



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

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<http://marriage.nv.gov>

PRACTICUM INTERNSHIP REPORT FROM UNIVERSITY SUPERVISOR

Form #7

Intern's name (print)

Intern license number
(if applicable)

Signature

To be submitted with "application or any time during internship"

_____ hrs Marriage and Family Therapy (face to face with clients)

or

_____ hrs Clinical Professional Counseling (face to face with clients)

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)

University supervisor's name and Title (Print)

License number

Supervisor Signature

Address

Phone

Cell Phone