



# National Certified Counselor Credential

## for Puerto Rico Licensed Professional Counselors (LPCs)

**Puerto Rico**

### IMPORTANT

**DO NOT USE** this application to upgrade from Board-Eligible NCC to fully certified. To upgrade, use the Board-Eligible Upgrade Packet found at [www.nbcc.org](http://www.nbcc.org).

**DO NOT USE** this application to register for any NBCC examination for the purpose of state counselor licensure. Contact the NBCC Examinations Department at [examinations@nbcc.org](mailto:examinations@nbcc.org) to register for a licensure exam.

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*

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2010 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](mailto:examinations@nbcc.org).**

If you are NOT fully and currently licensed in professional counseling by the Commonwealth of Puerto Rico, you should NOT complete this application. Counselors not fully and currently licensed should go to [www.nbcc.org](http://www.nbcc.org) and click on “Certification,” then select “National Certified Counselor” and “Eligibility.”

## IMPORTANT INFORMATION BEFORE YOU BEGIN

This application is NOT a state licensure examination registration form. To register for the National Counselor Examination for Licensure and Certification (NCE) in order to obtain your state license, please contact the NBCC Examinations Department at [examinations@nbcc.org](mailto:examinations@nbcc.org). If you are not fully and currently licensed in counseling, go to [www.nbcc.org](http://www.nbcc.org) and click on “Certifications,” then “National Certified Counselor” and “Eligibility.”

## Requirements

1. A full license to practice counseling in the commonwealth of Puerto Rico.

The status of your license must be current and active. Please note: Associate-level, limited, provisional or intern licensure is not sufficient for this application.

2. A master’s degree or higher in a mental health field from a regionally accredited university.
  - Mental health fields include counseling, marriage and family therapy, psychology, psychiatry, dance therapy and art therapy. Please note: Education, special education, administration and sociology are not considered mental health fields.
  - A certificate of advanced study will not be accepted in lieu of a degree. Nondegree coursework also will not be accepted in lieu of a degree.
3. Agreement to follow NBCC’s *Code of Ethics*.

You can download the *Code* at [www.nbcc.org/Ethics](http://www.nbcc.org/Ethics).

It is your responsibility to read the NBCC *Code of Ethics* before signing and sending your application. Please keep a copy of the *Code of Ethics* for reference, as you must abide by it.

4. A passing score on either the NCE or the National Clinical Mental Health Counseling Examination (NCMHCE).
  - If you need to pass the NCE as part of your NCC application, you may test a maximum of three times during the two-year period that your application remains open.
  - If you took the NCE or NCMHCE for Puerto Rico licensure and your raw exam score equals or exceeds the passing score for the administration of the exam you took, you may be able to transfer your passing score to this application.

**Please note: A passing score on the Florida Licensed Mental Health Certification (LMHC) exam (prior to 1991) or the Virginia, Ohio or Texas exams used prior to the NCE or the National Clinical Mental Health Exam (NCMHCE) are also acceptable; however, you must provide a copy of the passing exam letter from one of these states.**

## 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](http://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 44,000 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 CounselorFind 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 National 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).

## 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.

## 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.

## 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.

## 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.

## Include the Following Items With Application

- The NCC application—completed and signed in **BLUE** ink. An incomplete application results in delays and requires more correspondence; please be thorough.
- A completed Verification of Puerto Rico Counselor License Form (page 12). Sign and date the top portion, and send the form to your state board for completion. They will mail it directly to NBCC.
- A legible copy of your graduate transcript showing the date your master’s degree in a mental health field (see page 3 for details) was conferred. The name of the school and the name of the major must be clearly visible.
- Either :** a) Provide information regarding the NCE or NCMHCE exam you’ve already passed in Section 12 of the application (page 17).

**OR**

- b) If you need to test, write your exam date/site preference in Section 11 of the application (page 7). (See page 10 for a list of exam sites.)

