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
https://marriage.nv.us

FORM #3

MFT FINAL INTERNSHIP REPORT FROM PRIMARY SUPERVISOR

_____ _____ _____
Intern's name (print) Intern license number Signature

INTERNSHIP PROGRESS REPORTS MUST BE SUBMITTED BY EACH MARCH 15TH AND SEPTEMBER 15TH of each year to the Board Office during the duration of the internship. Failure to submit reports may void the internship.

_____ hrs 1. Direct Marriage and Family therapy supervision (Minimum of 300 hours total, required) _____ Primary _____ Secondary (minimum 160 Primary - 40 Secondary)

_____ hrs 2. Marriage and Family therapy (with clients) (Minimum of 1500 hours, total required) _____ In-Home Therapy (include hours in face-to-face total)

_____ hrs 3. Group therapy experience (Maximum 300 hrs, no minimum)

_____ hrs 4. Personal therapy (Maximum 150 hrs, no minimum)

_____ hrs 5. Documented teaching approved by Primary supervisor (parent/family education, workshops) (Maximum 200 hrs, no minimum)

_____ hrs 6. Additional Training (University graduate work, approved workshop) approved by Primary supervisor (Maximum 50 hrs)

_____ hrs 7. Practicum Hours completed graduate work (Must attach form #7, Signed by University Supervisor)

_____ TOTAL HOURS accumulated to date

INTERN'S PROGRESS

___ Sufficient progress

___ Needs further training

Supervisor' Notes: _____
_____
_____
_____

I hereby certify that the hours reported in the categories indicated above were performed under my supervision in the period from _____ to _____ (dates)

_____ _____ _____
Primary supervisor's name (Print) License number Signature of Supervisor

_____ _____ _____
Address Phone Cell Phone

**I waive the 21 working days notice required by NRS 241.033 and agree that the Board of Examiners for Marriage and Family Therapy and Clinical Professional Counseling may consider my request at its next scheduled Board Meeting.

_____ _____ _____ _____
Intern Signature Date Supervisor Signature Date

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

D O N O T F A X

Updated 1/17 supersedes all other forms