



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.us>

**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<sup>TH</sup> AND SEPTEMBER 15<sup>TH</sup> 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)

\_\_\_\_ 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

\_\_\_\_\_  
Intern Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

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