



Board of Marital and Family Therapy

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfMaritalAndFamilyTherapy@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfMaritalFamilyTherapy

Marital and Family Therapist License by Examination Application Instructions

A person may apply for licensure to practice marital and family therapy in the State of Alaska under the provisions of AS 08.63.

Once approved by the board, the applicant will be eligible to take the National Marital and Family Therapy Exam. All arrangements for the exam are made through the Association of Marital and Family Therapy Regulatory Boards. For more information, please visit AMFTRB.org.

The following must be received by the division before your application for Marital and Family Therapist License by Examination can be reviewed:

1. APPLICATION

A completed application, signed and notarized (#08-4933, pages 1-4).

2. FEES

Fees made payable to "State of Alaska."

Nonrefundable Application Fee: \$ 350.00

License Fee: \$ 750.00

Total Fees Due: \$1,100.00

3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4933a).

4. OFFICIAL TRANSCRIPTS

Official transcripts of a master's or doctorate degree in marital and family therapy or allied mental health field from a regionally accredited educational institution with acceptable course of study sent directly to this division. Transcripts must be sent directly to the division from the degree issuing institution, **and**

a. A completed Education Course Work Check Sheet (#08-4933b)

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. Submit the completed Substitution of Post-Degree Course Work Check Sheet (#08-4933c).

5. VERIFICATION OF APPROVED CLINICAL CONTACT HOURS

Verification of having practiced marital and family therapy, including 1,700 hours of direct clinical contact with couples and families and having been supervised in clinical contact for at least 200 hours, including 100 hours of individual supervision and 100 hours of group supervision. The supervisor must be a board authorized supervisor who was authorized by the board prior to the supervision taking place. Submit the completed Verification of Approved Clinical Contact Hours form (#08-4933d).

6. VERIFICATION OF TRAINING

Verification that the applicant has received at least six contact hours of training related to domestic violence. Documentation of having received this can be provided by submitting a notarized copy of the transcript, certificate, or letter from the instructor. See 12 AAC 19.320(b)(1)-(7).

7. JURISPRUDENCE QUESTIONNAIRE

A completed jurisprudence form. The form may be obtained by contacting board staff at the letterhead email address after the application is submitted.

NOTE: LICENSED MARITAL AND FAMILY THERAPY ASSOCIATES

Licensed Marital and Family Therapy Associates qualify to take the National Marital and Family Therapy Exam without completion of (5) and (6) above (12 AAC 19.110(f)). However, before being licensed as a Marital and Family Therapist, completion of all requirements above must be met.

MFT Information

Once a person obtains licensure to practice marital and family therapy, they will need to become familiar with the requirements for licensure renewal and continuing education which are found under 12 AAC 19.300-.340.

In accordance with AS 08.63.900(5), the definition for the practice of marital and family therapy means the diagnosis and treatment of mental and emotional disorders that are referenced in the standard diagnostic nomenclature for marital and family therapy, whether cognitive, affective, or behavioral, within the context of human relationships, particularly marital and family systems; marital and family therapy involves:

- A. the professional application of assessments and treatments for psychotherapeutic services to individuals, couples, and families for the purpose of treating the diagnosed emotional and mental disorders;
- B. an applied understanding of the dynamics of marital and family interactions, along with the application of psychotherapeutic and counseling techniques for the purpose of resolving intrapersonal and interpersonal conflict and changing perceptions, attitudes, and behaviors in the area of human relationships and family life.

AS 47.17.020

In accordance with AS 08.63.050(6), the Board of Marital and Family Therapy is required to ensure that all licensees are aware of the requirements under AS 47.17.020 – Persons required to report. It is an applicant’s responsibility to obtain a copy of AS 47.17.020 and review.

General Information

APPLICATION PROCESSING:

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the license may be issued. 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 even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date which are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 30 days before license expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a licensee from the responsibility of renewing a license on time.

PROFESSIONAL FITNESS QUESTIONS:

A “yes” response in the application does not mean your application will be denied. If you have responded “yes” to any professional fitness questions, submit an explanation with the charging and closing court documentation (e.g. court records, fitness letters, etc.).

DENIAL OF APPLICATION:

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.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant'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. 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”. To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, “I certify this is a true copy of the original document” and sign your name. The notary will compare the original document with the copy and then notarize your signature.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 requires a U.S. Social Security Number be on file with the division before a professional license is issued. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form located at ProfessionalLicense.Alaska.Gov.

