State of Nevada
Division of Public and Behavioral Health

727 Fairview Drive, Suite E
Carson City, NV 89701
Phone (775) 684-1030 Fax (775) 684-1073

Request for Approval of Supervisor

Domestic Violence (dv) Treatment Program - Supervisor Supplemental Form

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 supervisor 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. **Must upload a copy of or other proof of the degree.**		
§ 1(b)(1-4)	Licensed in good standing in this state as a psychologist, MFT, CPC, CSW, or MD or DO and practices psychiatry. **Must upload a copy of license or online license verification page.** ***This requirement can be waived. See* § 4 of 228.110		
§ 1(c)	At least 2 years of experience in a supervisory capacity providing 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. **Upload copy of resume.**		
§ 1(d)	Completed 60 hours of formal training **Upload copies of all training certificates.**		
§ 1(e)	Completed 15 hours of training within the immediately preceding 2 years. **Use formal training log provided.**		
§ 1(f)	I attest I have never been convicted of a crime which demonstrates unfitness to act as a supervisor of treatment & I am free of violence.		
§ 1(g)	Upload three letters of reference from current or past employers.		
§ 1(h)	I attest I am not currently an abuser of prescription drugs or alcohol or a user of illegal drugs		

Formal Training Log

Document formal training hours here (all certificates must be attached with request). MUST INCLUDE (at least): 30 training hours in provision of services to victims of domestic violence & 30 training hours in the provision of treatment to persons who commit domestic violence.

Name:_____

Title of Training	Victim # of Hours	Offender # of Hours	Date Taken

Total Hours _____

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.

Signature of 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 upload this document with supporting documentation, where requested, with your online dv treatment program application. To apply online go to our Online Licensing System: https://nvdpbh.aithent.com/login.aspx