**CPC INTERNSHIP REPORT FROM SECONDARY SUPERVISOR(S)**

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

<table>
<thead>
<tr>
<th>Intern’s name (print)</th>
<th>Intern license number</th>
<th>Signature</th>
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**Proposed Location (Organization)**

<table>
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<tr>
<th>Address</th>
<th>Agency Phone Number</th>
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**I affirm that ___________________________ has successfully completed ____________ hours**

Name of Intern

of supervision with ME, __________________________, from dates ___/___/20____ to ___/___/20____.

Supervisor’s Name (print)

**Comments:**

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Nevada Approved Secondary Supervisor

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<tr>
<th>Supervisor’s Name (print)</th>
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**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, email, or fax - ONLY SEND ONE TIME**