



National Certified Counselor Credential

for experienced counselors who graduated
from a non-CACREP university

Option C

IMPORTANT

This application is for qualified counselors who have a master's degree or higher in a mental health field from a regionally accredited university.

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 * 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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**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.**

IMPORTANT INFORMATION BEFORE YOU BEGIN

This application is NOT a state licensure examination registration form. To register for the National Counselor Examination (NCE) in order to obtain your state license, please contact the NBCC Examinations Department at examinations@nbcc.org.

Option C Requirements

If you can answer “yes” to each of the following, you may qualify for the NCC credential under Option C.

- I meet all educational requirements for the NCC credential.
 - 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 or with a major study in counseling (as defined on page 5) was conferred. Also, the mental health professional who provided my supervision holds a master’s degree or higher in counseling, psychology, psychiatry, marriage and family therapy, or social work.
 - I can document having completed at least 3,000 hours of counseling work experience, spanning at least 24 months from the date my graduate degree (master’s or higher) in counseling or with a major study in counseling (as defined on page 5) was conferred.
 - I can submit a completed Professional Colleague Endorsement Form (included in this packet).
- I will select one of the NCE examination dates listed in this application or provide proof of a previous passing score on the NCE or NCMHCE.

Counselor Educator Candidates

Counselor educators seeking to obtain the NCC credential should contact the NBCC Certification Department at certification@nbcc.org.

Regional Accrediting Bodies

There are six regional accrediting bodies in the USA: Middle States Association of Colleges and Schools, New England Association of Schools and Colleges, North Central Association of Colleges and Schools, Northwest Association of Schools and Colleges, Southern Association of Colleges and Schools, and Western Association of Schools and Colleges.

If the university from which you earned your graduate degree was not accredited by one of these six bodies **at the time you earned your degree**, you are not eligible to apply. To check the accreditation of your university, visit www.chea.org or verify with your university’s registrar’s office.

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) 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 instructions on documenting your score on the Required Documents page in this application.

Graduate Degree Requirements

A graduate degree—master’s or higher—in counseling or with a major study in counseling.

- Post-master’s certificates or certificates of advanced study cannot be accepted in lieu of an advanced degree from a regionally accredited college or university.
- If your master’s (or higher) degree is in a field other than counseling, it must meet the criteria of having a major study in counseling as defined below:

A graduate degree with a major study in counseling is defined as a degree in which more than half (but no less than 24 semester/36 quarter hours) of the degree credits in counseling are in at least six of the nine counseling coursework content areas required by NBCC and the degree must include at least one supervised field experience in counseling.

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. **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 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.

Coursework Requirement Form

To complete the Coursework Requirement Form, match the classes from your graduate transcript to the content areas listed on the Coursework Requirement Form. You must have completed coursework in each content area, and each course must be worth the minimum credits indicated on the form.

Submitting Your Transcript

- A sealed official graduate transcript showing conferral of a graduate degree (master's or higher) in counseling or with a major study in counseling (as defined on page 5) is required. If you have taken other relevant graduate-level coursework outside your degree that you want NBCC to review, you need to submit a sealed transcript for that coursework as well. Transcript(s) must be from a regionally accredited college or university.
- 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 where indicated in the application (include a separate sheet if necessary) to ensure that your transcript is matched to your application.
- If you received your degree or completed relevant master's- or doctoral-level coursework outside the United States, you will need to have an international degree equivalency evaluation completed prior to submitting a pre-review or an application for national certification. NBCC accepts evaluations of non-U.S. transcripts completed by:

American Association of Collegiate Registrars & Admissions Offices (AACRAO)

1 Dupont Circle NW
Suite 520
Washington, DC 20036
202-296-3359
www.aacrao.org

Educational Credential Evaluators, Inc. (ECE)

P.O. Box 514070
Milwaukee, WI 53203-3470
414-289-3400
www.ece.org
eval@ece.org

International Education Research Foundation, Inc.

P.O. Box 3665
Culver City, CA 90231
Tel: 310-258-9451, extension 131
Fax: 310-342-7086
www.ierf.org

World Education Services, Inc. (WES)

P.O. Box 745 Old Chelsea Station
New York, NY 10113-0745
800-937-3895
www.wes.org
info@wes.org

- 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 registration 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. You may also call 336-547-0607 or e-mail 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 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.

- 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 must document at least 100 hours of counseling supervision, spanning at least 24 months from the date your graduate degree (master's or higher) in counseling or with a major study in counseling (as defined on page 5) was conferred. Do not document any counseling supervision that occurred prior to graduation. This form is to be completed by the person with whom you regularly discuss your counseling cases. He or she must meet the requirements stated on the form.

For school counselors only: As an exception to the strict 24-month minimum, NBCC will accept documentation of two full academic years of post-graduate school counseling supervision. A minimum of 100 hours of counseling supervision is still required.

