State of Nevada

**Board of Examiners for Social Workers**

4600 Kietzke Lane, #C-121, Reno, NV 89502

(775) 688-2555

**Exam Approval Request**

**Post-Graduate Internship Program**

|  |  |
| --- | --- |
| **Date of Request for Exam Approval** | Click or tap to enter a date. |
| **Supervisor’s Name:** | Click or tap here to enter text. |
| **Intern’s Name:** | Click or tap here to enter text. |
| **Clinical Hours earned to date** **(must be at least 1000 hours)** | Click or tap here to enter text. |
| **Non-Clinical Hours earned to date****(must be at least 500 hours)** | Click or tap here to enter text. |
| **Supervision Hours****(must be at least 30 hours)** | Click or tap here to enter text. |
| **Date of Last Report Submitted to the Board** | Click or tap here to enter text. |

**Supervisor Certification**

I, Click or tap here to enter text., 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.

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Supervisor Signature Date

**Intern Certification**

I, Click or tap here to enter text., hereby certify under penalty of law as indicated by my signature below that all statements made in this report are true and correct.

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Intern Signature Date

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