



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

7324 W Cheyenne Avenue #10
Las Vegas, Nevada 89129-7426
Office: (702) 486-7388
FAX: (702) 486-7258
<http://marriage.nv.gov>

2nd SUP FORM

SECONDARY SUPERVISOR APPLICATION

_____	_____	_____
Applicant's name (print)	License Number	Original License Date
_____	_____	_____
Business Location (Organization)		Work 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 any 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