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
http://marriage.nv.gov

SUP FORM

INTERNSHIP PROPOSAL & PRIMARY SUPERVISOR CONTRACT

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

Proposed Location (Organization) _____

Address _____ Agency Phone Number _____

DETAILED PLAN OF THE PROPOSED INTERNSHIP:

_____

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Nevada Board Approved Primary Supervisor (Pursuant to NAC 641A.182)

1. *I have met all requirements of NAC 641A.182 and been approved by this Board.*
2. *I agree to meet with the intern for a* **Minimum of 160 hours** *of supervision*.
3. *I agree to consult with the Board concerning the professional record; competence in practice; and the emotional and mental stability or professional and ethical conduct of the intern*.

Supervisor's name (print) _____ License number _____

Supervisor's Address _____ Supervisor's Phone Number _____

Intern Signature _____ **Date** _____ **Supervisor Signature** _____ **Date** _____

Please mail to: 7324 W Cheyenne Avenue #10, Las Vegas, NV 89129

FAX, EMAIL or MAIL this form

Updated 7/20 supersedes all other forms