



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

7324 W Cheyenne Avenue #10
Las Vegas, Nevada 89129
Office: (702) 486-7388
FAX: (702) 486-7258

PRIMARY SUPERVISOR APPLICATION

Applicant's name (print)

License Number

Business/Agency (if applicable)

Email

Address

Phone Number

City

State

Zip

Cell Phone Number

Pursuant to NAC 641A.182, please check all that apply:

- A copy of "Approved Supervisor" certificate from AAMFT **OR**;
- A copy of "Approved Clinical Supervisor" certificate from the NBCC
- For AAMFT Supervisor Candidates, proof 30 hours AAMFT training & Supervisor Candidate Verification Form

In lieu of the qualifications above, please check all that apply:

- Have been fully licensed for at least three years (in any state) **AND**
- Evidence of professional liability insurance covering supervisor
- Transcript showing at least one 45-hour graduate-level supervision course taught by an instructor deemed appropriate by the Board
- Evidence of 25 hours of supervisory experience (provide a signed statement from mentor)

My signature below affirms that I understand and will comply with all provision of NAC 641A.178

Applicant Name (Print)

Signature

Date

****** I waive the 21 working days notice required by NRS 241.033 and agree that the Board of Examiners for Marriage and Family Therapy and Clinical Professional Counseling may consider my request at its next scheduled Board Meeting.

Applicant

Date