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

INTERNERSHIP 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.