



State of Nevada

## Board of Examiners for Social Workers

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

(775) 688-2555

### Termination of Supervision Post-Graduate Independent Internship

Supervisor Name: \_\_\_\_\_ License #: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Intern's Name: \_\_\_\_\_ Internship #: \_\_\_\_\_

Site # 1: \_\_\_\_\_ Job Title: \_\_\_\_\_

Site # 2: \_\_\_\_\_ Job Title: \_\_\_\_\_

Dates of Supervision for **your contract** with the intern:

Month/Year \_\_\_\_\_ to Month/Year \_\_\_\_\_

Hours of Supervision for **your contract** with the intern:

Per Week \_\_\_\_\_ Total Hours \_\_\_\_\_

**Brief description of Intern's duties and responsibilities at internship site(s):**

**Reason for termination of supervision** (please check one)

<input type="checkbox"/>	Close of contract, intern is leaving agency
<input type="checkbox"/>	Close of contract, supervisor is leaving agency
<input type="checkbox"/>	Close of contract, internship is completed (see below)
<input type="checkbox"/>	Other (Specify):

**Minimum requirements for clinical licensure –**

1. 3000 hours of supervised independent practice
2. 104 hours of supervision
3. Has completed not less than 24 months of practice and not more than 36 months of practice.
4. Has passed the advanced generalist exam

<b>REPORT TYPE</b> (please check one)	
This is an <b>Interim Termination Report</b> (Intern <b>has not completed requirements for licensure listed above</b> )	<input type="checkbox"/>
This is a <b>Final Termination Report</b> (Intern <b>has completed requirements for licensure listed above</b> )	<input type="checkbox"/>

<b>Verification of hours</b>			
	<b>Current</b>		<b>Totals *</b>
# of <b>hours</b> completed within <b>your contract</b>		<b>Cumulative Total #</b> clinical hours completed in internship	
# of supervision hours completed within <b>your contract</b>		<b>Cumulative Total #</b> supervision hours completed in internship	

\* If this is a **final report**, these numbers much match the total listed on page one.

<b>GENERAL REQUIREMENTS</b>		
	<b>Yes</b>	<b>No</b>
A. The intern has <b>passed the advanced generalist test.</b>		
B. The practice of the intern was consistent with the standards of the profession.		
C. The intern is of good moral character as it relates to the practice of social work.		
D. The intern demonstrates professional behavior.		
E. The intern has the skills required to manage his/her independent practice.		
F. The intern has a thorough understanding of the NRS / NAC related to Social Work practice in Nevada.		

<b>KNOWLEDGE CONTENT REQUIREMENTS</b>		
	<b>Yes</b>	<b>No</b>
A. Provides client centered advocacy		
B. Assists clients to enhance or restore their functioning.		
C. Knowledge of HIPAA, confidentiality, and privacy laws		
D. Establish and implement organization goals		
E. Obtain, manage and be accountable for agency resources, including staff		
F. Design organizational policies and procedures		
G. Develop, implement and evaluate programs		
H. Design, implement and monitor staff development		
I. Demonstrate fiscal management skills to include budgeting and monitoring resources		
J. Manage professional relationships and provides effective leadership		

Please select the appropriate statement:

I highly recommend the intern for licensure

\_\_\_\_\_ I recommend the intern for licensure

\_\_\_\_\_ I recommend with reservation the intern for licensure \*\*

\_\_\_\_\_ I do not recommend the intern for licensure \*\*

\_\_\_\_\_ The intern is not eligible for licensure at this time, termination is occurring before the end of his/her internship contract.

\*\* If you marked "recommend with reservation" or "do not recommend," you must provide a detailed explanation of your recommendation. Use extra pages if necessary.

I have read all questions, answers and statements and know the content thereof. **I have included a final progress report with this form.**

I hereby certify under the penalty of perjury that the information furnished on this document is true and correct.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Telephone Number: \_\_\_\_\_

**IF THIS THE FINAL PROGRESS REPORT AND INTERNSHIP REQUIREMENTS ARE MET, PLEASE HAVE THE INTERN EMAIL THE BOARD TO NOTIFY THEM THAT THE FINAL PRGRESS REPORT AND THIS TERMINATION REPORT HAVE BEEN UPLOADED INTO THE "INTERNSHIP PORTAL" at [slowery@besw.nv.gov](mailto:slowery@besw.nv.gov)**