



State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
BOARD OF MARITAL AND FAMILY THERAPY
State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-5470 ★ Fax: (907) 465-2974 ★ E-mail: license@alaska.gov
Website: www.commerce.alaska.gov/occ/pmft.htm

MARITAL AND FAMILY THERAPIST LICENSE APPLICATION

PLEASE READ THE INSTRUCTIONS BEFORE YOU COMPLETE THE APPLICATION

A person may apply for licensure to practice marital and family therapy in the State of Alaska under the provisions of AS 08.63. Applicants may qualify for licensure by credentials (see Part I) or by examination (see Part II). Part III describes the procedures for obtaining a temporary license while waiting to take the examination.

If you have questions concerning the admission requirements, please contact the licensing examiner for the Board of Marital and Family Therapy at (907) 465-2551.

PART I: LICENSURE BY CREDENTIALS

The Board will issue a license to practice marital and family therapy to an applicant who holds a current license to practice marital and family therapy in another jurisdiction that has requirements for licensure substantially equal to or greater than those of this state (AS 08.63.140(1)). The following documents must be on file in this office before the Board will consider an application for licensure by credentials.

1. A completed notarized application and \$175.00 nonrefundable application fee (form 08-4203).
2. Initial licensure fee of \$665.00. All licenses are renewed biennially December 31, of even-numbered years.
3. Verification of Licensure completed by the state(s) where you hold or have held a license (Verification Form 08-4203a).
4. A copy of the current statutes and regulations pertaining to licensure or certification for the practice of marital and family therapy from the state where you are currently licensed.

PART II: LICENSURE BY EXAMINATION

To be considered for the National Marital and Family Therapy Examination, an applicant must submit the following documentation 60 days before the examination date of the examination they wish to attend. Applicants are directed to contact the Division for exact examination dates so that you meet the appropriate examination deadline:

1. A completed notarized application and \$175.00 nonrefundable application fee (form 08-4203).
2. The initial license fee of \$665.00 may be submitted at this time or upon successful passage of the examination. All licenses are renewed biennially December 31, of even-numbered years.
3. 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, and
 - A. To assist the board in its review of your education, please complete the Education Course Work Check Sheet and return with your application (form 08-4203c); 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 Substitution of Post-Degree Course Work Check Sheet and return with your application (form 08-4203d).
4. Verification of having practiced marital and family therapy within the three years before making application for licensure, including 1,500 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, which has been approved by the board (form 08-4203b).
5. 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. The following are acceptable:
 - A. postgraduate courses given by a regionally accredited academic institution, either audited or for credit;
 - B. courses offered by the American Association of Marital and Family Therapy;
 - C. courses offered by the Alaska Association for Marital and Family Therapy;
 - D. seminars, workshops, or mini-courses offered by professional organizations;
 - E. cross-disciplinary courses, seminars, or workshops in fields of medicine, law, behavioral sciences, ethics, or other disciplines;
 - F. courses, seminars, or workshops in substance abuse, domestic violence, cross cultural issues, gender issues, or child abuse; and
 - G. other courses not covered under (A) - (F) above that are specifically approved by the board.

PART III: TEMPORARY LICENSE

The Board will issue a temporary license to practice marital and family therapy to persons who have satisfied the requirements for examination and have been approved by the board to sit for the examination. The temporary license allows an applicant to practice while awaiting the next examination. If the licensee fails the marital and family therapy examination, the board will not renew the person's temporary license. The following documents must be in the office before your application for a temporary permit will be considered.

1. A completed notarized application and \$175.00 nonrefundable application fee (form 08-4203).
2. Temporary license fee of \$100.00.

GENERAL 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 whether cognitive, affective, or behavioral, within the context of human relationship, 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 interpersonal 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

APPLICATION REVIEW

The board meets at least twice a year and will review applications at Board meetings. Applications must be complete (including supporting documentation). Contact the division for meeting dates.

ADDRESS CHANGE

In accordance with 12 AAC 02.900, a person must notify the division in writing of any change in address. You can download the Change of Address form from the division website at: www.commerce.alaska.gov/occ.

RENEWAL INFORMATION

All certificates expire on December 31 of even-numbered years, regardless of when issued, except certificates issued within 90 days of the expiration date will be issued through the next biennium. Refer to 12 AAC 19.310 for continuing education requirements.

SOCIAL SECURITY NUMBER

In accordance with AS 08.01.060, the department is not authorized to issue a license unless the applicant's social security number has been provided to the department. If you do not have a social security number, you may download the Request for Exception from Social Security Number Requirement form at http://commerce.alaska.gov/occ/home_professional_lic.html or contact the division.

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 1-800-441-2962 to resolve payment issues.

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: www.commerce.alaska.gov/occ under License Search.