Verification of Experience Form

- Counseling work experience hours are defined as the time you spend counseling clients, making/reviewing case notes on your clients, viewing/listening to tapes of sessions and consulting with other mental health professionals, as well as other activities directly related to the counseling of your client caseload.
- You must document having completed at least 3,000 hours of counseling work experience, spanning at least 24 months from the date your graduate degree (master's or higher) in counseling or with a major study in counseling (as defined on page 5) was conferred. Do not document any work experience you accrued prior to graduation.
- For school counselors only: As an exception to the strict 24-month minimum, NBCC will accept documentation of two full academic years of post-graduate school counseling work experience. A minimum of 3,000 hours of counseling work experience is still required.
- Please note: This form asks for a total number of hours and a total time span. The most common error made on this form is to write the number of hours you work per week. Be sure to ask the person completing this form to record the total number of hours of counseling experience you have completed, as well as a total time span.
- If you have accrued counseling experience in more than one counseling position (including volunteer counseling work), you will need to submit a completed Verification of Experience Form from each work experience/location.
- The person who completes this form on your behalf does not have to hold any particular degree or license. This form can be completed by your counseling supervisor or by a human resources representative. If you are self-employed, the form can be completed by your counseling supervisor.

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

- Application
- Professional Colleague Endorsement Form
- Counseling Supervisor Endorsement Form
- Verification of Experience Form
- Sealed official transcript(s)
- Special Examination Accommodations Request Form, if needed
- Payment Voucher and payment

Prior Examination 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).

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.

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: _____

To apply for the NCC credential, you must have completed a master's degree or higher with a major study in counseling, 48 semester or 72 quarter hours of graduate-level credit in counseling, and graduate-level coursework in each of the following content areas. Each course must have earned at least two semester or three quarter hours of graduate-level credit in each of the content areas except Counseling Field Experience. Counseling Field Experience(s) must total six semester or 10 quarter hours of graduate-level credit. All coursework must have been completed at a regionally accredited college or university. Please list your courses corresponding to the given content areas. **To speed processing time, attach a course description or syllabus if the name of a class does not clearly reflect course content.** Do not list the same course for more than one content area.

Content Area	Date	Course Code	Course Title	Credit Hrs.
<p>1. Human Growth and Development <i>Studies in this area provide an understanding of the nature and needs of individuals at all developmental levels, including but not limited to the following:</i></p> <ul style="list-style-type: none"> a. Theories of individual and family development and transitions across the life span; b. Theories of learning and personality development; c. Human behavior, including an understanding of developmental crises, disability, addictive behavior, psychopathology and environmental factors as they affect both normal and abnormal behavior; d. Strategies for facilitating development over the life span; and e. Ethical considerations. 				
<p>2. Social and Cultural Foundations <i>Studies in this area provide an understanding of issues and trends in a multicultural and diverse society, including but not limited to the following:</i></p> <ul style="list-style-type: none"> a. Multicultural and pluralistic trends, including characteristics and concerns of diverse groups; b. Attitudes and behavior based on factors such as age, race, religious preferences, physical disability, sexual orientation, ethnicity and culture, family patterns, gender, socioeconomic status and intellectual ability; c. Individual, family and group strategies with diverse populations; and d. Ethical considerations. 				
<p>3. Helping Relationships <i>Studies in this area provide an understanding of counseling and consultation processes, including but not limited to the following:</i></p> <ul style="list-style-type: none"> a. Counseling and consultation theories, including both individual and systems perspectives as well as coverage of relevant research and factors considered in applications; b. Basic interviewing, assessment and counseling skills; c. Counselor or consultant characteristics and behaviors that influence helping processes, including age, gender and ethnic differences; verbal and nonverbal behaviors; and personal characteristics, orientations and skills; d. Client or consultee characteristics and behaviors that influence helping processes, including age, gender, ethnic differences; verbal and nonverbal behaviors; and personal characteristics, orientations and skills; and e. Ethical considerations. 				
<p>4. Group Work <i>Studies in this area provide an understanding of group development, dynamics and counseling theories; group counseling methods and skills; and other group work approaches, including but not limited to the following:</i></p> <ul style="list-style-type: none"> a. Principals of group dynamics, including group process components, developmental stage theories, and group members' roles and behaviors; b. Group leadership styles and approaches, including characteristics of various types of group leaders and leadership styles; c. Theories of group counseling, including commonalities, distinguishing characteristics, and pertinent research and literature; d. Group counseling methods, including group counselor orientations and behaviors, ethical standards, appropriate selection criteria and methods of evaluation of effectiveness; e. Approaches used for other types of group work, including task groups, prevention groups, support groups and therapy groups; and f. Ethical considerations. 				

