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

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INTERNSHIP EXTENSION REQUEST

Pursuant to NRS 641A.2872(1) & NRS 641A.2882(1): An intern may request a **ONE-TIME THREE-Year-Extension** to extend their Internship**.**

_____	_____	_____
Intern Name (PRINT)	Intern Number	Intern License Issue Date

I petition the Board to extend my Internship due to: (please provide a brief description)

_____

_____

_____

_____

_____

_____

This extension request will officially take affect once approved by the Board at a Quarterly Board Meeting.

_____	_____
Intern Signature	Date
_____	_____
Primary Supervisor Signature	Date

**If the Internship expiration date has passed, the intern must cease and desist the practice of marriage and family therapy or clinical professional counseling, respectively, until the intern has received an Interim Extension from the Board to practice their internship until the Board has the chance to consider their submitted Extension Request.

**I waive the 21 working days notice required by NRS 241.033 and agree that the Board of Examiners for Marriage and Family Therapy and Clinical Professional Counseling may consider my request at its next scheduled Board Meeting.

_____	_____	_____	_____
Intern Signature	Date	Supervisor Signature	Date

Updated 1/17 supersedes all other forms