



# Certified Clinical Mental Health Counselor Credential

## IMPORTANT

This application is for qualified counselors who currently hold the NCC credential.

The National Board for Certified Counselors, Inc. (NBCC®) values diversity. There are no barriers to certification on the basis of gender, race, creed, age, sexual orientation or national origin.



NATIONAL BOARD FOR  
CERTIFIED COUNSELORS™

3 Terrace Way  
Greensboro, NC 27403-3660  
Tel: 336-547-0607 \* Fax: 336-547-0017  
[nbcc@nbcc.org](mailto:nbcc@nbcc.org) \* [www.nbcc.org](http://www.nbcc.org)

***Professional Counseling Through Certification***

NBCC® is a registered trade and service mark of the National Board for Certified Counselors, Inc.

2011 APPLICATION

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## CCMHC Requirements

If you can answer “yes” to each of the following, you may qualify for the CCMHC credential.

- I meet all educational requirements for the CCMHC credential outlined in this application.
- I earned my graduate degree in counseling more than two years ago.
- I can document having completed at least 100 hours of counseling supervision, spanning at least 24 months from the date my graduate degree (master’s or higher) in counseling was conferred. Also, the mental health professional who provided my supervision meets the degree/credential requirements described in this application packet.
- I can document having completed at least 3,000 hours of clinical client contact, spanning at least 24 months from the date my graduate degree (master’s or higher) in counseling, or with a major study in counseling, was conferred.
- I can submit two completed Professional Colleague Endorsement Forms (included in this packet).
- I can document a passing score on the National Clinical Mental Health Counselor Examination (NCMHCE), **OR** I am ready to request registration for that examination.
- I can provide a taped clinical session (after the application and examination are complete and approved), **OR** I can and will document two additional years of clinical supervision.

## About NBCC

The National Board for Certified Counselors, Inc. and Affiliates (NBCC), founded in 1982 as an independent not-for-profit credentialing body, provides national certification for professional counselors, identifies those counselors who have obtained certification, and maintains a registry of those counselors. Currently, more than 45,000 professional counselors hold the National Certified Counselor (NCC) credential. Forty-nine states, Puerto Rico and the District of Columbia have adopted NBCC assessments as part of their statutory credentialing requirements.

## Length of Certification and Annual Certification Fee

Upon certification, the CCMHC expiration date will be made to coincide with the NCC expiration date. The annual fee for the CCMHC is \$30 and will always be due at the same time as the NCC annual \$75 fee—the 15th day of the birth month of the certificant. For each year the counselor holds the CCMHC credential, 10 percent of the 100 continuing education hours required for recertification must be in clinical topics. The NCMHCE may also be taken at the end of each certification period in lieu of continuing education hours.

## Contact Information

For personal assistance, please contact the NBCC Certification Department via e-mail ([certification@nbcc.org](mailto:certification@nbcc.org)) or telephone (336-547-0607).

## Minimum Graduate-Level Credits

NBCC requires completion of at least 60 semester (or 90 quarter hours) of graduate-level academic credit in counseling from a regionally accredited university for the CCMHC credential. **Noncounseling classes will not count toward the credit requirement.** For example, NBCC will not accept courses in grant writing, educational administration, special education, etc.

Provided your graduate degree has a major study in counseling (as defined above), nondegree graduate credits in **counseling** can be included in the total requirement of 60 semester (or 90 quarter hours) of graduate-level credit. Those applicants who have completed less than 60 semester (or 90 quarter hours) may wish to read about the Equivalent Entry Option included in this packet.

## Coursework and Clinical Training

The CCMHC credential requires specific coursework. Details regarding the content areas can be found on the Coursework Requirement Form included in this packet.

