



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

7324 W Cheyenne Ave. #10  
Las Vegas, Nevada 89137  
Office: (702) 486-7388  
FAX: (702) 486-7258  
<https://marriage.nv.gov/>

**SUP FORM**

**INTERNSHIP PROPOSAL & PRIMARY SUPERVISOR CONTRACT**

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

\_\_\_\_\_  
Intern license number  
(If applicable)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Proposed Location (Organization)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

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

**THE DETAILED PLAN OF THE PROPOSED INTERNSHIP:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 weekly for a **minimum of 160 hours** of supervision.*
3. *Consult with the Board, upon request of the Board, concerning the professional record, competence in practice, and emotional and mental stability or professional and ethical conduct of the intern.*

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

\_\_\_\_\_  
License number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Supervisor's Address

\_\_\_\_\_  
Supervisor's Phone Number