



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

PO Box 370130  
Las Vegas, Nevada 89137  
Office: (702) 486-7388  
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<http://marriage.nv.gov>

**INTERNSHIP DISSOLUTION**

**Form 9**

\_\_\_\_\_ PRIMARY SUPERVISOR                      \_\_\_\_\_ SECONDARY SUPERVISOR

Pursuant to NRS 641A.2878: This dissolution agreement is made on \_\_\_\_\_,  
Date

between \_\_\_\_\_ (intern)  
Print Name                      Intern Number

and \_\_\_\_\_ (supervisor).  
Print Name                      License Number

We petition the Board to dissolve this Supervisor-Intern relationship effective \_\_\_\_\_  
Date of Dissolution

due to (please ATTACH a summary of reason for dissolution):

- |                           |                   |
|---------------------------|-------------------|
| ___ Incompatibility       | ___ Nonattendance |
| ___ Scheduling Difficulty | ___ Nonconformity |
| ___ Lack of Services      | ___ Noncompliance |
| ___ Other                 |                   |

\*The Supervisor and Intern will accomplish a Six Month Report covering the last Dates of Supervision after the Board approves this petition.

\*\*The Intern understands and agrees that they may NOT see clients nor practice after the effective date until a new Primary Supervisor and a new Internship Proposal has been approved by the Board. The Intern may choose a New Primary Supervisor from the list of Board Approved Primary Supervisors provided by the Board office at [mftbd2@mftbd.nv.gov](mailto:mftbd2@mftbd.nv.gov). (Intern Initials \_\_\_\_\_)

\*\*\*By signing this agreement both parties agree to dissolve the Supervisor-Intern relationship. This dissolution will officially take affect once approved by Board at a Quarterly Board Meeting.

_____ Interns Name (print)	_____ Intern License	_____ Signature
_____ Supervisor's name (print)	_____ License number	_____ Signature

\*\*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.

_____ Intern Signature	_____ Date	_____ Supervisor Signature	_____ Date
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Please mail all original correspondence to: P.O. Box 370130, Las Vegas, NV 89137

DO NOT FAX