PUBLIC INFORMATION:

All information on the application form will be available as a public record, unless required to be kept confidential by state or federal law.

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.

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, (907) 465-2550 or *BusinessLicense.Alaska.Gov*.

STALE DOCUMENTS:

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

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*. To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: *RegulationsAndPublicComment@Alaska.Gov*.



THE STATE
of **ALASKA**

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

MFT

FOR DIVISION USE ONLY

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Marital and Family Therapist by Examination License Application

PART I Payment of Fees

| | | |
|-----------------------|--|-------------------|
| Required Fees: | <input type="checkbox"/> Application and License Fee (\$350 is Non-Refundable) | \$1,100.00 |
|-----------------------|--|-------------------|

PART II Personal Information

| | | | |
|--|--------------------|-----------------------|---|
| Full Legal Name: | | | |
| Provide all other names used (maiden, nicknames, aliases). If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s). | | | |
| <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other Names Used: _____ | | | |
| Mailing Address: | P.O. Box or Street | City | State Zip |
| Contact Phone: | | Date of Birth: | |
| EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure. | | | |
| Email Address: | | Select One: | <input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail |
| <i>Note: If both boxes are selected above, you will receive correspondence electronically.</i> | | | |
| SOCIAL SECURITY NUMBER: AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure. | | | |

PART III College Education

| | | | |
|--|--|--------------------------|--|
| <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate Degree | | | |
| Name of College or University: | | | |
| Location: (City, State) | | | |
| Date Attended From: | | Date Attended To: | |
| Degree Awarded: | | Date Awarded: | |

PART IV Professional License(s)

List ALL the states in which you are and have been licensed to practice Marital and Family Therapy. Submit additional pages as needed.

| State or Jurisdiction | Licensed By (Exam, Credential, Other) | License Number | Issue Date | Expiration Date | State Board Exam Administered? |
|-----------------------|--|----------------|------------|-----------------|---|
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

PART V Examinations

List any state(s) in which you **passed/failed** a marital and family therapy exam. Submit additional pages as needed.

| State | Exam Date | Exam Administered By | Result |
|-------|-----------|----------------------|--|
| | | | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| | | | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| | | | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |

PART VI Alaska Law

I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.63 and 12 AAC 19).

PART VII Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an explanation and documentation. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, final dispositions, board, or license actions, etc.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.

When in doubt, disclose and explain.

- 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 No
- 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 No

PART VII Professional Fitness Questions *(continued)*

3. 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 Marital and Family Therapy Practice Act, or unprofessional or unethical conduct? Yes No

4. Have you ever had any malpractice settlements or judgments paid on your behalf? Yes No

5. 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 No

6. Are you currently suffering from any condition, mental or physical, that impairs your judgement or that would otherwise adversely affect your ability to practice marital and family therapy in a competent, ethical and professional manner? Yes No

7. Do you use drugs or alcohol in any manner that impairs your ability to practice marital and family therapy competently and safely? Yes No

"Yes" Answers

If you answered "yes" to questions 6 or 7, in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice marital and family therapy. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.



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Notary Signature Page

| | | |
|--|--|--|
| Applicant Name: | | |
| Alaska License Number (if known): | | <input type="checkbox"/> <i>Application in Process</i> |

PART VIII Notarized Signature

I hereby certify I am the person herein named and subscribing to this application. I further certify I have read the complete application, and I know the full content thereof. I declare all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, registration, certificate, or permit to practice in the state of Alaska.

I further understand it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

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



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Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my employment, educational records, and records pertaining to litigation, judgments, suits 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 these records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of these records to those persons or organizations deemed appropriate by the division.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those 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 the application (initial, renewal, reactivation) for issuance of a marital and family therapist license.

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 and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

This authorization expires one (1) year from the date of my signature below.

| | | | |
|----------------------|--------------------|-----------------------|-----------|
| Name: | First | Middle | Last |
| Full Address: | P.O. Box or Street | City | State Zip |
| Phone: | | Date of Birth: | |
| Email: | | | |
| Signature: | | Date: | |



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Education Course Work Check Sheet

| | | | |
|--|--|----------------------|--|
| Applicant Name: | | | |
| Name of College or University Attended: | | | |
| Type of Degree: | | Date Awarded: | |

COURSE OF STUDY

Indicate below where and how you obtained the following graduate educational experience. Do not list a course under more than one category. If the course content is not self-evident in the title, attach a separate description.

