



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>

2ND SUP FORM

SECONDARY SUPERVISOR CONTRACT

Intern's name (print)

Intern license number

Date

Proposed Location (Organization)

Address

Agency Phone Number

Nevada Approved Secondary 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 40 hours** of supervision.*
3. *I agree to consult with the Board concerning the professional record, competence in practice, and emotional and mental stability or professional and ethical conduct of the intern.*

Nevada Board Approved Secondary Supervisor

Supervisor's Name (print)

License Number

Supervisor's Address

Supervisor's Phone Number

****If not a Nevada State Approved Supervisor, then please indicate the supervision training and experience which you, the secondary supervisory, have and submit an application to become a Secondary Supervisor. Also, the intern must submit to the Board along with this form a letter of explanation outlining all extenuating circumstances detailing why approved supervision is not available and could not be attained.**

Intern Signature

Date

Supervisor Signature

Date

Please mail to: 7324 W Cheyenne Avenue #10, Las Vegas, NV 89129
FAX, EMAIL or MAIL

Updated 7/2020 supersedes all other forms