



NEVADA STATE BOARD OF EXAMINERS FOR MARRIAGE & FAMILY THERAPISTS AND CLINICAL PROFESSIONAL COUNSELORS

7324 W Cheyenne Ave #10 Las Vegas, Nevada 89129 Office: (702) 486-7388 FAX: (702) 486-7258 https://marriage.nv.gov/

FORM #4

CPC SIX-MONTH INTERNSHIP REPORT FROM PRIMARY SUPERVISOR

Intern's name (print) Intern license number Signature

INTERNSHIP PROGRESS REPORTS MUST BE SUBMITTED BY EACH MARCH 15TH AND SEPTEMBER 15TH of each year to the Board Office during the duration of the internship. Failure to submit reports may void the internship.

hrs 1. Direct clinical professional counseling supervision (Minimum of 300 hours total, required) Primary Secondary (this six-month reporting period)

hrs 2. Clinical professional counseling (with clients) (Minimum of 1500 hours, total required) Add these hours together and place total in blank #1 to the left

hrs 3. Group therapy (Maximum 600 hrs, no minimum)

hrs 4. Personal therapy (Maximum 150 hrs, no minimum)

hrs 5. Documented teaching approved by Primary supervisor (parent/family education, workshops) (Maximum 200 hrs, no minimum)

hrs 6. Additional training (University graduate work, approved workshops) approved by Primary Supervisor (Maximum 200 hrs)

TOTAL HOURS (this six-month reporting period)

Total accumulated hours to date

INTERN'S PROGRESS

- Sufficient progress Needs further training Insufficient progress

Supervisor Notes: [Text entry box]

I hereby certify that the hours reported in the categories indicated above were performed under my supervision in the period from to (dates)

Primary supervisor's name (Print) License number Signature of Supervisor

Address Phone Cell Phone