



State of Nevada

Board of Examiners for Social Workers

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

(775) 688-2555

Termination of Clinical Supervision Post-Graduate Clinical 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, clinical 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. 2000 hours of clinical practice
2. 1000 hours of non-clinical practice
3. 104 hours of supervision
4. Has completed not less than 24 months of practice and not more than 36 months of practice.
5. Has passed the clinical exam

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

Verification of hours			
	Current		Totals *
# of clinical hours completed within your contract		Cumulative Total # clinical hours completed in internship	
# of non-clinical hours completed within your contract		Cumulative Total # non-clinical hours completed in internship	
# of supervision hours completed within your contract		Cumulative Total # supervision hours completed in internship	

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

GENERAL REQUIREMENTS		
	Yes	No
A. The intern has passed the clinical test.		
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 clinical practice.		
F. The intern has a thorough understanding of the NRS / NAC related to Social Work practice in Nevada.		
G. Demonstrates the ability to assess and then function safely in emergency situations.		

CLINICAL CONTENT REQUIREMENTS		
	Yes	No
A. Knowledge and utilization of a mental status assessment		
B. Determination of diagnosis using current edition of DSM		
C. Development of treatment plans with behaviorally specific goals		
D. Various clinical intervention approaches		
E. Documentation and review of treatment outcomes		
F. Knowledge of pharmacology		
G. Knowledge of addictions and the related clinical interventions		
H. Suicidal / Homicidal evaluations and interventions		
I. Abuse / Neglect evaluations and interventions		
J. Experience with a wide range of clientele		
K. Knowledge of HIPAA, confidentiality, and privacy laws		

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