



# National Certified Counselor Credential

**Option B**

## IMPORTANT

This application is for graduates of  
CACREP-accredited programs only.

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

**Information and Instructions**

About the NCC Option B Application..... 3  
 General Information About NBCC and the NCC Credential..... 4  
 Educational Requirements-NCC Option B ..... 5  
 Instructions for Completing Application Forms..... 6-7  
 Prior Exam Documentation Information-NCC Option B..... 8  
 2011 NCE Exam Sites..... 14

**Forms Included in This Packet**

NCC Option B Application..... 9-11  
 Professional Colleague Endorsement Form..... 12  
 Counseling Supervisor Endorsement Form ..... 13  
 Special Exam Accommodations Request Form..... 15  
 Payment Voucher for the NCC Option B Application..... 16

**THIS APPLICATION IS NOT A STATE LICENSURE EXAMINATION REGISTRATION FORM.**

**To register for the National Counselor Examination (NCE) in order to obtain state licensure, please contact the NBCC Examinations Department at [examinations@nbcc.org](mailto:examinations@nbcc.org).**

If you are fully and currently licensed in professional counseling by your state, or if you are a California RPC, complete the NCC Option D application. Puerto Rico LPCs should complete the special PR application. Both are found on the NBCC Web site ([www.nbcc.org](http://www.nbcc.org)).

## IMPORTANT INFORMATION BEFORE YOU BEGIN

This application is NOT a state licensure examination registration form. To register for an NBCC licensure exam in order to obtain your state license, please contact the NBCC Examinations Department at [examinations@nbcc.org](mailto:examinations@nbcc.org).

## OPTION B REQUIREMENTS

- Master's degree or higher from a CACREP-accredited counselor education graduate program track.
- Endorsement from a counseling supervisor and a record of hours of supervision.
- Endorsement from a professional colleague.
- Passing score on the National Counselor Examination (NCE). Note: If you have passed an NBCC examination prior to application, see the Prior Exam Documentation Information section of this application packet.

## CACREP Accreditation

- Option B is available only to graduates of programs that have been accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). This is different from regional accreditation for colleges and universities.
- To apply under Option B, your specific degree track must have been accredited by CACREP at the time your counseling degree was conferred or within one calendar year of that date. Examples of degree tracks are addictions counseling; career counseling; clinical mental health counseling; marriage, couple and family counseling; school counseling; student affairs and college counseling; community counseling and mental health counseling.
- Be sure that you are a graduate of a CACREP-accredited program before you apply. (To verify CACREP accreditation, visit [www.cacrep.org](http://www.cacrep.org).) It is not sufficient for your program to just follow CACREP standards; to qualify under Option B, your program must have been CACREP accredited within 12 months of your graduation.
- You will be responsible for providing conclusive information should NBCC have questions about your graduate program's accreditation.

## 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.

## Benefits of National Certification

National certification can be a continuing source of pride and career enhancement for counseling professionals. Holding the NCC credential:

- Promotes professional accountability and visibility.
- Ensures a national standard developed by counselors, not legislators.
- Provides a marketing tool through NBCC's registry and Counselor Find referral service on the NBCC Web site.
- Offers NCCs a reduced rate on liability insurance sponsored by NBCC.
- Keeps NCCs in touch with current events within the profession.
- Supports counselor advocacy initiatives, including the Fair Access Coalition on Testing (FACT), which defends counselors' use of assessment instruments.

Individuals who successfully complete the NBCC certification process are entitled to use the designation NCC.

Misrepresenting oneself as a National Certified Counselor is a violation of the NBCC *Code of Ethics* and may result in professional and legal sanctions.

NBCC reserves the right to notify licensure/certification boards and/or professional associations if any individual is in violation of this policy. Such violations may be published in the NBCC newsletter.

## Length of Certification and Annual Certification Fee

National Certified Counselors (NCCs) are certified for a period of five years. NCCs must adhere to the NBCC *Code of Ethics* and pay a \$75 certification fee each year. NCCs are billed yearly and fees are due by the 15th day of their birth month. At the conclusion of each five-year cycle, NCCs must be able to document having completed 100 clock hours of continuing education, or they can retake and pass the NCE.

