



State of Nevada

The Board of Examiners for Marriage and Family Therapists
and Clinical Professional Counselors

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Joan Winkler M.A., Vice President
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SECONDARY SUPERVISOR

INTERNSHIP PROPOSAL

Name of Applicant

Signature

Proposed Location (Organization)

Address

Telephone

Date

Secondary Supervisor:

Name of Supervisor

Lic. No. and Type

Signature

Address

City

State

Zip

Telephone

If not a Nevada State Approved Supervisor, then please indicate the supervision training and experience which you, the secondary supervisory have had. Please attach documentation of training such as copies of transcripts with university courses in supervision, certificates of attendance at workshop, certificates of Approved Supervisor status, or other evidence that supervision training has been obtained beyond your therapy training. Resumes of experience may be submitted:

NOTE: The secondary supervisor shall meet with the intern for a Minimum of 40 Hours of Supervision