

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

PO Box 370130 Las Vegas, Nevada 89137 Office: (702) 486-7388 FAX: (702) 486-7258

1st SUP FORM

PRIMARY/SECONDARY SUPERVISOR APPLICATION

Applicant's name (print)	License Number	Original License Date
Business Location (Organization)		email
Business Address		Agency Phone Number
Business City/State/Zip		Cell Phone Number
Pursuant to NAC 641A.182, please check all tha	at apply	
() Applying for Primary Supervisor () Applying for Secondary S	upervisor
() Provide copy of transcript showing at least on appropriate by the Board or a Certificate of a p		
() A copy of an AAMFT Approved Supervisor C	Certificate or a copy of a CCE	Approved Clinical Supervisor Certificate OR ;
()Provide copy of documentation as evidence of	25 hours of supervisory expe	erience AND
() A copy of a Mentorship Agreement signed by	the Mentor and the Mentee s	upervisors entering the training relationship
☐ I understand that pursuant to NAC 641A.178; I	must meet with my intern for	at least 160 hours during the internship.
☐ I understand that pursuant to NAC 641A.178; u not more than 6 interns at one time.	inless otherwise authorized by	the Board, a primary supervisor may supervise
☐ I agree to consult with the Board concerning the stability or professional and ethical conduct of	•	ence in practice, and emotional and mental
The time required for Supervision includes:		
	es the session from a location	whereby the supervisor is neither seen nor heard f proper management and treatment of the case
•		
The time required for Supervision does not incl		-
In extenuating circumstances, the use of confere	ence calls for supervision of	an intern must be approved by the Board.
Signature	 Dat	<u> </u>