- You will need to complete the Coursework Requirement Form and submit it as part of your application.
- Nine to 15 semester hours (or 14 to 23 quarter hours) of clinical training in supervised practica and internships in a setting relevant to the practice of clinical mental health counseling is required for field experience (clinical training). Supervised field experience credits must be at the graduate level. Include information about your clinical placements in the designated section of the Coursework Requirement Form.
- If you are uncertain your education meets the CCMHC requirements, you may request a pre-review of your degree and coursework.

## Equivalent Entry Option

Applicants who completed fewer than 60 semester hours (or 90 quarter hours) of graduate-level credit in counseling, but who have completed a minimum of 48 semester hours (72 quarter hours) of graduate-level credit in counseling may substitute documented training and/or supervised clinical experience for the lacking 12 semester hours (18 quarter hours) that are required. **Please note: Documented training and/or supervised clinical experience cannot be substituted for any required coursework content areas. The substitution rule may satisfy a credit hour deficiency only.**

To be considered for equivalent entry, you must have one of the following in addition to 48 semester (72 quarter) hours of graduate-level counseling credit:

### Continuing Education Clock Hours

Documentation of having completed clinically relevant workshops. Each 15 clock hours of clinically relevant workshop participation substitutes for one semester hour of credit.

Example: A candidate who has completed only 48 semester hours of graduate-level credit would need to document 180 clinical workshop hours.

OR

### Supervised Client Contact Hours

Documentation of additional client contact hours beyond the required 3,000. Forty hours of client contact may be substituted for one hour of either semester or quarter credit.

Example: A candidate who completed 48 semester hours of graduate-level credit would need to document 480 hours of supervised client contact beyond the normal 3,000 hours required.

## Examination Requirement

You are required to have a passing score on the NCMHCE.

Many states utilize the NCMHCE for state licensure/state credentialing purposes.

If you can document having passed the NCMHCE as part of your state licensure process, it is not necessary to retake the exam for the CCMHC credential.

To document your exam scores, provide NBCC with the following information in Section 12 of the application:

- The name of the exam you passed;
- The state in which you passed the exam;
- The year and month you passed the exam;
- The name under which you passed the exam, if different from your current name;

**OR** provide NBCC with a photocopy of your score report showing your passing results.

## Tape Review

After you pass the NCMHCE, you will be required to submit a tape recording of a complete clinical counseling session along with a written critique. Specific guidelines for this requirement will be included with your passing score report.

If you can document having graduated from a CACREP-accredited mental health counseling (MHC) degree program, the tape review requirement will be waived.

Uncertain whether your MHC degree program is accredited by CACREP? Verify it by going to [www.counseling.org/cacrep/directory.htm](http://www.counseling.org/cacrep/directory.htm).

## Coursework Requirement Form

To complete the Coursework Requirement Form, match the classes from the graduate transcript to the content areas listed on the Coursework Requirement Form. Each course must have earned two semester hours (or three quarter hours) of graduate-level credit.

## Submitting Your Transcript

- A copy of your graduate transcript, showing conferral of an advanced degree (master's degree or higher) in a mental health field, must be submitted. If you have taken additional relevant coursework between the date of your NCC certification and the present time, then you will also need to submit a sealed official transcript showing the additional coursework.
- If you will be submitting any graduate transcripts separately from your application materials, please include a brief note with your application materials indicating that your transcript will arrive separately. Please state the date you ordered the transcript.
- If you're submitting a transcript separately from your application materials, please have it mailed to the following address: NBCC Certification Department, 3 Terrace Way, Greensboro, NC 27403. Note that this address is different from the one you will use to submit your main application materials.
- Sending a transcript separately from your other application materials may slow the review of your application.

## Application and Examination Limits

NBCC holds applications open for either a two-year period or three unsuccessful attempts to pass the NCMHCE, whichever comes first. If you were registered to test but did not sit for the exam, or took the exam and did not pass, a \$145 reregistration fee will be required. You will automatically receive registration forms for each examination for which you are eligible to sit.

