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

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LICENSED MENTAL HEALTH PROFESSIONAL ON SITE

_____

Intern's name (print) Signature Intern license number

_____

Proposed Location (Organization) Date

_____

Address City State Zip Agency Phone Number

NEVADA LICENSED MENTAL HEALTH PROFESSIONAL

I certify that I am a licensed mental health professional who will be on site where the above internship applicant will see clients. My telephone number is:_____. I am normally at this location approximately _____ hours per week.

_____

Licensed Mental Health Professional on Site (print name and signature) Date

_____ _____ _____

Type of License License Number Telephone Number

INTERNSHIP PRIMARY SUPERVISOR

_____

Nevada Board Approved Primary Supervisor (print name and signature) Date

NOTE: Under NAC641A.196(1) An intern may engage in private practice only at facilities which have a licensed marriage and family therapist, clinical professional counselor, clinical alcohol and drug abuse counselor, psychologist, psychiatrist or social worker on the site.