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**STATE OF NEVADA
BOARD OF EXAMINERS
FOR
ALCOHOL, DRUG AND GAMBLING COUNSELORS**

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licensingsspecialist@adgc.nv.gov

TERMINATION OF INTERNSHIP SUPERVISION
Please submit within **5 business days** of termination of supervision

Name of Intern: _____ Certificate Number: _____

Name of Supervisor: _____ Certificate Number: _____

Date of termination of supervision: _____

Reason for termination:

Intern is transferring to another Supervisor employed/contracted with the same agency and will be submitting a new Supervision Agreement within **five business days** with new Supervisor (if known):

Intern is no longer at this agency as of _____

Supervisor is no longer at the agency as of _____

Other _____

Progress Report for hours accrued under supervision will be completed, signed, and sent to intern and/or the Board

Name of Person completing the form: _____

Supervisors are still considered liable for any interns under their supervision until the Board is notified otherwise. The Board must confirm receipt of this form for supervision to be considered officially terminated.

Email completed form to licensingsspecialist@adgc.nv.gov