

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

7324 W Cheyenne Ave #10 Las Vegas, Nevada 89129 Office: (702) 486-7388 FAX: (702) 486-7258 https://marriage.nv.gov/

FORM #6

CPC FINAL INTERNSHIP REPORT FROM PRIMARY SUPERVISOR

Intern's name (print)		Intern license number Signature		
	REPORTS MUST BE SUBMI e during the duration of the inte			
	cal professional counseling sup 300 hours total, required)	· · · · · · · · · · · · · · · · · · ·	PrimarySenum 160 Primary - 40	•
	hrs 2. Clinical professional counseling (with clie (Minimum of 1500 hours, total required)		Add these hours together and place total in blank #1 to the left	
hrs 3. Group thera (Maximum 60)	npy experience 0 hrs, no minimum)			
hrs 4. Personal the (Maximum 15)	erapy 0 hrs, no minimum)			
· · · · · · · · · · · · · · · · · · ·	d teaching approved by Primary 0 hrs, no minimum)	supervisor (parent/fam	ily education, worksho	ops)
· · · · · · · · · · · · · · · · · · ·	Training (University graduate waximum 200 hrs)	ork, approved worksho	ps) approved by Prima	nry
·	Hours completed graduate work	(Must attach form #7, S	Signed by University S	supervisor)
	OURS accumulated to date			
INTERN'S PROGRESS Sufficient progress	Supervisor Notes:			
Needs further training				
I hereby certify that the hour	rs reported in the categories ind	icated above were perfo	rmed under my super	vision in the period
from	to			(dates)
Primary supervisor's name (Print)		License number	Signature of Superv	visor
Address		Phone	Cell Phone	2