



REQUEST FOR “RETIRED-INACTIVE” OR “TEMPORARY-INACTIVE” STATUS CHANGE

(Purple Form)

I wish to change the active status of my NBCC certification and hereby request NBCC to transfer my certification to the:

_____ RETIRED-INACTIVE STATUS _____ TEMPORARY-INACTIVE STATUS (2-year limit)
(For Temporary Inactive Status, please include a letter explaining your extenuating circumstances)

- I attest that I have read the guidelines regarding my chosen status option and agree to abide to these guidelines.
- I attest that I have relinquished my active NCC status in good standing and I have continued and will continue to abide by the NBCC Code of Ethics.
- I attest that I am not currently employed as a professional counselor nor do I do volunteer work in which I am designated a counselor.
- I understand that if I return to counseling practice of any type, I must have my active NCC reinstated or relinquish my certification entirely. I understand that in order to reinstate my active NCC status after my expiration date has passed, I must either be able to show evidence of 100 hours of continuing education activities (or 10 hours for Reduced Practice status) that meet NBCC guidelines or pass the National Counselor Examination. If my expiration date has not passed, I must simply pay the fees for the year that I return.

Signature Date

NBCC Certificate # Printed Name Expiration Date

Fees Owed Date

Send form and fee payment to:
Recertification Dept.
NBCC
PO Box 77698
Greensboro, NC 27417-7698

If no fees are due, send form to:
Recertification Dept.
NBCC
3 Terrace Way
Greensboro, NC 27403-3660

FOR NBCC USE ONLY:

_____ Check Number _____ Amount _____ Date

_____ Date Approved _____ Initial of Recertification Staff