## Ethics Requirement

All applicants for NBCC credentials must read and abide by the NBCC *Code of Ethics*. You can download the *Code* at [www.nbcc.org/Ethics](http://www.nbcc.org/Ethics). You may also call 336-547-0607 or e-mail [nbcc@nbcc.org](mailto:nbcc@nbcc.org) to request a copy be mailed to you. It is your responsibility to read the entire document before signing and sending your application. Keep a copy of the NBCC *Code of Ethics* for reference, as you must abide by it.

Please mark the appropriate box for all ethics statements in section 17 of this application. If you answer "no" to items 4 and/or 5, please provide a full explanation and if applicable final decree, including all relevant documentation. Enclose the explanation in a sealed envelope with "DISCLOSURE" written prominently across the front and include the envelope with your application materials. Read the "Applicant certification and Agreement/Release Authorization" carefully. In BLUE ink, sign your legal name and date. Be advised that your signature on this document and your submission of this application constitutes your agreement with the Applicant Certification and Agreement/Release Authorization.

## Endorsement Forms

### Professional Colleague Endorsement Forms (2)

When preparing the Professional Colleague Endorsement Forms, keep in mind the following points:

- The colleagues who complete these forms may not be related to you.
- The colleagues who complete these forms must meet the degree requirements stated on the forms.
- The endorsement forms must be completed in their entirety and signed in BLUE ink.
- The original form, signed in BLUE ink, must be mailed to NBCC.
- You and your colleagues each should keep a copy of the completed forms.
- The Professional Colleague Endorsement Form and the Counseling Supervisor Endorsement Form may not be completed by the same person.

### Counseling Supervisor Endorsement Form

- **A minimum of two years of postgraduate clinical counseling experience is required, and must include 3,000 hours of client contact and 100 hours of face-to-face clinical supervision.**
- The clinical counseling supervisor who completes this form must hold a master's degree (or higher) in either counseling or a closely related field, and must also hold one of the credentials indicated on the form.
- The counseling supervisor does not have to be your direct supervisor.
- If you've had multiple clinical supervisors, you may photocopy the blank form and ask each supervisor to complete one. The number of hours of supervision refers to the number of hours that you and your supervisor have spent in direct counseling supervision.
- Direct counseling supervision is defined as the time you spend with another mental health professional discussing matters such as how to improve your counseling skills, questions you have regarding your clients, how to build an effective counseling relationship, as well as receiving general feedback about your counseling.
- **A maximum of 20 hours of supervision may occur in a group setting.**
- After completing the endorsement, the supervisor should return the form to you to be submitted with your application and other documentation.
- If any part of the form is left blank, the form will be returned to you for completion before NBCC will review your application.
- Original BLUE ink signatures are required on all forms.

### When Will I Hear From NBCC?

Within three weeks of receiving your application, NBCC will send you a confirmation letter, which will include instructions for checking the status of your application online. If after three weeks you have not received your letter, check with your financial institution to verify that your payment has cleared before contacting NBCC. You can expect your review results to arrive in the mail approximately six to eight weeks after you receive your confirmation letter.

## Documentation Checklist

When you are ready to apply for the CCMHC credential, please be certain to include all of the following:

- CCMHC Application
- Two Professional Colleague Endorsement Forms
- Counseling Supervisor Endorsement Form(s)
- Coursework Requirement Form
- Continuing Education documents (only for those applying under equivalent entry)
- Copy of graduate transcript(s)
- Special Examination Accommodations Request Form, if needed
- Payment Voucher and payment
- Application Checklist (this form)

**IMPORTANT:**  
 Fill in all information completely. Provide your legal name.  
 NBCC Board policy prohibits placing degrees or titles on the certificate.

