

## 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 http://marriage.nv.gov

## FORM #1

## MFT SIX-MONTH INTERNSHIP REPORT FROM PRIMARY SUPERVISOR

Intern's name (print)		Intern license nu	umber S	Signature			
		REPORTS MUST BE SU e throughout the duration					
	1. Direct marriage and family therapy sup (Minimum of 300 hours total, required)		upervision		imary 160 Primary -	Secondary 40 Secondary)	
	-	d family therapy (face-to 500 hours, total required)			In-Home Therapy Hours nclude hours in face-to-face total)		
	3. Group therapy experience (Maximum 300 hrs, no minimum)						
	<ul><li>4. Personal therapy</li><li>(Maximum 150 hrs, no minimum)</li></ul>						
	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)							
		OURS (this six-month rep	orting period)				
INTERN'S I							
Sufficient progress Supervisor's_Notes:							
Needs fu	rther training						
Insufficie	ent progress						
I hereby certi	fy that the hour	s reported in the categorie	es indicated above we	ere performe	ed under my su	pervision in the period	
from			_ to			(dates)	
Primary supervisor's name (Print)			License number	S	ignature of Sup	pervisor	
Address			Phone		Cell Ph	one	