



State of Nevada

Board of Examiners for Social Workers

4600 Kietzke Lane, #O-264, Reno, NV 89502

(775) 688-2555

Exam Approval Request Post-Graduate Internship Program

Date of Request for Exam Approval	
Supervisor's Name:	
Intern's Name:	
Clinical Hours earned to date (must be at least 1000 hours)	
Non-Clinical Hours earned to date (must be at least 500 hours)	
Supervision Hours (must be at least 50 hours)	
Date of Last Report Submitted to the Board	

Supervisor Certification

I, _____, hereby certify to the following –

- That to the best of my knowledge this intern is progressing in a satisfactory and ethical manner towards the completion of his / her internship.
- That the hours reported above are accurate.
- I believe that the intern is prepared to take the Clinical / Independent exam.

Supervisor Signature

Date

Intern Certification

I, _____, hereby certify under penalty of law as indicated by my signature below that all statements made in this report are true and correct.

Intern Signature

Date

Please complete the form, print it, sign it and then scan/email to c.benegas@besw.nv.gov.