

**Department of Commerce, Community and Economic Development**  
**Division of Corporations, Business and Professional Licensing**  
**Board of Professional Counselors**  
 PO Box 110806, Juneau, AK 99811  
 Phone: (907) 465-2550  
 Email: *ProfessionalCounselors@Alaska.Gov*  
 Website: *ProfessionalLicense.Alaska.Gov/ProfessionalCounselors*

## Board Approved Supervisor Continuing Education Documentation

This form must accompany your application for certification as a Board Approved Supervisor. Failure to complete this form may lead to delays in licensure.

**Note:** Per 12 AAC 62.200(a)(4), The board will certify as an approved counselor supervisor an applicant who meets the requirements of AS 08.29.210 and of this section. An applicant for certification under this section must submit documentation of having completed at least 25 contact hours of continuing education related to supervision of professional counselors within the two years preceding the date of application; the 25 contact hours of continuing education must include at least 12 hours earned through attendance and completion of synchronous courses, seminars, and workshops; the 25 contact hours must be obtained through any of the following:

- (A) a three semester-hour graduate course in clinical supervision;
- (B) a course approved by the National Board of Certified Counselors (NBCC);
- (C) a course approved by the American Counseling Association (ACA);
- (D) a course approved by the American Mental Health Counselors Association (AMHCA); or
- (E) other courses related to professional counseling supervision and presented to the board for pre-approval as equivalent to courses described in (B) – (D) of this paragraph;

**In the table below, the key for sponsoring organizations\* is broken down as follows:**

**A** – 3 Semester-Hour Graduate Course in Clin. Supervision; **B** – National Board of Certified Counselors (NBCC); **C** – American Counseling Association (ACA);  
**D** – American Mental Health Counseling Association (AMHCA); **E** – Courses Pre-Approved by the Board\*\*

<b>Applicant Name:</b>	<b>License Number:</b>
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Dates of Attendance	Course Title and Description	Hours Claimed	Sponsoring Organization*					Synchronous***
			A	B	C	D	E	
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No

Dates of Attendance	Course Title and Description	Hours Claimed	Sponsoring Organization*					Synchronous***
			A	B	C	D	E	
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Subtotals for Each Category:</b>								
<b>Total Hours of Continuing Education:</b>								

*\*\*Pre-Approval means that the course has been presented to the board for approval prior to taking the course. If you wish to request pre-approval of a specific course, please submit a signed and dated letter with your request, the course syllabi and the course agenda for review.*

*\*\*\*Synchronous is defined as live/interactive courses in which the instructor and attendee may interact in real time. Courses that are pre-recorded or intended to be completed in your own time do not meet this requirement. At least 12 hours of continuing education must be synchronous.*

<b>Applicant Signature:</b>		<b>Date Signed:</b>	
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