



THE STATE
of

ALASKA

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

Board of Psychologists and Psychological Associate Examiners

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfPsychologists@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfPsychologists

Request for Alternate Supervision Plan

PART I Personal Information

Full Legal Name:			
Mailing Address:	P.O. Box or Street	City	State Zip
Email Address:		Phone Number:	
License Sought:	<input type="checkbox"/> Psychologist <input type="checkbox"/> Psychological Associate		

PART II Request for Alternate Supervision Plan

Supervisor Name:		Proposed Frequency of Face-to-Face Supervision (Per Month):	
Proposed Alternate Plan for Weekly Supervision:	<input type="checkbox"/> Phone w/ Supervisor <input type="checkbox"/> Correspondence w/ Supervisor <input type="checkbox"/> Other: _____		
List supervisor's qualifications below. (Degrees, Certification, Licensure, Recognized Expertise)			
State your reasons for requesting an alternate plan for supervision below.			

PART II Request for Extension (Continued)

Describe the nature and extent of supervision plan. (Must include focus on ethics.)

Supervisee Signature

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

Applicant Printed Name:

Applicant Signature:

Date Signed:

Supervisor Signature

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

Supervisor Printed Name:

Supervisor Signature:

Date Signed: