



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

PO Box 370130
Las Vegas, Nevada 89137
Office: (702) 486-7388
FAX: (702) 486-7258
<http://marriage.nv.gov>

SUP FORM

INTERNSHIP PROPOSAL & PRIMARY SUPERVISOR CONTRACT

_____ Intern's name (print)	_____ Intern license number	_____ Signature
_____ Proposed Location (Organization)		_____ Date
_____ Address		_____ Agency Phone Number

THE DETAILED PLAN OF THE PROPOSED INTERNSHIP:

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 160 hours** of supervision.*
- 3. I agree to consult with the Board concerning the professional record; competence in practice; and the emotional and mental stability or professional and ethical conduct of the intern.*

_____ Supervisor's name (print)	_____ License number	_____ Signature
_____ Supervisor's Address		_____ Supervisor's Phone Number

******I waive the 21 working days notice required by NRS 241.033 and agree that the Board of Examiners for Marriage and Family Therapy and Clinical Professional Counseling may consider my request at its next scheduled Board Meeting.

_____ Intern Signature	_____ Date	_____ Supervisor Signature	_____ Date
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Please mail all original correspondence to: P.O. Box 370130, Las Vegas, NV 89137
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