended that the supervisor and therapist/supervisee together discuss or evaluate the following issues for inclusion in the supervision plan before reviewing and signing the plan:

- Education, training, and clinical experience
- Philosophy of supervision
- Previous supervision experience
- Supervision goals
- Supervisor style and techniques
- Theoretical orientations
- Legal/Ethical considerations
- Use of self in supervision
- Practical issues
- Other issues that may need discussion

If supervisee issues arise that seem out of the professional boundary of supervision, the issues must be addressed and appropriate therapy referrals given.

The following plan can be used as a template for a supervision plan or the supervisor and therapist/supervisee can submit their own supervision plan that meets the requirements. If the proposed plan below is used, both the supervisor and therapist/supervisee shall initial all items that will be a part of the supervision plan.

Name of Marital and Family Therapy Associate (MFTA): \_\_\_\_\_

Name of Approved Marital and Family Therapy Supervisor (Supervisor): \_\_\_\_\_

**A. Supervision**

- A supervision log will be kept to include a weekly accounting of the MFTA’s clinical services and supervision (individual and group). The Supervisor shall sign such log.

MFTA \_\_\_\_\_ Supervisor \_\_\_\_\_

- The Supervisor will discuss with the MFTA his/her philosophies of supervision along with the supervision contract at the beginning of a supervisory relationship.

MFTA \_\_\_\_\_ Supervisor \_\_\_\_\_

- Evaluations will be both written and verbal using a rating scale format that covers various competency areas. The MFTA will be encouraged to provide ongoing feedback to the Supervisor, and mutual feedback will be encouraged in a supportive and collegial atmosphere. Evaluation will assess progress toward the MFTA's goals, as well as progress toward meeting requirements for credentialing.

**MFTA \_\_\_\_\_ Supervisor \_\_\_\_\_**

- Issues to be discussed in evaluations include:
  - Respectful treatment of clients.
  - Relative proficiency with individuals, couples, family, and group formats.
  - Ability to deal with negative feedback in supervision.
  - Willingness to present issues/cases in supervision when supervisee feels stuck/uncertain.
  - Quality of paperwork.
  - Ability to manage stress and take care of self.

**MFTA \_\_\_\_\_ Supervisor \_\_\_\_\_**

- The MFTA will be evaluated in the following ten skill areas:
  - The ability to fulfill agency/organization responsibilities and manage his/her caseload.
  - The skill at establishing and maintaining an ongoing relationship with clients.
  - The ability to observe client interactions.
  - The skill of learning about theory and integrating observations of clients with theory.
  - The ability to adequately direct the course of therapy.
  - The ability to behave in ways that will facilitate client change.
  - The ability to use resources to promote supervisee growth and present him/herself as a marital and family therapist.
  - The skill to be able to use awareness of self in therapy sessions, and be aware of personal issues.
  - The understanding of ethics and ethical behavior in doing therapy.
  - The ability to recognize and address contextual variables in the therapy setting (i.e., gender, race, ethnicity, sexual preference, religion).

For live or video supervision, the actual evaluation form will include a section on evaluating the atmosphere in the therapy room.

**MFTA \_\_\_\_\_ Supervisor \_\_\_\_\_**

- The written evaluations of the MFTA will be quarterly with a final evaluation at the end of the supervision. At each supervision session, the supervisee will be encouraged to bring up any problems or concerns, and to note any areas he/she particularly appreciates, as they occur.

**MFTA \_\_\_\_\_ Supervisor \_\_\_\_\_**

- The Supervisor will keep notes of the MFTA's sessions describing the MFTA's present concern and relevant information about the client that can be summarized for continuity in supervision. The MFTA may review these notes and comment upon them verbally and in writing as needed.

**MFTA \_\_\_\_\_ Supervisor \_\_\_\_\_**

- It should be understood that the evaluation of the MFTA's skill/competency areas takes place in a certain time period, and that the MFTA's skills will change with time.

**MFTA \_\_\_\_\_ Supervisor \_\_\_\_\_**

- Ongoing, mutual feedback will be encouraged within a supportive and collegial atmosphere. If the MFTA should have any problems or concerns with the Supervisor, he/she is encouraged to bring these up as they occur. It is agreed that if concerns are not resolved, a consultation will be arranged with the following mutually-agreed upon mediator:

\_\_\_\_\_

The supervisor and supervisee will share payment for the services of this mediator equally.

**MFTA \_\_\_\_\_ Supervisor \_\_\_\_\_**

- In the event either party decides to terminate supervision prematurely, it is agreed that a full discussion of issues will be held. Furthermore, the Supervisor retains the right to sign any forms for certifying supervision only when the MFTA has participated in and terminated supervision in an ethical and professional manner.

**MFTA \_\_\_\_\_ Supervisor \_\_\_\_\_**

- As a Supervisor, I have the responsibility to evaluate the background knowledge an MFTA has in the field of marriage and family therapy. I must evaluate the MFTA's skills, abilities and appropriateness in doing therapy. If the MFTA wants state licensing, I will need to know the specific requirements to obtain those positions.

**MFTA \_\_\_\_\_ Supervisor \_\_\_\_\_**

- Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MFTA \_\_\_\_\_ Supervisor \_\_\_\_\_**

**B. Educational Intent (which involves supervision goals; supervision techniques, theoretical orientations, legal / ethical considerations, practice issues, and other issues that need discussion)**

- The MFTA will come to supervision sessions with specific cases, issues, and/or questions to discuss and with brief case outlines indicating presenting problems, in writing. Periodically, the MFTA's caseload will be reviewed in terms of number of cases, complexity and variety of presenting concerns, as well as relevant intervention strategies.

