



NATIONAL BOARD FOR CERTIFIED COUNSELORS™

NBCC EXAMINATION REQUEST FORM for Recertification/Reinstatement

Name: _____

Address: _____

Day Time Phone: _____

Certificate Number _____

Certification Expiration Date: _____

Please register me for the following NBCC examination:

_____ National Counselor Examination (NCE)

_____ National Certified School Counselor Examination (NCSCCE)

Note that the NCSCCE may be used to recertify or reinstate the NCC and NCSC credentials.

_____ Examination for Clinical Counselor Practice (ECCP)

_____ Master Addictions Counselor

Please check which test date you would like: _____ April _____ October Year: _____

Please look at the site list on our web site for the date you wish to test. The list is at www.nbcc.org under the National Examination Information page. Indicate the site that you would prefer. _____

Past due fees**: \$ _____

Examination fee: \$ 145.00

Total Submitted \$ _____

Please enclose check or money order made to NBCC.

** Check with NBCC if you don't know the amount of any past due fees you may owe.

I understand that the fees I am submitting are not refundable and my registration for the examination of my choice is contingent upon available space at the examination site I have chosen.

Signature _____ Date _____

The examination fee is \$145 plus any past due fees. You must submit payment with this form in order to register. If you would like to charge any past due fee and/or the examination fee, you may use the spaces below or you may submit a check or money order. **ALL FEES ARE NON-REFUNDABLE**

To charge past due fees, place credit card information below:

Card Type: Visa Master Card American Express

Acct# _____ 3-digit security code (from back of card) _____

Name on Card (please print) _____ Expiration Date _____

Signature: _____

Date _____

FOR OFFICE USE ONLY	
REF# _____	BATCH# _____
DATE _____	AMOUNT _____