(a) MARITAL AND FAMILY THERAPY THEORY (Nine semester 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.

Any course work in this category which exceeds the required nine semester, or twelve quarter, hours may be applied toward meeting the requirements for family studies.

| Institution | Course ID | Full Course Title | Credit Hours | |
|-------------|-----------|-------------------|--------------|---|
| | | | | <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 |

(b) MARITAL AND FAMILY STUDIES (Nine semester 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 | Full Course Title | Credit Hours | |
|-------------|-----------|-------------------|--------------|---|
| | | | | <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 |

(c) HUMAN DEVELOPMENT (Nine semester 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 | Course ID | Full Course Title | Credit Hours | |
|-------------|-----------|-------------------|--------------|---|
| | | | | <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 |

(d) PROFESSIONAL STUDIES OR PROFESSIONAL ETHICS AND LAW (Three semester or four quarter hours)

Areas of study must include professional socialization and the role of professional organizations; licensure and certification; legal responsibilities, and liabilities of clinical practice and research; family law (state and federal); confidentiality issues; the marital and family therapy Code of Ethics, and interprofessional cooperation. The content of course work should be specific to the practice and profession of marital and family therapy.

| Institution | Course ID | Full Course Title | Credit Hours | |
|-------------|-----------|-------------------|--------------|---|
| | | | | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter |
| | | | | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter |

(e) RESEARCH (Three semester 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 | Course ID | Full Course Title | Credit Hours | |
|-------------|-----------|-------------------|--------------|---|
| | | | | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter |
| | | | | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter |

(f) 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 | Course ID | Full Course Title | Credit Hours | |
|-------------|-----------|-------------------|--------------|---|
| | | | | <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 |

Applicant Signature

| | | | |
|--------------------------------|--|---------------------|--|
| Applicant Printed Name: | | | |
| Applicant Signature: | | Date Signed: | |



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Substitution of Post-Degree Course(s) Work Check Sheet

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

MARITAL AND FAMILY THERAPY THEORY

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 or 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.

Any course work in this category which exceeds the required nine semester, or twelve quarter, hours may be applied toward meeting the requirements for family studies.

| Institution | Course ID | Full Course Title | Credit Hours | |
|-------------|-----------|-------------------|--------------|---|
| | | | | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter |
| | | | | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter |
| | | | | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter |

MARITAL AND FAMILY STUDIES

Courses that meet this requirement are informative of the broad dimensions of marriage and/or family and includes 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 | Full Course Title | Credit Hours | |
|-------------|-----------|-------------------|--------------|---|
| | | | | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter |
| | | | | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter |
| | | | | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter |

HUMAN DEVELOPMENT

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 | Course ID | Full Course Title | Credit Hours | |
|-------------|-----------|-------------------|--------------|---|
| | | | | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter |
| | | | | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter |
| | | | | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter |

PROFESSIONAL STUDIES OR PROFESSIONAL ETHICS AND LAW

Areas of study must include professional socialization and the role of professional organizations; licensure and certification; legal responsibilities, and liabilities of clinical practice and research; family law (state and federal); confidentiality issues; the marital and family therapy Code of Ethics, and interprofessional cooperation. The content of course work should be specific to the practice and profession of marital and family therapy.

| Institution | Course ID | Full Course Title | Credit Hours | |
|-------------|-----------|-------------------|--------------|---|
| | | | | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter |
| | | | | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter |
| | | | | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter |

RESEARCH

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 | Course ID | Full Course Title | Credit Hours | |
|-------------|-----------|-------------------|--------------|---|
| | | | | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter |
| | | | | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter |
| | | | | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter |

SUPERVISED CLINICAL PRACTICE

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 | Course ID | Full Course Title | Credit Hours | |
|-------------|-----------|-------------------|--------------|---|
| | | | | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter |
| | | | | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter |
| | | | | <input type="checkbox"/> Semester <input type="checkbox"/> Quarter |

Applicant Signature

| | | | |
|--------------------------------|--|---------------------|--|
| Applicant Printed Name: | | | |
| Applicant Signature: | | Date Signed: | |



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Website: ProfessionalLicense.Alaska.Gov/BoardOfMaritalFamilyTherapy

Verification of Approved Clinical Contact Hours

Complete the identifying information below. It is the applicant's responsibility to request all necessary verifications and pay all applicable fees. The 200 hours of individual and group supervision must be provided by a person who is an Alaska Board of Marital and Family Therapy Authorized Supervisor who was approved as an authorized supervisor prior to the supervision taking place in accordance with AS 08.63.120.

