

Brian Sandoval
Governor

Raymond E. Smith Sr.
Executive Director

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

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Supervised Experience Verification Form

(Please type or print)

I. APPLICANT

Applicant's Name: _____ **Applicant's SSN:** _____

Type License: _____ **License/Reg./Cert. No.** _____ **Dates:** _____

I authorize the exchange of any and all information pertaining to this document between the named supervisor and the Board. I further understand that this document may be released to me by the Board, but not to the general public.

Applicant's Signature: _____ Date: _____

II. SUPERVISOR

Supervisor's Name Facility Address Dates

List of Titles, Degrees, Licenses or Certificates held during supervision

Title	Degree, Field, Date & University	State License or Certificate Number Type License and Date Issued

iii. SUPERVISED INTERNSHIP

Give the dates and brief description of applicants training program under your supervision. From: _____ To: _____

Client Contact hours performed: (NV requirement 1,500 hours)

From MM/DD/YY	To MM/DD/YY	Numbers of Weeks	Hours Per week	Total hours

Supervision received: (NV requirement 300 hrs)

From MM/DD/YY	To MM/DD/YY	Number of Weeks	One on One	Group	Other	Total hours of Supervision

Additional hours performed: (NV requirement: Client Contact + Supervision + Additional hrs = at least 3,000 hrs)

From MM/DD/YY	To MM/DD/YY	Type of Hours	Numbers of Weeks	Hours Per week	Total additional hours

Under penalty of perjury I herewith affirm that the information supplied herein is, to the best of my knowledge and belief, true, accurate and complete.

Supervisor's Signature

Title & Organization

Date