



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

PRIMARY SUPERVISOR APPLICATION

Applicant's name (print) License Number Business/Agency (if applicable) Email Address Phone Number City State Zip Cell Phone Number

Pursuant to NAC 641A.182, please check all that apply:

- ( ) Transcript showing at least one 45-hour graduate-level supervision course... OR; ( ) A certificate of a professional training program... AND; ( ) Evidence of 25 hours of supervisory experience... OR; ( ) A copy of a Mentorship Agreement...

In lieu of the above, please check all that apply:

- ( ) A copy of "Approved Supervisor" or "Supervisor Candidate" certificate from AAMFT OR; ( ) A copy of "Approved Clinical Supervisor" certificate from the NBCC.

My signature below affirms that I understand and will comply with all provision of NAC 641A.178

Supervisor Candidate Name (Print) Signature Date

I attest that I have mentored, or will mentor, the above-named individual in 25 hours of supervision.

Mentor Name (Print) Signature Date

\*\*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.

[Applicant]

[Mentor]