→ **Applicant:**

| | | | |
|------------------------|--|--------------------------------------|--|
| Applicant Name: | | MFT Associate License Number: | |
| Address: | | | |

MFT Supervisor Information:

| | | | |
|--------------------------------|--|------------------------------|--|
| MFT Supervisor Name: | | | |
| Supervision Start Date: | | Supervision End Date: | |
| Applicant Signature: | | Date Signed: | |

→ **MFT Supervisor:**

The above-applicant is applying for licensure in the State of Alaska as a marital and family therapist. Provide the information requested below, and return the form directly to the Board of Marital and Family Therapy at the letterhead address. The information below must be completed by the supervisor; it may not be completed by the applicant.

| | | | |
|--|--|--------------------------------------|--|
| MFT Supervisor Name: | | Authorized Supervisor Number: | |
| License Type: | | State of Issuance: | |
| Professional Clinic or Institution Name: | | | |
| Supervision Start Date: | | Supervision End Date: | |
| 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: | | | |

Recommendation

The State of Alaska believes a license to practice marital and family therapy carries important responsibilities. 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):

Comments:

To your knowledge:

| | |
|---|--|
| 1. is the applicant of good moral character? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. at any time during your supervision of this applicant, were restrictions placed on the applicant? <i>If yes, please explain (use an additional sheet if needed):</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Please evaluate the applicant's technical knowledge and practical experience in the practice of marital and family therapy: | |
| <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Fair <input type="checkbox"/> Needs Improvement | |
| 4. Would you recommend the applicant for licensure as a marital and family therapist? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please Explain: | |
| 5. Any further comments the board might consider in reviewing this applicant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please Explain: | |

Supervisor Signature

I hereby certify the information is true and complete to the best of my knowledge.

Supervisor Printed Name:

Supervisor Signature:

Date Signed:



Professional Licensing
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550
Email: License@Alaska.Gov
Website: ProfessionalLicense.Alaska.Gov

Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “yes” answers. A “yes” answer is not necessarily disqualifying but concealing one may be.

Each “yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include, but not be limited to, suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.



Write the professional fitness question number you are answering “yes” to in the box.

| | | | |
|---|--|--------------------------|--|
| Location of Incident: | | Date of Incident: | |
| Explanation of Incident: When in doubt, disclose and explain. <i>Make copies as necessary.</i> | | | |

Did you attach all applicable documents associated with this incident?

- Court Orders
 Consent Agreements
 Disciplinary Actions
 Charging Documents
 Court Records
 Fitness to Practice
 All Other Documentation Related to This Incident
 I have additional incidents for this “yes” answer, or “yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

| | | | |
|-------------------|--|---------------------|--|
| Full Name: | | Program: | |
| Signature: | | Date Signed: | |



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
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: | | | |
| Profession Type (e.g., Acupuncture): | | License Number (if applicable): | |
| I wish to make payment by credit card for the following (check all that apply): | | | AMOUNT |
| <input type="checkbox"/> | Application Fee: | | |
| <input type="checkbox"/> | License or Renewal Fee: | | |
| <input type="checkbox"/> | Other (fine, exam, etc.): | | |
| 1. | | | |
| 2. | | | |
| | | | TOTAL: |

| | | | |
|----------------------------------|--|-------------------|--|
| Name (as shown on credit card): | | | |
| Mailing Address: | | | |
| Phone Number: | | Email (Optional): | |
| Signature of Credit Card Holder: | | | |

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

| | | |
|------------------------|--|---|
| 1. Credit Card Number: | | <p>All 3 fields MUST be completed.</p> <p>This section will be destroyed after the payment is processed.</p> |
| 2. Expiration Date: | | |
| 3. Security Code: | | |