THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Public Safety
Violent Crimes Compensation Board
5700 East Tudor Road
Anchorage, Alaska 99507
800-764-3040
vccb@alaska.gov
Fax: 907.465.2379

ADDITIONAL THERAPY REQUEST

The completion of this form is required to request approval/preauthorization for payment of additional sessions. The information must include a goal-specific treatment plan and a summary assessment to meet those goals. The Board certifies than an 'Authorization to Obtain Information' was signed by the client and is on file.

COMPLETED BY PROVIDER

Client Name:	Date of Birth:
Claimant (if other than client):	VCCB Claim No.:
Date Treatment Began:	Most Recent Date of Treatment:

Describe symptoms/conditions that have a nexus to the crime experienced by the client:

Principal Diagnosis:

Additional Diagnosis:

Based on diagnosis and related symptoms, describe specific treatment goals and interventions. Indicate any evidence-based practice you expect to incorporate.

Estimated duration of treatment:

How many additional sessions are you requesting?

I attest that the information provided is accurate and true. I am providing therapy to the above client. I am or I am under the supervision of a licensed mental health provider.

Treating Therapist Name, Licensure, and Number:

If Treating Therapist Requires Supervision:

Name: *License Type and Number:*

Email:	Phone:
Signature:	**Date:**

Return completed form to the Violent Crimes Compensation Board (VCCB)