VERIFICATION OF STATE COUNSELOR LICENSE OR CALIFORNIA REGISTERED PROFESSIONAL COUNSELOR (RPC)

Applicant's Name:

Address:

City/State/Zip:

NOTE: This form is not to be used to document State 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 state credential for **practice in counseling** and any exam scores associated with my credentialing proess. 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 APPLICANT'S STATE CREDENTIALING BOARD

1. Does the above applicant hold a current state license or California RPC 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, Limited, Intern, or Associate? Yes____ No____
   If yes, when will the applicant have full status?_____
3. Was licensure/RPC obtained by examination? Yes____ No____
   If yes, which exam? NCE_____ NCMHCE_____ Other (specify):_____
   Date of exam ____/____/____ Score: _____
4. Has the applicant's licensure/RPC ever been revoked or voluntarily relinquished? Yes____ No____
   If yes, please comment on the back of this page.
5. Has the applicant ever received disciplinary action? Yes____ No____
   If yes, please comment on the back of this page.

Please note: Licensure in "mental health practice" does not qualify as fully state licensed for practice in counseling.

Signature

Date

Name (please print)

Title

State Credentialing Board

Address

City

State

Zip

After completing this form, please mail directly to:

NBCC Certification Dept.
3 Terrace Way
Greensboro, NC 27403-3660

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