



State of Nevada

The Board of Examiners for Marriage and Family Therapists
and Clinical Professional Counselors

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FORM #10

PRACTICUM INTERNSHIP REPORT FROM UNIVERSITY SUPERVISOR

To be submitted **with** "Application or any time during the internship"

_____ hrs 1. Clinical professional counseling (with clients)
(maximum of 500 hours total, required)

I hereby certify that the hours in the categories indicated above were performed under my supervision during the graduate program from: _____ to _____ (dates).

Name of applicant

Name of University Supervisor

Signature of Applicant

Signature of University Supervisor