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For Division Use Only

MARITAL AND FAMILY THERAPIST LICENSE APPLICATION

[] Licensure by Credentials [] Licensure by Examination [] Temporary License (for exam applicants only)

This application must be completed in full. If a section does not apply, write N/A in the space provided. Please print or type.

Name: Last First M.I. Maiden

Social Security Number: (Required by AS 08.01.060) Date of Birth: Sex:

Mailing Address: Street or P.O. Box City State Zip Code

Business Telephone: Home Telephone:

Email Address (optional):

Please send correspondence via: [] Email [] US Mail

EDUCATION:

List names, addresses, and zip codes of ALL Masters and Doctorate programs attended. Give dates of attendance and graduation.

College (Master):

Title of Degree:

Date degree awarded:

College (Doctorate):

Title of Degree:

Date degree awarded:

FOR BOARD INFORMATION ONLY:

Please list any national professional organizations in which you hold current membership:

- 1.
2.
3.

PROFESSIONAL DATA:

List the state(s) in which you are and have been certified or licensed to practice Marital and Family Therapy. Please indicate whether certified or licensed.

STATE	DATE ISSUED	EXPIRATION DATE	LICENSED/CERTIFIED
a. _____	_____	_____	_____
b. _____	_____	_____	_____

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

Check either Passed or Failed, as appropriate:

- a. State: _____ Exam Date: _____ Passed Failed
Exam Administered by: _____
- b. State: _____ Exam Date: _____ Passed Failed
Exam Administered by: _____

OCCUPATIONAL DATA:

In chronological order, from most recent to most remote, list all relevant or related professional positions held. Provide names of employers, addresses, ZIP code, telephone numbers, positions held, duties, responsibilities, and name of direct supervisor(s).

1. Name of Employer: _____
Dates From: _____ To: _____
Employer Address: _____
Employer Telephone No.: _____
Name of Supervisor: _____
Position Held by Applicant: _____
Duties and Responsibilities: _____

2. Name of Employer: _____
Dates From: _____ To: _____
Employer Address: _____
Employer Telephone No.: _____
Name of Supervisor: _____
Position Held by Applicant: _____
Duties and Responsibilities: _____

3. Name of Employer: _____
Dates From: _____ To: _____
Employer Address: _____
Employer Telephone No.: _____
Name of Supervisor: _____
Position Held by Applicant: _____
Duties and Responsibilities: _____

4. Name of Employer: _____
Dates From: _____ To: _____
Employer Address: _____
Employer Telephone No.: _____
Name of Supervisor: _____
Position Held by Applicant: _____
Duties and Responsibilities: _____

5. Name of Employer: _____
Dates From: _____ To: _____
Employer Address: _____
Employer Telephone No.: _____
Name of Supervisor: _____
Position Held by Applicant: _____
Duties and Responsibilities: _____

(Attach other pages as necessary to complete this section)

PROFESSIONAL FITNESS: 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.**

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you ever been disciplined by any state board for any violation of the Marital and Family Therapy Practice Act or unethical conduct?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had a license to practice marital and family therapy revoked, suspended, restricted, surrendered, or limited?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had any malpractice settlements or judgments paid in your behalf?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 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?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Within the past five years, have you received a felony conviction or received a misdemeanor conviction?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you now or within the past five have you years been convicted of driving under the influence of alcohol, drugs, or chemical substances?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you now or within the past five years have you been addicted to or excessively used, or misused alcohol, narcotics, barbiturates, or habit-forming drugs?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you now or within the past five years have you been treated for/or hospitalized for emotional or mental illness, drug addiction, or alcoholism?..... | <input type="checkbox"/> | <input type="checkbox"/> |

Please be advised that all information provided with this application will be available to the public unless required to be kept confidential by state or federal law.

I hereby certify that the information in this application is true and correct to the best of my knowledge. I understand that any false information may result in failure to obtain licensure as a marriage and family therapist in Alaska, or subsequent revocation of my license.

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.

SIGN HERE 

Signature of Applicant

Date

SUBSCRIBED AND SWORN to before me, a Notary Public, in and for the State of _____
this _____ day of _____, in the year of _____.

Notary Public

My Commission Expires: _____

WARNING: The Board of Marital and Family Therapy may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to practice marital and family therapy by fraud or deceit. The person may also be subject to criminal charges for perjury. (AS 11.56.200).

STATE OF ALASKA
BOARD OF MARITAL AND FAMILY THERAPY

VERIFICATION OF LICENSURE

Applicant:

Some states require a fee for completion of license verification; you may wish to check with the State Board prior to submitting this form to them for completion.

