NATIONAL BOARD FOR CERTIFIED COUNSELORS®

CONNECTICUT
LICENSURE EXAMINATION REGISTRATION

National Counselor Examination for Licensure and Certification (NCE®)
OR National Clinical Mental Health Counseling Examination (NCMHCE®)

Last name:

First name: MI Soc. Sec. #: - -

Address:

City: State

Zip Code: - Male Female

Home phone: - - Business - -

EMAIL:

Check One	Exam	Exam Date	Registration Deadline	Exam Location	Site ID
☐	NCE	January 16, 2010	December 4, 2009	Hartford, CT	0704
☐	NCMHCE	January 16, 2010	December 4, 2009	Hartford, CT	0704
☐	NCE	April 17, 2010	March 5, 2010	Hartford, CT	0701
☐	NCMHCE	April 17, 2010	March 5, 2010	Hartford, CT	0701
☐	NCE	July 17, 2010	June 4, 2010	Hartford, CT	0703
☐	NCMHCE	July 17, 2010	June 4, 2010	Hartford, CT	0703
☐	NCE	October 16, 2010	September 3, 2010	Hartford, CT	0702
☐	NCMHCE	October 16, 2010	September 3, 2010	Hartford, CT	0702

ABOUT REGISTRATION

- The cost to register is **$145**.
- This fee is **non-refundable/non-transferable.**
- Registration is required. Deadlines are strictly enforced.
- All exam registration materials must be received by the registration deadline (**postmarks do NOT count**).
- You will receive your admission ticket approximately two weeks prior to the exam which will include information regarding the location of the exam.
- Special testing accommodation requests must be received by NBCC, in writing, 45 days prior to the administration of the examination. See "Special Accommodations" policy, located at http://www.nbcc.org/certifications/ncc/NCE.aspx.

PLEASE INCLUDE WITH YOUR MATERIALS

- Your completed registration form with **original ink signature**.
- Your **$145** examination fee (make check or money order payable to NBCC).
- An **official, sealed** (unopened) academic **transcript** identifying the conferral date of a Master's degree in counseling or a related field.

SEND YOUR REGISTRATION MATERIALS TO:

NBCC Assessment Department
PO Box 7407
Greensboro, NC 27417-0407

FAXED REGISTRATIONS AND TRANSCRIPTS WILL NOT BE ACCEPTED.

QUESTIONS ABOUT THE EXAM ADMINISTRATION? *Tel: 336-547-0607; E-mail: nbcc@nbcc.org; Website: www.nbcc.org.*
Street Address: NBCC Assessment Department, 3 Terrace Way, Greensboro, NC 27403

Have you previously taken the NCE or the NCMHCE with the National Board for Certified Counselors? Yes ☐ No ☐

If yes, on which date? / / (Month / Day / Year)

Have you previously taken the NCE or the NCMHCE for state licensure? Yes ☐ No ☐

If yes, on which date? / / (Month / Day / Year)

I understand and agree to the following: that I am taking the NCE or NCMHCE as part of the Connecticut state licensing requirements; and approval to take the NCE or NCMHCE, or the receipt of a passing score does not demonstrate that Connecticut state licensure or NBCC certification requirements have been satisfied. I authorize NBCC to provide the Connecticut Department of Public Health with examination results. I understand that I am not eligible for Connecticut licensure until passing the NCE or the NCMHCE and completing all other licensure requirements. Use of the NCE scores for licensure in other states may not occur until licensure is granted in Connecticut. By signing this document, I hereby certify that the information and materials provided in this registration are true, accurate, and complete to the best of my knowledge and belief. I agree to abide by all NBCC policies, procedures, and agreements concerning the NCE and NCMHCE examinations.

Signature: _____ Date: _____

CHARGE ORDER FORM - DO NOT DETACH

Credit card type: VISA ☐ Mastercard ☐ American Express ☐

Account number: Exp. date: /

Name on card: Amt. charged: $

Signature: _____ Date: _____