



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 Extension of Supervision Plan

PART I Personal Information

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

PART II Request for Extension

Supervisor Name:	
List supervisor's qualifications below. (Degrees, Certification, Licensure, Recognized Expertise)	
State your reasons for requesting an extension for supervision below.	