State Board:

I am applying for a license to practice marital and family therapy in the State of Alaska. The Alaska Board of Marital and Family Therapy requires that this form be completed by each jurisdiction in which I hold or have held a license. Please complete the form and return it to:

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Board of Marital and Family Therapy
P.O. Box 110806, Juneau, Alaska 99811-0806

Signature: _____

Printed Name: _____

Name at Time License Issued: _____

License No.: _____

Address: _____

PLEASE DO NOT DETACH

The information below must be completed by the State Licensing Board; it **may not** be completed by the applicant.

State of _____

Name of Licensee _____

Graduate of _____

License No. _____ Type of License _____ Issued Effective _____

License is current _____ Lapsed _____ Expiration Date _____

By Reciprocity/Endorsement By Transition ("Grandfathering") By Examination

Date of Exam _____ Exam Administered by _____

Was Exam National _____ and/or State _____ exam? Percent score _____

Licensee received at least _____ year(s) of supervised, post-doctoral or post-master experience during the period from _____ to _____.

If the applicant's license has lapsed or expired, please explain why (e.g., failure to pay licensing renewal fees, etc.):

Has the applicant's license ever been suspended or revoked? Yes No If yes, for what reason?

Has the applicant been subject to any other disciplinary action(s) (e.g., letter of warning, stipulation)? Yes No
Please describe:

Please provide any information you believe relevant to the applicant's qualification and fitness to practice marital and family therapy:

General Comments: _____

(BOARD SEAL)

Signature

Printed Name

Title

State Board

Please return completed form to:

State of Alaska
Department of Commerce, Community, and
Economic Development
Division of Corporations, Business and
Professional Licensing
Board of Marital and Family Therapy
P.O. Box 110806
Juneau, AK 99811-0806

STATE OF ALASKA
BOARD OF MARITAL AND FAMILY THERAPY

POST DOCTORAL/MASTER EXPERIENCE VERIFICATION

Dear Supervisor:

I am applying for licensure in the State of Alaska as a marital and family therapist. My application shows that I worked under your supervision from _____ to _____.

I am required to provide evidence of this supervised work to the Alaska Board of Marital and Family Therapy.

In accordance with AS 08.63.100(a)(3)(C)(i)(ii), I must show that I have practiced marital and family therapy within three years of this application, including 1,500 hours of direct clinical contact with couples and families; and I have been supervised in clinical contact for at least 200 hours, including 100 hours of individual supervision and 100 hours of group supervision approved by the board.

Please provide the information required directly to the State of Alaska at the address shown below. Thank you for your assistance.

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Board of Marital and Family Therapy
P.O. Box 110806, Juneau, Alaska 99811-0806

Signature: _____

Printed Name: _____

Name at Time of Supervision: _____

License No.: _____

Address: _____

PLEASE DO NOT DETACH

The information below must be completed by the supervisor; it may not be completed by the applicant. Supervision must be provided by a person who is an Alaskan Board of Marital and Family Therapy Approved Supervisor.

Sec. 08.63.120. Authorized supervisors. (a) A person may not supervise a person under this chapter unless approved by the board to be a supervisor.

(b) A person who supervises a licensee under this section must

- (1) have practiced marital and family therapy for five years;
- (2) be licensed under this chapter; and
- (3) meet the minimum standards established by the board for approved supervisors.

Alaska MFT License Number: _____

Date approved as an approved supervisor by the Alaska Board of Marital and family Therapy: _____

I, _____, did supervise _____
(Name of Supervisor) (Name of Applicant)

at _____
(Name of Institution/Professional Clinic, etc.)

during the period from _____ to _____.

Total hours of direct clinical contact with couples and families was _____ hours.

Total hours of individual supervision provided by you to this applicant during this period was _____ hours.

Total hours of group supervision provided by you to this applicant during this period was _____ hours.

The State of Alaska believes 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) "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 of 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;

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

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. To your knowledge, is the applicant of good moral character? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. To your knowledge, within the last five years, has the applicant been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. To your knowledge, has the applicant had any malpractice judgments brought against him/her? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. To your knowledge, has the applicant violated the ethical standards for providers of marital and family therapy services? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. To your knowledge, has the applicant misrepresented his or her professional qualifications? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. To your knowledge, has the applicant been practicing marital and family therapy services without a license? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. To your knowledge, has the applicant ever been convicted of a felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. At any time during your supervision of this applicant, were restrictions placed on the applicant? | <input type="checkbox"/> | <input type="checkbox"/> |

9. Would you evaluate his/her technical knowledge and practical experience to be
 Excellent Very Good Fair Needs Improvement
 in the practice of marital and family therapy? Please explain: _____

CONTINUED ON NEXT PAGE

YES NO

10. Would you recommend this person for licensure as a marital and family therapist?.....

Please explain: _____

11. Any further comments the board might consider in reviewing this applicant:

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

Signature

Printed Name

Job Title

License Held

License No.: _____

Professional Degrees

Institution/Clinic Where Employed

Address: _____

Subscribed and sworn before me a Notary Public in and for the State of _____, this _____ day
of _____, in the year of _____.

