



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

7324 W Cheyenne Ave #10
Las Vegas, Nevada 89129
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<https://marriage.nv.us>

FORM #4

CPC SIX-MONTH 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 clinical professional counseling supervision
(Minimum of 300 hours total, required) _____ Primary _____ Secondary
(minimum 160 Primary - 40 Secondary)

____ hrs 2. Clinical professional counseling (with clients)
(Minimum of 1500 hours, total required) _____ In-Home Therapy Hours
(include hours in face-to-face total)

____ hrs 3. Group therapy experience
(Maximum 300 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 workshop) approved by Primary supervisor
(Maximum 50 hrs)

_____ TOTAL HOURS (this six-month reporting period)

_____ Total accumulated hours to date

INTERN'S PROGRESS

___ Sufficient progress

___ Needs further training

___ Insufficient progress

Supervisor's 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

Please mail, email, or fax - ONLY SEND ONE TIME

Updated 8/20 supersedes all other forms