



Mary Lask, President
Milagros Severin-Ruiz, Vice President
Denise Everett, Secretary/Treasurer
Paula Chung, Member
Lee Ann Malone, Member
Rory Reid, Member
Erin Warrell, Member

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

4600 Kietzke Lane B-115

Reno, NV 89502

Phone: 775-689-0562/0563

Website www.alcohol.nv.gov

Email: agawronski@adgc.nv.gov

licensingspecialist@adgc.nv.gov

TERMINATION OF INTERNSHIP SUPERVISION

Please submit within 5 business days of termination of supervision

Name of Intern: _____

Intern's Certificate Number: _____

Name of Supervisor: _____

Supervisor's 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 _____

I am no longer at the agency as of _____

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

This form and any progress reports, can be emailed to licensingspecialist@adgc.nv.gov