



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

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<http://marriage.nv.gov>

FORM #2

MFT INTERNSHIP REPORT FROM SECONDARY SUPERVISOR(S)

To be submitted with "Six-Month Internship Report from Primary Supervisor" (Form #1)

Intern's name (print) Intern license number Signature

Proposed Location (Organization) Date

Address Agency Phone Number

I affirm that _____ has successfully completed _____ hours
Name of Intern

of supervision with ME, _____, from dates ____/____/20____ to ____/____/20____.
Supervisor's Name (print)

Comments: _____

Nevada Approved Secondary Supervisor

Supervisor's Name (print) License Number Signature

Supervisor's Address Supervisor's Phone Number

Please note: Intern must accrue a minimum of **40 hours** of secondary supervision during the internship period. Secondary supervisors report **SUPERVISION hours** only. Therapy hours are to be reported by Primary supervisors only.

Please mail all original correspondence to: P.O. Box 370130, Las Vegas, NV 89137

DO NOT FAX

Updated 9/15 supersedes all other forms