NSU
NOVA SOUTHEASTERN UNIVERSITY

Transfer Direct Client Contact Hours

College of Arts, Humanities, and Social Sciences (CAHSS)

(Please complete ALL information before submitting)

Name _____ N# _____

Address _____

City_____ State_____ Zip_____

Day Phone ( )_____ NSU Email address _____

Transfer hours from

❑ NSU Family Therapy Degree Program ❑ M.S. ❑ Ph.D. ❑ D.M.F.T.

❑ NSU other program or other Institution (Name) _____ State _____

Degree received _____ Degree Area _____ Date _____

Duration of Previous Internship (From) _____/_____/_____ To _____/_____/_____

❑ Copy of credentials for previous clinical supervisor attached (*required*)

❑ I am currently licensed (state) _____ Clinical Area _____ Date _____ (*copy required*)

Instructions

Use this form to request a transfer of **any** (previously earned) client contact hours to your current program. Students entering NSU from Non-COAMFTE approved master's degree programs may submit a request for review of these hours using their prior clinical hour documentation. Where no forms are available, seek guidance from the Internship Coordinator on how to submit requests using Other **Client Contact Hour** forms. In addition, submit the licensure credentials of the previous clinical supervisor (AAMFT approved or state equivalent supervision is necessary for hours to be transferable). All direct client contact hours and supervision hours must have been signed by the appropriate past supervisor. Each request to transfer hours is subject to review, and approval by the **DFT Program Director**. Direct all questions to the **DFT Internship Coordinator**.

-- **Office Only** --

_____ _____

Total hours approved for transfer Reviewed by

_____ _____

Program Director Date