**PLEASE TYPE OR PRINT IN INK**

1. First Name/MI:  
  
 Last Name:  
  
 Previous Names (please attach a separate sheet if necessary):

2. Social Security Number (optional):

3. Street Address:  
  
 City/State/ZIP/Country:

4. Home Telephone:  
   
 Fax:

**Please attach a business card or a separate sheet of paper with your business address, telephone and fax.**

5. E-mail:

6. Gender:  M  F  
 7. Date of Birth (MM/DD/YYYY):  
 /  /

8. Ethnic Origin (optional; used for statistical purposes only):  
 African American  American Indian  Asian  Caucasian  Hispanic/Latino  Native Hawaiian  Multi-racial  Other

**FOR OFFICE USE ONLY**  
 REF.#1: \_\_\_\_\_  
 BATCH #1: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 AMOUNT: \_\_\_\_\_

9. Education/Training (You must have completed your degree before submitting this application.):

Master's Degree(s) Earned:

Degree(s)	Month/Year	Institution Name & City/State	Major(s)

Post-master's Degree(s) Earned:

Degree(s)	Month/Year	Institution Name & City/State	Major(s)

10. Preferred Exam Date:  April 16, 2011  October 15, 2011  
 11. Preferred exam location:  
 Site #:  Location: \_\_\_\_\_  
 (See exam site list in this packet)

12. Have you already passed the NCMHCE?  
 YES  NO  
 State where tested: \_\_\_\_\_ Date when tested: \_\_\_\_\_  
 Name (if different from current name) under which exam was taken: \_\_\_\_\_

13. How did you hear about NBCC and the CCMHC credential? If referred by a CCMHC, please provide his or her name.

14. Special Accommodations:  
 Check this box if you are requesting **SPECIAL EXAM ACCOMMODATIONS**. Include the Special Exam Accommodations Request Form (included in this packet) and supporting documentation with your application.
15. Have you applied previously for the Certified Clinical Mental Health Counselor (CCMHC) credential?  YES  NO  
 If yes, what is your NBCC ID number (also known as a certification number)? 

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16. Have you submitted materials to NBCC for a pre-review of coursework?  YES  NO
17. Ethics Certification and Attestation (You must respond to each statement.):
1. I understand that I am required to report in writing any changes concerning my responses to this application to NBCC within sixty (60) days.  YES  NO
  2. I agree to act in accordance with the NBCC policies, including the *Code of Ethics* and the *Ethics Case Procedures*.  YES  NO
  3. I have specifically identified to NBCC all professional licenses and credentials.  YES  NO
  4. My record is free of any charge or complaint related to governmental, regulatory or professional organizations.  YES  NO
  5. My record is free of any charge or violation of any criminal or legal matter.  YES  NO

Note: Please provide a complete, detailed explanation of the circumstances related to “No” responses in items 4 or 5 above. You should also provide copies of the final disposition(s). Place the materials in a sealed envelope marked “DISCLOSURE” and return with your application. Failure to provide required information may delay the processing of your application.

### Applicant Certification and Agreement/Release Authorization

I certify that the information provided in this application is accurate and complete to the best of my knowledge.

I agree that NBCC has the right to contact any person or organization regarding this application, and I authorize the release of any information requested by NBCC to verify the accuracy and completeness of this application. I further agree that NBCC has the right to communicate with related occupational organizations about this application.

I understand that credentialing through NBCC depends upon my fulfillment of all required criteria, including compliance with the NBCC *Code of Ethics*. I understand that NBCC certification does not create membership or other similar rights with NBCC, including the right to use NBCC trademarks.

I understand that any certification granted by NBCC does not represent licensure or other authorization to practice business activities for a fee or otherwise. I release NBCC from all liability and claims arising from any counseling activity. I agree to comply with all NBCC policies, including my use of NBCC certification marks.

I understand that NBCC certification is personal to me and may not be transferred to another individual or group.

