



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

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<http://marriage.nv.gov>  
**2<sup>nd</sup> SUP FORM**

**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 that apply**

( ) Licensed as Marriage and Family Therapist or Clinical Professional Counselor for at least three years in this State.

( ) Provide a copy of Liability Insurance covering supervision.

I understand that pursuant to NAC 641A.178; I must meet with my intern for at least 40 hours during the internship.

I understand that pursuant to NAC 641A.178; unless otherwise authorized by the Board, a secondary supervisor may supervise not more than 10 interns at one time.

I agree to consult with the Board concerning the professional record, competence in practice, and emotional and mental stability or professional and ethical conduct of the intern.

**The time required for Supervision includes:**

- Meetings with my intern where videotapes or audiotapes are reviewed
- Therapy sessions the supervisor participates
- Therapy sessions where the supervisor observes the session from a location whereby the supervisor is neither seen nor heard
- The presentation of a case by the intern and a discussion by the supervisor of proper management and treatment of the case

**The time required for Supervision does not include** the time devoted to the attendance of seminars, workshops or classes.

**In extenuating circumstances, the use of conference calls for supervision of an intern must be approved by the Board.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date