Content Area	Date	Course Code	Course Title	Credit Hrs.
<p>5. Career and Lifestyle Development <i>Studies in this area provide an understanding of career development and related life factors, including but not limited to the following:</i></p> <ul style="list-style-type: none"> a. Career-development theories and decision-making models; b. Career, avocational, educational and labor market information resources; visual and print media; and computer-based career information systems; c. Career-development program planning, organization, implementation, administration and evaluation; d. Interrelationships among work, family, and other life roles and factors, including multicultural and gender issues as related to career development; e. Career and educational placement, follow-up and evaluation; f. Assessment instruments and techniques relevant to career planning and decision-making; g. Computer-based career-development applications and strategies, including computer-assisted career-guidance systems; h. Career-counseling processes, techniques and resources, including those applicable to specific populations; and i. Ethical considerations. 				
<p>6. Assessment <i>Studies in this area provide an understanding of individual and group approaches to assessment and evaluation, including but not limited to the following:</i></p> <ul style="list-style-type: none"> a. Theoretical and historical bases for assessment techniques; b. Validity, including evidence for establishing content, construct and empirical validity; c. Reliability, including methods of establishing stability, internal and equivalence reliability; d. Appraisal methods, including environmental assessment, performance assessment, individual and group test and inventory methods, behavioral observations, and computer-managed and computer-assisted methods; e. Psychometric statistics, including types of assessment scores, measures of central tendency, indices of variability, standard errors, and correlations; f. Age, gender, ethnicity, language, disability and cultural factors related to assessment and evaluation of individuals and groups; g. Strategies for selecting, administering, interpreting and using assessment and evaluation instruments and techniques in counseling; and h. Ethical considerations. 				
<p>7. Research and Program Evaluation <i>Studies in this area provide an understanding of types of research methods, basic statistics, and ethical and legal consideration in research, including but not limited to the following:</i></p> <ul style="list-style-type: none"> a. Basic types of research methods to include qualitative and quantitative research designs; b. Basic parametric and nonparametric statistics; c. Principles, practices and applications of needs assessment and program evaluation; d. Uses of computers for data management and analysis; and e. Ethical and legal considerations. 				
<p>8. Professional Orientation to Counseling <i>Studies in this area provide an understanding of all aspects of professional functioning, including history, roles, organizational structures, ethics, standards and credentialing, including but not limited to the following:</i></p> <ul style="list-style-type: none"> a. History of the counseling profession, including significant factors and events; b. Professional roles and functions of counselors, including similarities and differences with other types of professionals; c. Professional organizations (primarily ACA, its divisions, branches and affiliates), including membership benefits, activities, services to members and current emphases; d. Ethical standards of ACA and its related entities ethical and legal issues, and their applications to various professional activities (e.g., appraisal, group work); e. Professional counselor preparation standards, their evolution and current applications; f. Professional counselor credentialing, including counselor certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues; and g. Public policy processes, including the role of the professional counselor in advocating on behalf of the profession and its clientele. <p>If your degree is in a field other than counseling, please submit an official course description from the school for this area.</p>				
<p>9. Counseling Field Experience (minimum six sem/10 qtr hours) <i>Studies in this area provide supervised counseling experience in an appropriate work setting.</i></p>				



nbcc

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 another 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 (**BLUE** 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: _____

Counseling 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 another counseling supervisor can be asked for this endorsement.

Counseling Supervisor Attestation

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.

I verify that this applicant for certification 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

Counseling 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 (ex. "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 completing this form, please return it to the applicant.



nbcc

Applicant's Name: _____

I am applying to the National Board for Certified Counselors, Inc. and Affiliates for the National Certified Counselor (NCC) credential. I am required to provide documentation of a total of 24 months of post-graduate professional counseling experience, including at least 3,000 hours of work directly related to counseling. Please complete the information below and return this form to me. My application cannot be processed without this form.

Applicant's Signature _____

Date _____

INFORMATION BELOW TO BE COMPLETED BY EXPERIENCE VERIFIER (not applicant)

Please complete all information below. If you make an error, do not use correction tape or liquid paper. Mark through the error, write the correct information above or beside it, and initial the correction.

I verify that the applicant named above is/was engaged in counseling work experience (see Verification of Experience section for a definition) for the period from _____ (mm/yyyy) to _____ (mm/yyyy). I verify that the applicant completed (*total number of hours*) _____ of counseling work experience. This applicant is/was employed in the position of (job title) _____.

This applicant is/was self-employed. I verify that the applicant completed (*total number of hours*) _____ of counseling work experience (see page 8 for a definition) for the period from _____ (mm/yyyy) to _____ (mm/yyyy).

EXPERIENCE VERIFIER CONTACT INFORMATION

All information requested below is required.

1. Verifier's Name (please print) _____

2. Name of Agency/Institution (where you worked with the applicant) _____

3. Title at Agency/Institution (where you worked with applicant) _____

4. Current Telephone With Area Code _____

Signature of Experience Verifier (**BLUE** ink required)

Date _____

After completing 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		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 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 clergyperson 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.