**MFTA \_\_\_\_\_ Supervisor \_\_\_\_\_**

- Informed consent: The MFT provides to the client the informed consent form that includes the fact that material might be shared with a Supervisor.

**MFTA** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

- Clinical obligations: To ensure ethical and clinical obligations, the MFTA will, at the beginning of each session, review any cases where there are issues of:
  - suicide/homicide
  - confidentiality
  - dual role relationship potentials

**MFTA** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

- Coordinating: Supervisory boundaries will be clarified in writing in terms of responsibility between marital and family therapist Supervisor and agency supervisors.

**MFTA** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

- Emergencies – In case of emergency or high-risk situations, the MFTA will contact the Supervisor for consultation. The MFTA must follow agency protocol for emergencies in agency cases. In all cases, documentation of all supervisory discussions is the MFTA's responsibility.

**MFTA** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

- Supervision Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MFTA** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

- Supervision Techniques: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MFTA** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

- Theoretical Orientations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MFTA** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MFTA** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

**C. Methodology for Clinical Practice (e.g. case presentation, audiotapes, videotapes, live, cyber, other)**

- The following methods will be used in clinical practice: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MFTA** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MFTA** \_\_\_\_\_ **Supervisor** \_\_\_\_\_

**D. Other Items (attach additional pages as necessary)**

- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MFTA** \_\_\_\_\_ **Supervisor** \_\_\_\_\_





THE STATE  
of **ALASKA** *Department of Commerce, Community, and Economic Development*  
*Division of Corporations, Business and Professional Licensing*

**Board of Marital and Family Therapists**

State Office Building, 333 Willoughby Avenue, 9th Floor  
PO Box 110806, Juneau, AK 99811-0806  
Phone: (907) 465-2550 • Fax: (907) 465-2974  
Email: [license@alaska.gov](mailto:license@alaska.gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfMaritalFamilyTherapy](http://ProfessionalLicense.Alaska.Gov/BoardOfMaritalFamilyTherapy)

**PART X Verification of Approved Clinical Contact Hours**

**DEAR SUPERVISOR:** I am applying for licensure in the State of Alaska as a marital and family therapist. I am required to provide evidence of this supervised work to the Alaska Board of Marital and Family Therapy. Please provide the information required directly to the State of Alaska at the address above.

**Name:** \_\_\_\_\_ **Name at Time of Supervision:** \_\_\_\_\_

**Associate License #:** \_\_\_\_\_ **Dates Under Supervision:** \_\_\_\_\_ to \_\_\_\_\_

**Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**THIS PART TO BE COMPLETED BY THE FORMER SUPERVISOR**

The information below must be completed by the supervisor. The required 200 hours of individual and group supervision must be provided by a person who is an Alaska Board of Marital Therapy-Approved Supervisor.

Supervisor's Name					
Supervisor's License #		License Type		State	
Supervisee's Name			Clinic or Institution Where Supervised		
Period When Supervised					
Total hours of direct clinical contact with couples and families:					
Total hours of individual supervision provided by you to this applicant during this period:					
Total hours of group supervision provided by you to this applicant during this period:					
The State of Alaska believes that a license to practice marital and family therapy carries important responsibilities. Please comment, as supervisor, on the applicant's qualifications, abilities, character, etc., which involve use of marital and family therapy as defined in AS 08.63.900(5)(A)(B).					

In order that the Board of Marital and Family Therapy has sufficient information to adequately assess the applicant's qualifications please answer the following:

1.	To the best of your knowledge is the applicant of good moral character?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	To the best of your knowledge, within the last five years, has the applicant been addicted to, or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	To the best of your knowledge has the applicant ever had a claim of malpractice against him/her?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	To your knowledge, has the applicant violated the ethical standards for providers of marital and family therapy services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	To your knowledge, has the applicant misrepresented his or her professional qualifications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	To your knowledge, has the applicant been practicing marital and family therapy services without a license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	To your knowledge, has the applicant ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	At any time during your supervision of this applicant, were restrictions placed on the applicant? If so, please explain on a separate sheet.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	How would you rate the applicant's marital and family therapy technical knowledge and practice experience? <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Fair <input type="checkbox"/> Needs Improvement Please elaborate:		
10.	Would you recommend this applicant for licensure as a marital and family therapist?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	Please provide further comments for the Board to consider in reviewing this applicant:		

All information submitted with this application is considered public information unless required by state or federal law to remain confidential. If additional information of a confidential nature is required, you will be notified in writing. Licensee information, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

**PART XI Notarized Signature**

I certify that the information on this form is true and correct to the best of my knowledge. The Division may deny, suspend or revoke the license of a person who has obtained or attempted to obtain a license by fraud or deceit. The person may also be subject to criminal charges for perjury or unsworn falsification. (AS 11.56.210)

Notary Stamp	Applicant's Signature:		Printed Name:	
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary's Signature:		My Commission Expires:	



THE STATE  
of **ALASKA**  
*Department of Commerce, Community, and Economic Development*  
*Division of Corporations, Business and Professional Licensing*

FOR DIVISION USE ONLY

State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2550

## Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: \_\_\_\_\_

Program Type: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply):

**AMOUNT**

Application Fee: \_\_\_\_\_

License or Renewal Fee: \_\_\_\_\_

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. \_\_\_\_\_

2. \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

**CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!**

<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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