I agree to report within sixty (60) days of my knowledge the following matters related to me:

- Any charge, complaint or conviction related to a criminal, quasi-criminal or civil action
- Any other charge or complaint by a regulatory or professional organization, including any corrective action(s) issued related to my professional practice

- Any other court or governmental matter related to my professional practice

I understand that professional biographical data and credential data is considered to be public information and will be made available in response to public inquiries. I agree that for research and statistical purposes, data related to my participation in NBCC certifications may be used. I understand that all application materials become the property of NBCC and will not be returned.

In the event that my credential has a special sanction, I agree to comply with all directives of the NBCC ethics office or the Board of Directors.

**Sign your legal name in BLUE ink.**

Be advised that your signature on this document constitutes your agreement with the above statements.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Mail application, transcript and other documents along with payment to:  
NBCC Certification Department  
PO Box 77699  
Greensboro, NC 27417-7699**

Applicant's Name \_\_\_\_\_

In order to qualify for the CCMHC credential, you must have a total of 60 semester (or 90 quarter) hours of graduate-level credit in counseling from a regionally accredited college or university. Within those credits, you must have taken a different graduate-level course in each of the following 10 content areas. To fulfill a content area, each course must have earned two semester hours (or three quarter hours) of graduate-level credit. Please list a different course for each content area. Field experience is also required; see "Clinical Training."

Content Area	Term	Course Code	Course Title	Credit Hours
<b>1. Theories of counseling psychotherapy and personality</b> Includes studies of basic theories, principles and techniques of counseling and their application to professional counseling settings.				
<b>2. Counseling and psychotherapy skills</b> Includes training in basic counseling skills, consultation and crisis intervention.				
<b>3. Abnormal psychotherapy and psychopathology</b> Includes training in diagnosis (DSM-III-R or DSM-IV), psychopharmacology, and treatment methodologies for mental and emotional disorders.				
<b>4. Human growth and development</b> Includes studies in theories of human and personality development.				
<b>5. Group counseling and psychotherapy</b> Includes coursework in group dynamics and development, group counseling and psychotherapy theory, as well as group methods and techniques.				
<b>6. Career development</b> Includes coursework in career development theory, career counseling processes and occupational information.				
<b>7. Professional orientation to counseling</b> Includes coursework in professional identity of mental health counselors, professional ethics of mental health counselors, professional counseling organizations and counselor credentialing.				
<b>8. Research</b> Includes courses in research, design, analysis and statistical methods.				
<b>9. Testing and appraisal</b> Includes individual and group approaches to assessment and evaluation, and interview assessment procedures.				
<b>10. Social and cultural foundations</b> Includes social change, race and gender issues, multicultural counseling, etc.				
<b>Clinical training during graduate program</b> <b>Nine-15 semester hours (14-23 quarter hours) are required.</b> List below all placement sites that apply. Use the back of this form if necessary. Also attach a narrative description of the duties you performed at each of these placement sites. Supervised hours are actual client contact hours acquired on-site.		<b>Dates</b>	<b>Supervised Hours</b>	<b>Credit Hours</b>
<b>1. Practicum placement sites:</b>				
<b>2. Internship placement sites:</b>				



Applicant's Name \_\_\_\_\_

**Professional Colleague Degree Requirement:**

All endorsers must hold a master's degree or higher in counseling, social work, marriage and family therapy, psychology or psychiatry. Endorsers are not required to be licensed and cannot be related to the applicant. A professional colleague who does not meet these criteria must return this form to the applicant so that another colleague can be asked for this endorsement.

**To the National Board for Certified Counselors:**

*I am professionally acquainted with the above-named applicant and am not related to this applicant. To the best of my knowledge and belief, this applicant is of good standing in the profession and is of good moral character. I endorse this applicant to become a National Certified Counselor.*

*I have been acquainted with the above-named applicant for \_\_\_/\_\_\_ years/months.*

**Professional Colleague Contact and Degree Information**

_____ Signature of Colleague (please sign in <b>BLUE</b> ink)	_____ Date
_____ Colleague's Name (please print)	_____ Position Title
_____ Business Address	_____ Degree/Major (i.e., "MA-Counseling")
_____ City, State and ZIP Code	_____ Telephone Number With Area Code
_____ Profession	_____ Professional Certification or License Number
_____ State or Certifying Organization	

**This form with an original BLUE ink signature must be mailed by the applicant to NBCC.  
Faxed or photocopied signatures will not be accepted.  
The applicant and colleague should retain copies for their records.**

Feel free to offer other comments on the back if necessary.  
After you complete this form, please return it to the applicant.



