

Brian Sandoval  
Governor

Raymond E. Smith Sr.  
Executive Director

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

9436 W. Lake Mead Blvd. Suite 11-J  
Las Vegas, Nevada 89134-3817  
Office: (702) 486-7388  
Fax: (702) 486-7258  
[marriage.state.nv.us](http://marriage.state.nv.us)

**Supervised Experience Verification Form**

(Please type or print)

**I. APPLICANT**

**Applicant's Name:** \_\_\_\_\_ **Applicant's SSN:** \_\_\_\_\_

**Type License:** \_\_\_\_\_ **License/Reg./Cert. No.** \_\_\_\_\_ **Dates:** \_\_\_\_\_

I authorize the exchange of any and all information pertaining to this document between the named supervisor and the Board. I further understand that this document may be released to me by the Board, but not to the general public.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**II. SUPERVISOR**

Supervisor's Name Facility Address Dates

List of Titles, Degrees, Licenses or Certificates held during supervision

Title	Degree, Field, Date & University	State License or Certificate Number Type License and Date Issued

**iii. SUPERVISED INTERNSHIP**

Give the dates and brief description of applicants training program under your supervision. From: \_\_\_\_\_ To: \_\_\_\_\_


Client Contact hours performed: (NV requirement 1,500 hours)

From MM/DD/YY	To MM/DD/YY	Numbers of Weeks	Hours Per week	Total hours

Supervision received: (NV requirement 300 hrs)

From MM/DD/YY	To MM/DD/YY	Number of Weeks	One on One	Group	Other	Total hours of Supervision

Additional hours performed: (NV requirement: Client Contact + Supervision + Additional hrs = at least 3,000 hrs)

From MM/DD/YY	To MM/DD/YY	Type of Hours	Numbers of Weeks	Hours Per week	Total additional hours

Under penalty of perjury I herewith affirm that the information supplied herein is, to the best of my knowledge and belief, true, accurate and complete.

Supervisor's Signature

Title & Organization

Date