



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

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<http://marriage.nv.gov>

FORM #5

CPC 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