



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
<https://marriage.nv.gov/>

2 SUP FORM

SECONDARY SUPERVISOR CONTRACT

_____ Intern's name (print)	_____ Intern license number <i>(If applicable)</i>	_____ Signature
_____ Proposed Location (Organization)		_____ Date
_____ Address		_____ Agency Phone Number

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 40 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.*

Nevada Board Approved Secondary Supervisor

_____ Supervisor's Name (print)	_____ License Number	_____ Signature
_____ 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 had. Please attach documentation of training such as copies of transcripts with university courses in supervision, certificates of attendance at workshop, certificates of Approved Supervisor status, or other evidence that supervision training has been obtained beyond your therapy training. Resumes of experience may be submitted. 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.**