

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 http://marriage.nv.gov

PRACTICUM INTERNSHIP REPORT FROM UNIVERSITY SUPERVISOR

		Form #
Intern's name (print)	Intern license number	Signature
To be submitted with "ap	plication or any time during	internship"
hrs Marriage and Family Therapy (f	ace to face with clients)	
or		
hrs Clinical Professional Counseling	g (face to face with clients)	
Supervisor's Notes:		
I hereby certify that the hours reported in the categor	ries indicated above were perfo	ormed under my supervision in the
period from	to	(dates)
University supervisor's name and Title (Print)	License number	Supervisor Signature
Address	Phone	Cell Phone

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