



# State of Nevada

## The Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors

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**FORM #8**

### CPC FINAL INTERNSHIP REPORT FROM PRIMARY SUPERVISOR

\_\_\_\_\_ has successfully completed

\_\_\_\_\_ hours of supervised therapy from \_\_\_\_\_ to \_\_\_\_\_ (dates).

\_\_\_\_\_ hrs 1. Direct clinical professional counseling supervision  
(minimum of 300 hours total, required)

\_\_\_\_\_ hrs 2. Clinical professional counseling (with clients)  
(minimum of 1500 hours total, required)

\_\_\_\_\_ hrs 3. Group therapy experience  
(maximum 300 hrs)

\_\_\_\_\_ hrs 4. Personal therapy of intern  
(maximum 150 hrs)

\_\_\_\_\_ hrs 5. Documented teaching (counseling education, workshops)  
agreed to by primary supervisor  
(maximum 200 hours)

\_\_\_\_\_ hrs 6. Additional training (University graduate work, approved workshop)  
agreed to by primary supervisor.  
(maximum 50 hours)

\_\_\_\_\_ hrs 7. Practicum hours completed during graduate work  
(must Attach Form #5, signed by University Supervisor)

\_\_\_\_\_ TOTAL HOURS

My evaluation of this intern is:

\_\_\_\_\_ has made sufficient progress in clinical professional counseling

\_\_\_\_\_ needs additional training and supervision

Please give details and recommendations on reverse side.

\_\_\_\_\_  
**PRIMARY** Supervisor's name title license number

\_\_\_\_\_  
Street address City State Zip Phone

\_\_\_\_\_  
Signature of primary supervisor

\_\_\_\_\_  
Signature of Applicant