## Contact Information

For personal assistance, please contact the NBCC Certification Department via e-mail ([certification@nbcc.org](mailto:certification@nbcc.org)) or fax (336-547-0017).

## Examination Requirement

A passing score on the National Counselor Examination (NCE) is a requirement for this application. If you meet all other requirements listed in this application, you will be registered for the NCE and must pass it in order to be certified as an NCC. NBCC holds applications open for either a two-year period or three unsuccessful attempts to pass the NCE, whichever comes first. If you have previously taken either the NCE or the National Clinical Mental Health Counselor Examination (NCMHCE) and your score meets the national passing score for that administration, please see the Prior Exam Documentation Information section for instructions on documenting your score.

## Minimum Graduate-Level Credits

NBCC requires completion of at least 48 semester or 72 quarter hours of graduate-level academic credit in counseling from a regionally accredited university. For example, NBCC will not accept courses in grant writing, educational administration, special education, etc.

If your advanced degree is from a CACREP-accredited program, nondegree graduate credits in **counseling** can be included in the total requirement of 48 semester or 72 quarter hours of graduate-level credit.

## Minimum Coursework and Credits Per Course

Coursework in each of the following nine content areas is required:

- Human Growth and Development
- Social and Cultural Foundations
- Helping Relationships
- Group Work
- Career and Lifestyle Development
- Assessment
- Research and Program Evaluation
- Professional Orientation to Counseling
- Counseling Field Experience

All courses except Counseling Field Experience must carry at least two semester or three quarter hours of graduate-level credit. Counseling Field Experience(s) **must total** at least six semester or 10 quarter hours of graduate-level credit.

## Submitting Your Transcript

- NBCC requires a sealed official graduate transcript showing conferral of your master's degree (or higher) from a CACREP-accredited program track.
- If your university is sending a graduate transcript to NBCC, please include a note with your application informing NBCC of the date you requested the official transcript. If your name has ever been changed, list all other names on page 9 of the application (include a separate sheet if necessary) to ensure that your transcript is matched to your application.
- Your sealed official transcript(s) should be sent to:  
NBCC Certification Department  
3 Terrace Way  
Greensboro, NC 27403

## Application and Examination Limits

NBCC holds applications open for either a two-year period or three unsuccessful attempts to pass the NCE, 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 reregistration forms for each examination for which you are eligible to sit.

## Endorsement Forms

### Professional Colleague Endorsement Form

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

- The colleague who completes this form may not be related to you.
- The colleague who completes this form must meet the degree requirements stated on the form.
- The endorsement form must be completed in its entirety and signed in BLUE ink.
- The original form, signed in BLUE ink, must be mailed to NBCC.
- Both you and your colleague should keep a copy for the completed form for your records.
- The Professional Colleague Endorsement Form and the Counseling Supervisor Endorsement Form may not be completed by the same person.

### Counseling Supervisor Endorsement Form

When preparing the Counseling Supervisor Endorsement Form, keep in mind the following points:

- Counseling supervision hours are defined as time spent with another master's-level (at minimum) mental health professional discussing matters such as ways to improve your counseling skills and how to build effective counseling relationships, answering questions regarding your clients, and receiving feedback about your counseling in general.
- Your counseling supervisor must meet the degree requirements stated on the form. The endorser does not have to be the chain-of-command person to whom you report.

- The endorsement form must be completed in its entirety, including the attestation paragraph (in italics) and the box containing your total clock hours of supervision. There is no specific number of hours required.
- The Counseling Supervisor Endorsement Form and the Professional Colleague Endorsement Form may not be completed by the same person.
- Your counseling supervisor must complete the entire form and sign it in **BLUE** ink. Faxed and photocopied signatures will not be accepted. If a change is made on the form, your supervisor should strike through the error and initial the new information. Correction tape or liquid paper should not be used on the form.

You may document hours of counseling supervision accrued during or after your graduate program. This form may be completed by your faculty, internship, practicum or current supervisor.

