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
http://marriage.nv.gov

PRACTICUM INTERNSHIP REPORT FROM UNIVERSITY SUPERVISOR

Form #7

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

_____ _____ _____
University supervisor's name and Title (Print) License number Supervisor Signature

_____ _____ _____
Address Phone Cell Phone

Please email, fax or mail to: 7324 W Cheyenne Avenue #10, Las Vegas, NV 89137

Updated 9/20 supersedes all other forms