



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

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Las Vegas, Nevada 89129
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INTERNSHIP DISSOLUTION

FORM 9

_____ PRIMARY SUPERVISOR

_____ SECONDARY SUPERVISOR

Pursuant to [NRS 641A.2878](#) and [NRS 641A.2888](#): This dissolution agreement is made on _____,
Date

between _____
Print Name

_____ (intern)
Intern License Number

and _____
Print Name

_____ (supervisor).
License Number

We petition the Board to dissolve this Supervisor-Intern relationship effective _____
Date of Dissolution

due to (**ATTACH A SUMMARY OF THE REASON FOR DISSOLUTION**):

____ Incompatibility

____ Nonattendance

____ Scheduling Difficulty

____ Nonconformity

____ Lack of Services

____ Noncompliance

____ Other

The Intern understands and agrees that they may **NOT see clients nor practice after the effective date until a new Primary Supervisor and a new Internship Proposal has been approved by the Board. The Intern may choose a New Primary Supervisor from the list of Board Approved Primary Supervisors provided by the Board office by emailing mftbd2@mftbd.nv.gov. **Intern Initials** _____**

Intern Name (print)

Intern License Number

Signature

Supervisor Name (print)

License Number

Signature