Applicant's Name \_\_\_\_\_

**Professional Colleague Degree Requirement:**

All endorsers must hold a master's degree or higher in counseling, social work, marriage and family therapy, psychology or psychiatry. Endorsers are not required to be licensed and cannot be related to the applicant. A professional colleague who does not meet these criteria must return this form to the applicant so that another colleague can be asked for this endorsement.

**To the National Board for Certified Counselors:**

*I am professionally acquainted with the above-named applicant and am not related to this applicant. To the best of my knowledge and belief, this applicant is of good standing in the profession and is of good moral character. I endorse this applicant to become a National Certified Counselor.*

*I have been acquainted with the above-named applicant for \_\_\_/\_\_\_ years/months.*

**Professional Colleague Contact and Degree Information**

\_\_\_\_\_  
Signature of Colleague (please sign in **BLUE** ink)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Colleague's Name (please print)

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Degree/Major (i.e., "MA-Counseling")

\_\_\_\_\_  
City, State and ZIP Code

\_\_\_\_\_  
Telephone Number With Area Code

\_\_\_\_\_  
Profession

\_\_\_\_\_  
Professional Certification or License Number

\_\_\_\_\_  
State or Certifying Organization

**This form with an original BLUE ink signature must be mailed by the applicant to NBCC.  
Faxed or photocopied signatures will not be accepted.  
The applicant and colleague should retain copies for their records.**

Feel free to offer other comments on the back if necessary.  
After you complete this form, please return it to the applicant.



Applicant's Name \_\_\_\_\_

Supervisors must have either a master's degree in a mental health field and at least five years of post-master's clinical work experience, or a doctorate in a mental health field and at least three years of post-doctoral clinical work experience. It is essential that supervisory relationships conform to ethical practice standards and, in particular, do not involve dual relationships. Supervisors must also hold one of the following:

- Approved Clinical Supervisor (ACS);
- Certified Clinical Mental Health Counselor (CCMHC);
- Licensed Mental Health Counselor (LMHC);
- Licensed doctoral-level psychologist;
- Licensed clinical social worker;
- Licensed or board-certified psychiatrist; or
- AAMFT-approved supervisor.

*I meet the criteria listed above and I have been professionally acquainted with the above-named applicant for \_\_\_\_\_ years/months and am not related to this applicant. To the best of my knowledge and belief, this applicant is of good standing in the profession, is of good moral character and has demonstrated effective clinical counseling skills while under my supervision. I endorse this applicant to become a Certified Clinical Mental Health Counselor. I have supervised this applicant's clinical practice as follows:*

Number of client contact hours: \_\_\_\_\_ Number of individual supervision hours: \_\_\_\_\_

Number of group supervision hours (group may consist of no more than five supervisees): \_\_\_\_\_

Applicant's position: \_\_\_\_\_

Name of agency/institution: \_\_\_\_\_

From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_.