- Payment Voucher

<p><b>Regular Application Fee</b> For those who must take the NCE: <b>\$195</b></p> <p><b>Application Deadlines:</b> <u>Postmarked by Dec. 15, 2009</u>, for April 2010 exam <u>Postmarked by July 15, 2010</u>, for Oct. 2010 exam</p> <p style="text-align: center;">(See page 10 for exam sites and dates.)</p>	<p><b>Application Fee With Prior Exam Documentation</b> For candidates who can document having passed the NCE or NCMHCE: <b>\$75</b></p> <p><b>Application Deadlines:</b> None. Applications are accepted continuously throughout the year.</p>
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14. Loan Repayment:  
 Check this box if you are in the National Health Service Corps Loan Repayment Program.
15. 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.
16. 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)?
17. Have you submitted materials to NBCC for a pre-review of coursework?  YES  NO
18. Ethics Certification and Attestation (You must respond to each statement.):
- a. I agree to give NBCC written notice of any home or business address change within 60 days.  YES  NO
- b. I agree to act in accordance with the NBCC *Code of Ethics*, NBCC *Ethics Case Procedures* and NBCC policies.  YES  NO
- c. I have listed below all counseling-related professional and occupational licenses, certifications, registrations or other credentials that I hold, as well as all membership(s) in professional and occupational groups.  YES  NO
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- d. I have been the subject of any charge or complaint related to the following: civil action or litigation; a criminal or quasi-criminal act; or a governmental, regulatory or professional organization complaint.  YES  NO
- e. I have been found in violation of any law as the result of civil action or litigation; a criminal or quasi-criminal act; or a governmental, regulatory or professional organization complaint.  YES  NO

NOTE: Provide an accurate and complete explanation of the circumstances related to any "YES" response(s) to Section 18, Items d and/or e and the final disposition(s) for said matters. Place the materials in a sealed envelope marked "ETHICS" and staple the envelope to 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 in reviewing this application. I authorize the release of any professional information requested by NBCC in reviewing this application. I further agree that NBCC has the right to communicate with related professional counseling organizations about this application.

I understand that any certification granted by NBCC does not entitle me to state licensure. I release NBCC from all liability and claims arising from any counseling activity. I understand that NBCC certification depends upon my fulfillment of all required criteria, including compliance with the NBCC *Code of Ethics*.

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

- Any formal charge, complaint or conviction related to a criminal or quasi-criminal act, civil action or civil litigation;
- Any other charge or complaint by a regulatory or professional organization, including any corrective action(s) issued.

Upon certification, I understand that professional biographical data and certification data considered public information. I further agree that for research and statistical purposes only, data resulting from my participation in the NBCC certification process may be used. I understand that all application materials become the property of NBCC and will not be returned.

In the event that my NBCC certification is suspended or revoked, I agree to comply with all directives of the NBCC Ethics Office or the NBCC 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.

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Applicant's Signature

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Date

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

## April 17, 2010

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 16, 2010

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.

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*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.**

Applicant's Name:

Address:

City/State/ZIP Code:

NOTE: This form is not to be used to document Puerto Rico School Counselor Certification.

I have applied to the National Board for Certified Counselors (NBCC) for the National Certified Counselor (NCC) credential. I am required to provide verification of my Puerto Rico license for practice in counseling and any exam scores associated with my credentialing process. I also authorize release of any information regarding disciplinary action. Please complete the information requested below and mail to NBCC at the address below.

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

**INFORMATION BELOW TO BE COMPLETED BY THE  
PUERTO RICO CREDENTIALING BOARD**

1. Is the above applicant fully licensed in Puerto Rico for practice in professional counseling? Yes\_\_\_ No\_\_\_  
If yes, include date of original issue: \_\_\_/\_\_\_/\_\_\_ and expiration date: \_\_\_/\_\_\_/\_\_\_.  
If no, is application in process? Yes\_\_\_ No\_\_\_
2. Is the applicant's status provisional, intern, limited, or associate? Yes\_\_\_ No\_\_\_  
If yes, when will the applicant have full status? \_\_\_\_\_
3. Was licensure/certification obtained by examination? Yes\_\_\_ No\_\_\_  
If yes, which exam? NCE\_\_\_ NCMHCE\_\_\_ Other (specify): \_\_\_\_\_  
Date of exam: \_\_\_/\_\_\_/\_\_\_ Score: \_\_\_\_\_
4. Has the applicant's licensure/certification ever been revoked or voluntarily relinquished? Yes\_\_\_ No\_\_\_  
If yes, please provide detailed explanations of any disciplinary actions on the back of this page.
5. Has the applicant ever been the subject of disciplinary action? Yes\_\_\_ No\_\_\_  
If yes, please provide detailed explanations of any disciplinary actions on the back of this page.



\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Puerto Rico Board of Examiners of Counselors

\_\_\_\_\_  
Address

\_\_\_\_\_  
City Puerto Rico  
\_\_\_\_\_  
ZIP Code

After completing this form,  
please mail directly to:  
**NBCC Certification Dept.**  
**3 Terrace Way**  
**Greensboro, NC 27403-3660**

