



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 taught by an instructor deemed appropriate by the Board **OR;**
- A certificate of a professional training program as evidence of supervision taught by an instructor deemed appropriate by the Board, which is provided by the American Association for Marriage and Family Therapy or the National Board for Certified Counselors **AND;**
- Evidence of 25 hours of supervisory experience (via signature below) **OR;**
- A copy of a Mentorship Agreement signed by the Mentor and the Mentee supervisor(s) entering the training relationship.

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]