Description of applicant's duties (use the back of this form if necessary):

\_\_\_\_\_  
Signature of Supervisor (please sign in BLUE ink)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Name (please print)

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Degree/Major (i.e., "MA-Counseling")

\_\_\_\_\_  
City, State and ZIP Code

\_\_\_\_\_  
Telephone Number With Area Code

\_\_\_\_\_  
Profession

\_\_\_\_\_  
Professional Certification or License

\_\_\_\_\_  
State or Certifying Organization

## April 16, 2011

STATE	CITY	SITE #	STATE	CITY	SITE #	STATE	CITY	SITE #
Alabama	Birmingham	0121	Louisiana	New Orleans	1811	Oklahoma	Norman	3601
Alaska	Anchorage	0201		Shreveport	1831	Oregon	Ashland	3701
Arizona	Tempe	0311	Maine	Portland	1901		Portland	3731
	Tucson	0321	Maryland	Baltimore	2001	Pennsylvania	Pittsburgh	3821
Arkansas	Jonesboro	0411	Massachusetts	Springfield	2111		Scranton	3831
California	Los Angeles	0501	Michigan	East Lansing	2201	Rhode Island	Kingston	3901
	Sacramento	0521	Minnesota	St. Paul	2311	South Carolina	Columbia	4001
Colorado	Denver	0601	Mississippi	Jackson	2401	South Dakota	Rapid City	4111
	Grand Junction	0611	Missouri	St. Louis	2511		Knoxville	4211
	Pueblo	0621		Springfield	2521	Tennessee	Nashville	4231
Connecticut	Hartford	0701	Montana	Bozeman	2601	Texas	Houston	4311
Delaware	Dover	0801	Nebraska	Omaha	2711		Lubbock	4321
Florida	Tallahassee	0931	Nevada	Reno	2811	Utah	Cedar City	4401
	New Port Richey	0941	New Hampshire	Manchester	2901	Vermont	Burlington	4501
Georgia	Macon	1011	New Jersey	Edison	3001	Virginia	Charlottesville	4601
Hawaii	Honolulu	1101	New Mexico	Albuquerque	3101	Washington	Seattle	4701
Idaho	Caldwell	1201		New York City	3211		Cheney	4711
Illinois	Matoon	1301		Rochester	3221	West Virginia	South Charleston	4801
	Chicago	1311	North Carolina	Greensboro	3321	Wisconsin	Oshkosh	4911
Indiana	Indianapolis	1401		Wilmington	3331	Wyoming	Laramie	5011
Iowa	Des Moines	1501	North Dakota	Bismarck	3401	Washington, DC		5101
Kansas	Emporia	1601	Ohio	Columbus	3501	Puerto Rico	San Juan	5211
Kentucky	Lexington	1711				International		5301

## October 15, 2011

STATE	CITY	SITE #	STATE	CITY	SITE #	STATE	CITY	SITE #
Alabama	Birmingham	0122	Louisiana	Baton Rouge	1802	Oklahoma	Tahlequah	3612
Alaska	Fairbanks	0212		Monroe	1822	Oregon	Eugene	3712
Arizona	Flagstaff	0302	Maine	Portland	1902		LaGrande	3722
	Tempe	0312	Maryland	Baltimore	2002	Pennsylvania	Erie	3802
Arkansas	Conway	0402	Massachusetts	Boston	2102		Harrisburg	3812
California	San Francisco	0512	Michigan	Rochester	2212	Rhode Island	Kingston	3902
	San Diego	0532	Minnesota	Duluth	2302	South Carolina	Columbia	4002
Colorado	Denver	0602	Mississippi	Mississippi State	2412	South Dakota	Brookings	4102
	Grand Junction	0612	Missouri	Kansas City	2502		Chattanooga	4202
	Pueblo	0622		St. Louis	2512	Tennessee	Memphis	4222
Connecticut	Hartford	0702	Montana	Helena	2612	Texas	Dallas	4302
Delaware	Dover	0802	Nebraska	Kearney	2702		San Antonio	4332
Florida	Ft. Lauderdale	0902	Nevada	Las Vegas	2802	Utah	Salt Lake City	4412
	Gainesville	0912	New Hampshire	Manchester	2902	Vermont	Burlington	4502
Georgia	Atlanta	1002	New Jersey	Trenton	3012	Virginia	Williamsburg	4612
Hawaii	Honolulu	1102	New Mexico	Las Cruces	3112	Washington	Seattle	4702
Idaho	Pocatello	1212	New York	Albany	3202		Cheney	4712
Illinois	Chicago	1312		New York City	3212		Vancouver	4722
	Springfield	1322		Syracuse	3232	West Virginia	Morgantown	4812
Indiana	South Bend	1412	North Carolina	Charlotte	3312	Wisconsin	Milwaukee	4902
Iowa	Des Moines	1502		Greensboro	3322	Wyoming	Casper	5002
Kansas	Wichita	1612	North Dakota	Fargo	3412	Washington, DC		5102
Kentucky	Bowling Green	1702	Ohio	Columbus	3502	Puerto Rico	Ponce	5202
						International		5302



