

**State of Nevada**  
**Committee on Domestic Violence**

100 N. Carson Street, Carson City, Nevada 89701  
Phone (775) 684-1223 Fax (775) 684-1108

**Request for Approval of New Supervisor**

**New Supervisor Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street / P.O. Box City State Zip

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Agency Information**

Name of Requesting Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
Street / P.O. Box City State Zip

Name of Current or Most Recent Supervisor: \_\_\_\_\_

**Qualifications Checklist:** Please check the following boxes to indicate the individual meets the minimum qualifications for a provider of treatment as required by NAC 228.110

NAC 228.110	SUPERVISOR Qualification	YES	NO
§ 1(a)	Master's or doctorate degree in field of clinical human services from accredited college. Please provide a copy or other proof of the degree.		
§ 1(b)(1-4)	Licensed in good standing in this state as a psychologist, MFT, CPC, CSW, or medical doctor. Please provide proof of the status of the license. <i>**This requirement can be waived. See § 4 of 228.110</i>		
§ 1(c)	At least 2 years experience in supervisory capacity in provision of services to victims of dv or treatment of dv perpetrators; or At least 5 years of experience in the direct provision of services to victims of dv or treatment of persons who commit dv.		
§ 1(e)	Completed 60 hours of formal training Attach copies of all training certificates.		
§ 1(f)	Completed 12 hours of training in clinical supervision. Please attach a training log.		
§ 1(g)	Completed 15 hours of training within the immediately preceding 2 years.		
§ 1(h)	Completed 60 hours of in-service training.		
§ 1(i)	Never convicted of a crime which demonstrates unfitness to act as a supervisor of treatment.		
§ 1(j)	Free of violence		
§ 1(k)	Not currently an abuser of prescription drugs or alcohol or a user of illegal drugs		

**In-Service Observation Log:** Use this page to document 60 observation hours required by NAC 228.110

Name of Supervisor: \_\_\_\_\_

Date of Observation	Agency	Signatures of Facilitators	# of Hours
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____

Total Hours Observing Male/Female Co-Facilitated Batterer Treatment Groups \_\_\_\_\_

Total hours must be 60 or more. Copy this form as needed.



**Declaration**

I hereby declare, under penalty of perjury, that all information provided and attached to this application is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to this application.

\_\_\_\_\_  
Printed Name of New Supervisor

\_\_\_\_\_  
Original Signature of New Supervisor

\_\_\_\_\_  
Date

***You must fill out this form in its entirety and check this box to indicate that you are aware that incomplete applications will NOT be considered and may be returned to you.***

**Please send completed application and all supporting materials to:**

**Committee on Domestic Violence  
c/o Office of the Attorney General  
100 N. Carson Street  
Carson City, Nevada 89701**