



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

7324 W Cheyenne Ave #10
Las Vegas, Nevada 89129
Office: (702) 486-7388
FAX: (702) 486-7258
<https://marriage.nv.gov/>

FORM #3

MFT FINAL INTERNSHIP REPORT FROM PRIMARY SUPERVISOR

____ Intern's name (print) _____ Intern license number _____ Signature

INTERNSHIP PROGRESS REPORTS MUST BE SUBMITTED BY EACH MARCH 15TH AND SEPTEMBER 15TH of each year to the Board Office during the duration of the internship. Failure to submit reports may void the internship.

- | | | |
|-----------|---|--|
| _____ hrs | 1. Direct marriage and family therapy supervision
(Minimum of 300 hours total, required) | _____ Primary _____ Secondary
(minimum 160 Primary - 40 Secondary) |
| _____ hrs | 2. Marriage and Family therapy (with clients)
(Minimum of 1500 hours, total required) | <i>Add these hours together and
place total in blank #1 to the left</i> |
| _____ hrs | 3. Group therapy
(Maximum 600 hrs, no minimum) | |
| _____ hrs | 4. Personal therapy
(Maximum 150 hrs, no minimum) | |
| _____ hrs | 5. Documented teaching approved by Primary supervisor (parent/family education, workshops)
(Maximum 200 hrs, no minimum) | |
| _____ hrs | 6. Additional Training (University graduate work, approved workshops) approved by Primary supervisor (Maximum 200 hrs) | |
| _____ hrs | 7. Practicum Hours completed graduate work (Must attach form #7, Signed by University Supervisor) | |
| _____ | TOTAL HOURS accumulated to date | |

INTERN'S PROGRESS

- ____ Sufficient progress
- ____ Needs further training

Supervisor Notes:

I hereby certify that the hours reported in the categories indicated above were performed under my supervision in the period from _____ to _____ (dates)

_____ Primary supervisor's name (Print) _____ License number _____ Signature of Supervisor

_____ Address _____ Phone _____ Cell Phone