



State of Nevada  
 Board of Psychological Examiners  
 4600 Kietzke Ln., Bldg. B-116  
 Reno, NV 89502  
 775-688-1268

**PSYCHOLOGICAL TRAINEE SUPERVISED PRACTICE PLAN SUMMARY FORM**

(Refer to cited sections of NV Admin. Code 641 to fill out this form (<https://www.leg.state.nv.us/NAC/NAC-641.html>))

Supervisee/Applicant Name: \_\_\_\_\_

Email: \_\_\_\_\_ Best Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Supervisor Name: \_\_\_\_\_ NV License #: PY0 \_\_\_\_\_

Email: \_\_\_\_\_ Best Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Supervisor(s) Information**

Is there a conflict of interest between supervisor(s) and trainee (*NAC 641.1565*)? YES NO

Will any supervisor be responsible to supervise more than four (4) part-time psychological trainees working not more than 10 hours each per week **OR** more than a combination of five (5) psychological assistants, psychological interns, psychological trainees or other interns licensed, registered or certified, as applicable, under the provisions of chapter 641A, 641B or 641C of NRS at the same time (*see revision of NAC 641.158 Subsection 1 by NV Regulation R074-18*)?  
 YES NO

Has the supervisor(s) had training in Clinical Supervision (*NAC 641.1519*)? YES NO

*Check all that apply that describe supervisor(s)'s training in Clinical Supervision:*

Continuing Education Course/s Independent Study Formal Coursework

Provide a brief narrative of supervisor(s)'s training or qualifications specific to supervision (List courses, supervision experience, etc.):

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Will the supervisee be employed by the supervisor(s) directly *(641.152 Subsection 6)*?

YES\*\* NO\* N/A

\* If NO, the supervisee must be subject to the control and direction of a supervisor(s) who is affiliated with the same agency or institution at which the supervisee works.

Is this the case?

YES\*\*  NO

\*\* If Yes, please attach evidence of the Supervisor's contractual relationship with the facility to this form

A psychological trainee cannot be assigned to more than two training sites at the same time *(NAC 641.158)*. Is the trainee assigned to more than two sites?

YES NO

Will the supervisor(s) review and sign all clinical documentation for all services provided by the trainee?

YES NO

Is there an agreement for the psychological trainee to compensate the supervisor(s) for their supervision?

YES NO

### Site Information

Supervisors must provide the Board a copy of a written agreement between the supervisor and the doctoral training program of each psychological trainee whom he or she supervises. Please attach to this form. See NAC 641.1517 for required content of that agreement.

Name of Facility/Agency/Institution/Practice: \_\_\_\_\_

Address: \_\_\_\_\_

Website: \_\_\_\_\_

*Applicants and supervisors are reminded, per NAC 641.161, that a psychological trainee may not advertise or be listed on any roster, panel or directory of psychologists other than that published by the board.*

Will applicant be providing services at other secondary locations other than listed above?

YES NO

If yes, please provide address: \_\_\_\_\_

\_\_\_\_\_

Scheduled *start* date for supervised hours: \_\_\_\_\_ Anticipated *end* date: \_\_\_\_\_

Are there policies and procedures that ensure the accessibility of the supervisor (another appropriate licensed medical or behavioral health provider in the case of the absence of the supervisor) to the psychological trainee commensurate with that person's professional developmental level during the times he or she is providing clinical services *(NV Regulation R074-18 Sec 8 and Section12)*? YES\*\* NO\*

*Note: Such methods may include: (a) The physical presence of the supervisor; (b) Availability of the supervisor by telephone; and (c) Availability of another licensed medical or behavioral health provider at the site at which the psychological intern is providing services.*

\* If NO, applicant must request approval from the Board for an alternative arrangement by attaching a letter outlining alternative arrangement proposed signed by applicant and supervisor.

**\*\* If YES, please attach a brief narrative of these policies and procedures to this form.**

**Will the supervisor provide the psychological trainee with at least one (1) hour of face-to-face individual supervision each week for every 10 hours of placement of the psychological trainee at his or her assigned training site?**  YES  NO

*Note: "Face-to-face" means an in-person interaction or an interaction through the use of audiovisual communication technology, not including standard telephone, facsimile or electronic mail.*

**Trainee Wages:**

**Does the supervisor, or the facility that the supervisor works for, have a direct contractual relationship with the university where the trainee is enrolled for payment of trainee wages where the university pays the student rather than the supervisor or the facility?**

YES  NO  N/A

*If "YES," a copy of the contract with the university, including the scope of work, must be attached to this application.*

*If "YES," skip to the "ATTESTATION" section. If "NO," please complete the questions below.*

**Is the supervisor or the facility that the supervisor works for paying the psychological trainee directly?**

YES  NO  N/A

**If the supervisor or the facility that the supervisor works for paying the psychological trainee directly, will the psychological trainee be paid a fixed wage on a periodic basis and not be paid based on the number of clients treated or assessed, the amount of money reimbursed by an insurance plan, or a percentage of the fees received (NAC 641.154).**  YES  NO  N/A

**Salary: \$ \_\_\_\_\_ per year      Hourly: \$ \_\_\_\_\_ per hour, up to \_\_\_\_\_ hours weekly.**

**Attestation**

**I guarantee that all information is true and accurate to the best of my knowledge, and that all supervision will meet the specifications as per NRS 641 and NAC 641.**

**Signature of Supervisor:** \_\_\_\_\_ \_\_\_\_\_ Date

**Signature of Applicant:** \_\_\_\_\_ \_\_\_\_\_ Date