Use this form if you are requesting special accommodations for the examination. All requests are reviewed individually and are subject to NBCC approval.

Applicant's Name: \_\_\_\_\_

**THERE IS NO EXTRA CHARGE FOR THESE ARRANGEMENTS.**

**Candidates With Disabilities**

Please identify briefly the nature of your disability. (Attach letterhead documentation to include diagnosis and recommended accommodations by a qualified professional.) Specify the special accommodations and/or arrangements you will need to complete the NCMHCE. Documentation may not be more than five years old.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I certify that this information is correct. I have attached the required documentation.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Candidates for Whom English Is a Second Language**

*I request extended time and a nonelectronic word-to-word translation dictionary for use during the NCMHCE because English is not my native language.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Request for Special Exam Date**

*I have attached a letter from my clergyperson verifying that I cannot participate in the examination on Saturday for religious reasons. Please contact me to arrange a special administration of the NCMHCE on the Friday immediately preceding or the Monday immediately following the scheduled administration date.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Request for International Exam Location**

*Please contact me to arrange for testing at an international location.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Note: Cancellations of special exam accommodations must be made at least seven business days before the exam date.**

**THIS PAGE MUST BE INCLUDED WITH YOUR APPLICATION.**

Applicant's Name: \_\_\_\_\_

**April 16, 2011 NCMHCE**

Fee: \$295 (see note below)

Application must be postmarked by December 15, 2010

**October 15, 2011 NCMHCE**

Fee: \$295 (see note below)

Application must be postmarked by July 15, 2011

**Application Fee With Prior Exam Documentation: \$175**

**Note:** If you can document graduating from a CACREP-accredited mental health counseling (MHC) program, you may deduct \$10 from the application fee. In order to qualify for the discount, your degree program must be listed on CACREP's site ([www.cacrep.org/directory/directory.cfm](http://www.cacrep.org/directory/directory.cfm)).

All fees are nonrefundable and nontransferable. **This is an application for the CCMHC credential, not a registration form for a state licensing exam.**

If you submit this application for the CCMHC credential in error or if your application is not approved, the application fee will not be refunded.

All applications remain open for two years. During that time, every applicant has the opportunity to rectify any deficiencies or achieve a passing score on the required examination.

**Method of Payment for the CCMHC Application Fee**

Enclosed is a check or money order payable to NBCC in the amount of: \_\_\_\_\_

My application fee will be covered through the Military Spouse Career Advancement Account (MyCAA)

Please charge the credit card as listed below in the amount of: \_\_\_\_\_

Card Type:  VISA  MasterCard  American Express

Name on Card: \_\_\_\_\_

Acct. #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

Verification Code Numbers (from back of card): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

**Mail application packet and payment to:**

**NBCC Certification Department**

**P.O. Box 77699**

**Greensboro, NC 27417-7699**

**IMPORTANT:** Be sure to make copies of all your forms (except the sealed transcript) before mailing your application. NBCC will not return any forms to you or anyone else once your application has been submitted.

**FOR OFFICE USE ONLY**

REF.#: \_\_\_\_\_ DATE: \_\_\_\_\_ BATCH #: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

**Payment Voucher for the CCMHC Application**