



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

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FORM #2

MFT INTERNSHIP REPORT FROM SECONDARY SUPERVISOR(S)

To be submitted with "Six-Month Internship Report from Primary Supervisor" (Form #1)

Intern's name (print) Intern license number Signature

I affirm that _____ has successfully completed _____ hours
Name of Intern

of supervision with, _____ from _____ to _____.
Supervisor's Name (print)

Supervisor Notes: _____

Nevada Approved Secondary Supervisor

Supervisor's Name (print) License Number Signature

Supervisor's Address Supervisor's Phone Number

Please note: Intern must accrue a minimum of **40 hours** of secondary supervision during the internship period. Secondary supervisors report **SUPERVISION hours** only. Therapy hours are to be reported by Primary supervisor.