



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

7324 W Cheyenne Avenue #10  
Las Vegas, Nevada 89129  
Office: (702) 486-7388  
FAX: (702) 486-7258

**PRIMARY SUPERVISOR APPLICATION**

\_\_\_\_\_  
Applicant's name (print)

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Business/Agency (if applicable)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Cell Phone Number

**Pursuant to NAC 641A.182, please check all that apply:**

- A copy of "Approved Supervisor" certificate from AAMFT **OR;**
- A copy of "Approved Clinical Supervisor" certificate from the NBCC **OR;**
- For AAMFT Supervisor Candidates, proof 30 hours AAMFT training & Supervisor Candidate Verification Form

**In lieu of the qualifications above, please check all that apply:**

- Have been fully licensed for at least three years (in any state) **AND**
- Evidence of professional liability insurance covering supervisor **AND**
- Transcript showing at least one 45-hour graduate-level supervision course taught by an instructor deemed appropriate by the Board **AND**
- Evidence of 25 hours of supervisory experience (provide a signed statement from mentor)

**My signature below affirms that I understand and will comply with all provision of NAC 641A.178**

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*** I waive the 21 working days notice required by NRS 241.033 and agree that the Board of Examiners for Marriage and Family Therapy and Clinical Professional Counseling may consider my request at its next scheduled Board Meeting.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date