

PARTIAL CLINICAL / INDEPENDENT INTERNSHIP APPLICATION

The following to be completed by Intern Applicant

Intern is changing (check all that apply):

Supervisor

Adding a Site

Changing a site

Present Legal Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Telephone () _____ LSW License Number: _____

Proposed Internship Site One (1)

Existing Site

New Site

Site Address: _____
Street City State Zip

Site Telephone () _____

Job Title _____

Anticipated Internship Hours Per Week _____

Specify tasks and activities that will be performed as part of the internship _____

Proposed Internship Site Two (2)

Existing Site

New Site

Site Address: _____
Street City State Zip

Site Telephone () _____

Job Title _____

Anticipated Internship Hours Per Week _____

Specify tasks and activities that will be performed as part of the internship _____

To Be Completed by Internship Supervisor

Present Legal Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Telephone (_____) _____

Nevada Clinical Social Work (LCSW) or Independent Social Work (LISW) license number: _____

Email Address (mandatory): _____

Are you an employee of, or contracted with, the proposed **Internship Site one (1)**? Yes No If "no," who is the licensed on-site mental health professional (include his/her licensure) _____

Are you an employee of, or contracted with, the proposed **Internship Site two (2)**? Yes No If "no," who is the licensed on-site mental health professional (include his/her licensure) _____

Are you able to demonstrate at least three (3) years of experience as a licensed clinical social worker or independent social worker? Yes No

Have you completed an intern supervisor training workshop in the last five years? Yes No

Are you able to demonstrate that your current practice consists of not less than 15 hours per month of practice?

N/A Yes No

Do you or have you ever had any business or personal relationship with the applicant? Yes No

Do you or have you ever had a client relationship with the applicant? Yes No

Number of social work interns you currently have under your supervision (not including this applicant)? _____

If this is your first time as an intern supervisor, please attach a copy of your current resume and list the names, addresses and telephone numbers of three (3) references that are able to critique your qualifications as a social worker and supervisor of social worker interns.

Supervisor's Initials	
	Supervisor assures that the intern will be properly trained to administer and score the following list of assessment tools used in the agency, prior to implementing use of them . Assessments used are – _____ _____ _____
	Agency provides secure storage for client files , including transportation of client files if these files are taken out of the Agency (e.g. to provide in-home services).
	If the intern will be providing services, including therapy, AWAY FROM THE AGENCY , supervisor confirms that there is a clear safety plan, including an on-call list for the intern to use if needed.

SUPERVISOR - My initials serve as certification of items initialed above.

Supervisor's Name: _____

Initials Signature Date

CLINICAL / INDEPENDENT INTERNSHIP SUPERVISION CONTRACT

Article I PARTIES

This contract is made by and between _____ and _____
Intern Supervisor
hereafter referred to as Intern and Supervisor, respectively.

Article II PURPOSE

The purpose of this agreement is the provision of internship supervision for the practice of clinical social work or independent social work in Nevada as defined by Nevada Revised Statute (NRS) 641B.

Article III TERM

This contract is effective from _____ and will remain in effect until _____ unless
month / day / year month / day / year
unless terminated by the Intern or Supervisor after thirty (30) days advanced written notice. Duration and termination of internships and internship supervision is subject to conditions specified by Nevada Revised Statute (NRS) 641B and Nevada Administrative Code (NAC) 641B.

Article IV INTERNSHIP SITE(S)

Internship Site One (1): _____

Internship Site Two (2): _____

Intern and Supervisor agree and declare that no practice shall be engaged in outside of the site(s) listed above.

Article V INTERNSHIP CONTENT AND PROCESS

Content: Intern and Supervisor agree the content of the internship learning experience will adhere to the Board of Examiners for Social Workers "Learning Objectives" for clinical or independent internships as available on the Board website. www.socwork.nv.gov.

Process: Intern and Supervisor agree that the process of the internship learning experience will comply with Nevada Administrative Code (NAC) 641B.140 through 641B.170 as available on the Board website. www.socwork.nv.gov.

Intern and Supervisor agree to establish supervision scheduled no less than one (1) hour per week.

Article VI COMPENSATION FOR SUPERVISION

Intern agrees to pay Supervisor \$ _____ per hour for supervision provided during the contract period.

Article VII GENERAL PROVISIONS

This agreement supersedes any and all other agreements, oral or written, between Intern and Supervisor hereto with respect to the rendering of supervision of Intern by Supervisor. This document contains all of the covenants and agreements between Intern and Supervisor with respect to representations, inducements, promises or agreements, orally or otherwise, made by any party, or anyone acting on behalf of any party, which are not embodied herein, and that no other agreement, statement or promise not contained in the agreement shall be void or binding.

Any modification of this agreement will be effective only if in writing, signed by Interns and Supervisor, submitted to and approved by the Nevada State Board of Examiners for Social Workers. Such modifications must be in compliance with applicable Nevada Revised Statutes and Nevada Administrative Codes.

If any action at law or in equity, including an action for declaratory relief, is brought to enforce or interpret the provisions of this agreement, the prevailing party will be entitled to reasonable attorney's fees, which may be set for that purpose, in addition to any other relief that the party may be entitled.

Intern applicants are reminded that a Board approved internship is not a license to independently practice social work in Nevada. Interns must post, in a conspicuous place, the Board issued internship certificate which clearly identifies the applicant as an intern and the name of the intern supervisor. Pursuant to NAC 641B.240(2), an intern must use the title "Intern" in all communications with the Board and his or her respective clients.

The minimum length of an approved internship program is two years; the internship program should be completed within three years from the original approval date unless otherwise approved by the Board. Extensions are granted for good cause only. **Supervisors and interns are required to meet for at least one hour every week.** There are typically thirteen (13) weeks in each quarter.

This agreement shall be governed by and constructed in accordance with the laws of the State of Nevada.

Dated Signature of Intern

Dated Signature of Supervisor

Notary Seal

State of _____

County of _____

Subscribed and sworn to before me this _____

day of _____
Month / Year

By _____

Signature of Notary

Notary Public for State of _____

My commission expires _____

Partial Application Checklist – LCSW / LISW Internship

The following items are required with your application.

Please use the checklist to ensure that you have given us all the information we require. Failing to provide the required information will delay your application.

Initials	
	Partial Internship Application with all information provided.
	Job Description for internship position(s)
	Supervision Contract
	Supervision Plan for Internship(s)
	Access Letter (if supervisor is not employed / contracted by the agency where internship will be completed)

My initials serve as acknowledgement of **inclusion** of required items or **requests** for items required for license application. Include this document with your application.

Applicant's Name: _____

Initials

Signature

Date