### 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.

### 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 receiving the confirmation letter.

### Documentation Checklist

Send the following documents to NBCC:

- Application
- Professional Colleague Endorsement Form
- Counseling Supervisor Endorsement Form
- Sealed official transcript
- Payment Voucher and payment
- Special Examination Accommodation Request Form, if needed

## Prior Exam Documentation

Many states use NBCC exams—the National Counselor Examination for Licensure and Certification (NCE) or the National Clinical Mental Health Counselor Examination (NCMHCE)—for state licensure/state credentialing purposes.

If you can document that you passed one of the examinations listed above as part of your state licensure process, then you need not take another examination as part of the qualifying process for the National Certified Counselor credential. **If you are currently and fully state licensed, you should not use this application.** Please see the “Application for National Certified Counselor Credential for State Licensed/Credentialed Counselors (Option D)” on NBCC’s Web site ([www.nbcc.org](http://www.nbcc.org)).

## To Document Your Exam Scores

If you wish to apply for the NCC credential using a passing score from a prior exam, 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.

## Important Information for Former Graduate Student Applicants

If you originally took the NCE for the NCC credential during your graduate program and now want to apply for state licensure/state credentialing in a state that requires the NCE, NBCC can send your NCE scores to that state board at your request **only if you completed certification with NBCC.** If you did not complete the certification process after passing the NCE, you must contact the NBCC Certification Department to obtain instructions for reopening your application.

**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  Hispanic/Latino  Multiracial  Native Hawaiian  White  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. Exam Previously Passed (check one):  
 NCE  NCMCHE

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 NCC credential? If referred by an NCC, 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 National Certified Counselor (NCC) credential?  YES  NO  
 If yes, what is your NBCC ID number (also known as a certification number)?
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  
P.O. Box 77699  
Greensboro, NC 27417-7699**



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

**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 of this sheet, if necessary.  
After completing this form, please return it to the applicant.



# nbcc

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

### Supervisor 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 counseling supervisor who does not meet these criteria must return this form to the applicant so that another supervisor can be asked for this endorsement.

### To the National Board for Certified Counselors:

*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 counseling skills with their counseling clients while under my supervision. I endorse this applicant to become a National Certified Counselor.*

This certification applicant has met with me for \_\_\_\_\_ hours of direct supervision regarding his/her counseling cases from \_\_\_\_\_ (mm/yyyy) to \_\_\_\_\_ (mm/yyyy).

\_\_\_\_\_  
Applicant's Position/Title

\_\_\_\_\_  
Name of Agency/Institution

### Supervisor Contact and Degree Information

\_\_\_\_\_  
Signature of Counseling Supervisor (**BLUE** ink required)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Counseling Supervisor's Title

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

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

\_\_\_\_\_  
City/State/ZIP Code

\_\_\_\_\_  
Telephone with Area Code

\_\_\_\_\_  
Profession

\_\_\_\_\_  
Professional Certification or License (if credentialed)

\_\_\_\_\_  
State or Certifying Organization (if credentialed)

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

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

## 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					Cheney	4711
Illinois	Matoon	1301	New York	New York City	3211	West Virginia	South Charleston	4801
	Chicago	1311		Rochester	3221	Wisconsin	Oshkosh	4911
Indiana	Indianapolis	1401	North Carolina	Greensboro	3321	Wyoming	Laramie	5011
Iowa	Des Moines	1501		Wilmington	3331	Washington, DC		5101
Kansas	Emporia	1601	North Dakota	Bismarck	3401	Puerto Rico	San Juan	5211
Kentucky	Lexington	1711	Ohio	Columbus	3501	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
			North Carolina	Charlotte	3312	Wisconsin	Milwaukee	4902
Indiana	South Bend	1412		Greensboro	3322	Wyoming	Casper	5002
Iowa	Des Moines	1502	North Dakota	Fargo	3412	Washington, DC		5102
Kansas	Wichita	1612	Ohio	Columbus	3502	Puerto Rico	Ponce	5202
Kentucky	Bowling Green	1702				International		5302



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 NCE. 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 NCE because English is not my native language.*

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

**Request for Special Exam Date**

*I have attached a letter from my clergy person verifying that I cannot participate in the examination on Saturday for religious reasons. Please contact me to arrange a special administration of the NCE 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.**