NOTARY SEAL

Notary Public

My Commission Expires: _____

Please return completed form to:

State of Alaska
Department of Commerce, Community, and
Economic Development
Division of Corporations, Business and
Professional Licensing
Board of Marital and Family Therapy
P.O. Box 110806
Juneau, AK 99811-0806

STATE OF ALASKA
BOARD OF MARITAL AND FAMILY THERAPY
EDUCATION COURSE WORK CHECK SHEET

Dear Applicant:

To assist the board in its review of your course work, complete the following form and return it with your application. Thank you for your assistance in this matter.

NAME OF APPLICANT: _____

UNIVERSITY/COLLEGE ATTENDED: _____

TYPE OF DEGREE: _____ DATE GRANTED: _____

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** (Three courses or 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. Please indicate under credit hours whether quarter or semester.

Institution	Course Number	Full Course Title	Dates From/To	Credit Hours

OVER

(b) **MARITAL AND FAMILY STUDIES** (Three courses or 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. Please indicate under credit hours whether quarter or semester.

Institution	Course Number	Full Course Title	Dates From/To	Credit Hours

(c) **HUMAN DEVELOPMENT** (Three courses or 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. Please indicate under credit hours whether quarter or semester.

Institution	Course Number	Full Course Title	Dates From/To	Credit Hours

(d) **PROFESSIONAL STUDIES OR PROFESSIONAL ETHICS AND LAW** (One course or 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. Please indicate under credit hours whether quarter or semester.

Institution	Course Number	Full Course Title	Dates From/To	Credit Hours

CONTINUED ON NEXT PAGE

(e) **RESEARCH** (One course or 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. Please indicate under credit hours whether quarter or semester.

Institution	Course Number	Full Course Title	Dates From/To	Credit Hours

(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. Please indicate under credit hours whether quarter or semester.

Institution	Course Number	Full Course Title	Dates From/To	Credit Hours

STATE OF ALASKA
BOARD OF MARITAL AND FAMILY THERAPY

SUBSTITUTION OF POST-DEGREE COURSE(S) WORK CHECK SHEET
(ONLY TO BE COMPLETED BY EXAMINATION APPLICANTS)

Dear Applicant:

The board will, in its discretion, accept post-degree courses to satisfy the course of study requirements in AS 08.63.100(a)(3)(B)(i-vi) if the substituted courses:

1. contribute directly to the professional competency of a marital and family therapist and are directly related to the skills and knowledge required to implement marital and family therapy principles and methods. The following activities are acceptable if they are related to marital and family therapy:
 - (A) postgraduate courses given by a regionally accredited academic institution, either audited or for credit;
 - (B) courses offered by the American Association of Marital and Family Therapy;
 - (C) courses offered by the Alaska Association for Marital and Family Therapy; and
 - (D) seminars, workshops, or mini-courses offered by professional organizations.
2. are in the same subject area as the educational requirement for which they are being substituted; and
3. are equivalent to the hours of course work of the educational requirement for which they are being substituted as determined by:
 - (A) one "contact hour" equals a minimum of 50 minutes of classroom instruction between instructor and participant;
 - (B) one academic semester credit equals 15 contact hours; and
 - (C) one academic quarter credit equals 10 contact hours.

Please complete the substitution of post-degree course(s) check sheet and return with your application.

NOTE: If an applicant cannot show substituted course work for marital and family therapy, marital and family studies, or human development, the board will, in its discretion, accept post-degree practice as follows:

Three years of continuing practice is equivalent to one course or three semester or four quarter hours of course work. The same three years of practice may not be used to substitute for more than one course:

OVER

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. Please indicate under credit hours whether quarter or semester.

Institution	Course Number	Full Course Title	Dates From/To	Credit Hours	Practice From/To

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. Please indicate under credit hours whether quarter or semester.

Institution	Course Number	Full Course Title	Dates From/To	Credit Hours	Practice From/To

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. Please indicate under credit hours whether quarter or semester.

Institution	Course Number	Full Course Title	Dates From/To	Credit Hours	Practice From/To

CONTINUED ON NEXT PAGE

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. Please indicate under credit hours whether quarter or semester.

Institution	Course Number	Full Course Title	Dates From/To	Credit Hours	Practice From/To

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. Please indicate under credit hours whether quarter or semester.

Institution	Course Number	Full Course Title	Dates From/To	Credit Hours	Practice From/To

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. Please indicate under credit hours whether quarter or semester.

Institution	Course Number	Full Course Title	Dates From/To	Credit Hours	Practice From/To