



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/>

**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](mailto:mftbd2@mftbd.nv.gov). **Intern Initials** \_\_\_\_\_\*\*

\_\_\_\_\_  
Intern Name (print)

\_\_\_\_\_  
Intern License Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Supervisor Name (print)

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Signature