

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 #6

CPC FINAL INTERNSHIP REPORT FROM PRIMARY SUPERVISOR

Intern's name (print)		Intern license number	Signature
INTERNSHIP PROGRESS REPORTS MUST BE SUBMITTED BY EACH MARCH 15 TH AND SEPTEMBER 15 TH of each year to the Board Office during the duration of the internship. Failure to submit reports may void the internship.			
	clinical professional counseling su m of 300 hours total, required)	-	_PrimarySecondary num 160 Primary - 40 Secondary)
	al professional counseling (with clie m of 1500 hours, total required)	Add t	hese hours together and total in blank #1 to the left
	o therapy experience m 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 PROGRE	Supervisor Notes:		
Sufficient progress	;		
Needs further train			
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			

Phone

Cell Phone