



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

500 N. Rainbow Blvd. Ste 201  
Las Vegas, Nevada 89107  
Office: (702) 486-7388  
FAX: (702) 486-7258  
<https://marriage.nv.gov/>

**2 SUP FORM**

**SECONDARY SUPERVISOR CONTRACT**

\_\_\_\_\_  
Intern's name (print)

\_\_\_\_\_  
Intern license number  
(if applicable)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Proposed Location (Organization)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Agency Phone Number

\_\_\_\_\_  
Nevada Board Approved Primary Supervisor (Pursuant to NAC 641A.182)

1. *I have met all requirements of NAC 641A.182 and been approved by this Board.*
2. *I agree to meet with the intern for a **minimum of 40 hours** of supervision.*
3. *Consult with the Board, upon request of the Board, concerning the professional record, competence in practice, and emotional and mental stability or professional and ethical conduct of the intern.*

\_\_\_\_\_  
Nevada Board Approved Secondary Supervisor

\_\_\_\_\_  
Supervisor's Name (print)

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Supervisor's Address

\_\_\_\_\_  
Supervisor's Phone Number

**\*\*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. Also the intern must submit to the Board along with this form a letter of explanation outlining all extenuating circumstances detailing why approved supervision is not available and could not be attained.**