

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

## FORM #1

## MFT SIX-MONTH INTERNSHIP REPORT FROM PRIMARY SUPERVISOR

Intern's name (print) Signature Intern license number INTERNSHIP PROGRESS REPORTS MUST BE SUBMITTED BY EACH MARCH 15<sup>TH</sup> AND SEPTEMBER 15<sup>TH</sup> of each year to the Board Office throughout the duration of the internship. Failure to submit reports may void the internship. \_\_\_\_\_ Primary \_\_\_\_\_ Secondary hrs 1. Direct marriage and family therapy supervision (Minimum of 300 hours total, required) (minimum 160 Primary - 40 Secondary) \_\_\_\_ In-Home Therapy Hours hrs 2. Marriage and family therapy (face-to-face with clients) (Minimum of 1500 hours, total required) (include hours in face-to-face total) \_\_\_\_\_ hrs 3. Group therapy experience (Maximum 300 hrs, no minimum) hrs 4. Personal therapy (Maximum 150 hrs, no minimum) \_\_\_\_ hrs 5. Documented teaching approved by Primary supervisor (parent/family education, workshops) (Maximum 200 hrs, no minimum) hrs 6. Additional training (University graduate work, approved workshop) approved by Primary supervisor (Maximum 50 hrs) \_\_\_\_\_ TOTAL HOURS (this six-month reporting period) \_\_\_\_\_ Total accumulated hours to date **INTERN'S PROGRESS** Supervisor's Notes: \_\_\_\_ Sufficient progress \_\_\_ Needs further training \_\_\_ Insufficient progress I hereby certify that the hours reported in the categories indicated above were performed under my supervision in the period from \_\_\_\_\_to \_\_\_\_\_(dates) Primary supervisor's name (Print) License number Signature of Supervisor Address Phone Cell Phone Please mail all original correspondence to: P.O. Box 370130, Las Vegas, NV 89137 DO NOT FAX