



Important Information and Registration Form Below

- Before registering for the exam, please contact your state board to learn how to become approved to test. Before NBCC can register you, we require confirmation of approval from your state board.
- Registrations are first received by our Accounting Department and forwarded to the Assessment Department after your fee has been processed. To confirm when your fee has been processed, please check with your financial institution.
- **The registration processing time is approximately four weeks from the time your payment is processed.** Once registered you will be notified by email and postcard. Once registered, your exam fee is good for six months. Please note that many states impose their own eligibility deadlines that may be less than the six months NBCC offers.
- If you would like to check on the status of your registration, email examinations@nbcc.org with your state in the subject line.
- Special accommodation requests should be submitted to your state board for approval. The state board will notify NBCC once the request has been approved.
- Failure to contact your state board regarding special accommodation approval can delay the processing time. If your special accommodation approval is received after you are registered, this does not extend your six month eligibility time.
- A candidate may reschedule an examination appointment at no charge **one time** by calling AMP at 888-519-9901 at least two to three business days prior to the scheduled testing session. Please note, your rescheduled exam date must fall within your original 6 month eligibility period.
- Confirmation of your test date will come from AMP by email. You will not be sent an admission letter from NBCC. To verify your test date, contact AMP.
- Please do not contact AMP to schedule a test date until you have received confirmation from NBCC.
- **Your scores are automatically sent to your state board approximately four weeks after the last day of the testing week. Please check with your state board before requesting a score verification.**

It is the candidate's responsibility to ensure that all registration materials are received by NBCC.

If you are unsure of any piece of the registration process, please email NBCC at examinations@nbcc.org before submitting any registration materials or documentation.



Last name: [grid]
First name: [grid] MI [] Soc. Sec. #: [grid] - [grid] - [grid]
Address: [grid]
City: [grid] State []
Zip Code: [grid] - [grid]
Home [grid] - [grid] - [grid] Business: [grid] - [grid] - [grid]
EMAIL: [grid]

Male: [] Female: [] Date of Birth: (MM/DD/YY) [] / [] / []
Check if applicable: [] I have a disability and have applied for special accommodations with the NYSED, Bureau of Professional Examinations (Ph# 518-474-3817 ext. 290).

If a registration form is submitted to NBCC and the candidate is not approved by the NYSED, the fee is non-refundable.

ABOUT REGISTRATION
• The cost to register is \$200. This examination fee is non-refundable/non-transferable.
• Registration is required. Please allow 4 weeks for processing from the date your fee clears.
PLEASE INCLUDE WITH YOUR MATERIALS
• Your completed registration form with original ink signature.
• Your \$200 examination fee (please make check or money order payable to NBCC).
• ALL OF THE ABOVE MUST BE RECEIVED AND YOU MUST BE APPROVED BY THE NYSED BEFORE YOU WILL BE ALLOWED TO SCHEDULE AN EXAM DATE.
WHERE TO SEND YOUR REGISTRATION MATERIALS:
NBCC Assessment Dept.
PO Box 7407
Greensboro, NC 27417-0407
FAXED REGISTRATIONS WILL NOT BE ACCEPTED

TESTING QUESTIONS? Tel: 336-547-0607; E-mail: nbcc@nbcc.org; Web site: www.nbcc.org/stateboardmap
Street Address: NBCC Assessment Dept., 3 Terrace Way, Greensboro, NC 27403

Have you previously taken the NCMHCE? Yes [] No []
If yes, on which date? [] / [] / []
Month Day Year

List the college or university from which you received your graduate degree in counseling and year of graduation:
School: _____ Year: _____

I understand and agree to the following: that I am taking the NCMHCE as part of the New York state licensing requirements; and approval to take the NCMHCE or the receipt of a passing score does not demonstrate that New York state licensure or NBCC certification requirements have been satisfied. I authorize NBCC to provide the New York State Education Department, Office of the Professions with examination results. Use of the NCMHCE scores for licensure in other states may not occur until licensure is granted in New York. By signing this document, I hereby certify that the information and materials provided in this application 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 NCMHCE examination.

Signature: _____ Date: _____

CHARGE ORDER FORM - DO NOT DETACH

Credit card type: VISA [] Mastercard [] American Express []
Account number: [grid] Exp. date: [] / []
Name on card: [grid] Amt. charged: \$ [grid]
Signature: _____ Date: _____

National Clinical Mental Health Counseling Examination (NCMHCE) State Specific Insert for New York Licensure Candidates

****This is a supplement to the NCMHCE Candidate Handbook.
You can download the handbook from the NBCC Web site at
www.nbcc.org/stateboardmap****

CONTACT INFORMATION

All questions and requests for information about New York licensure should be directed to:

New York State Education Department
Office of the Professions
89 Washington Avenue
Albany, NY 12234-1000
Phone: 518-474-3817
Fax: 518-486-2981
Web site: www.op.nysed.gov

All questions and requests for information about the New York licensure examination program should be directed to:

NBCC Assessment Dept.
3 Terrace Way
Greensboro, NC 27403
Phone: 336-547-0607
Web site: www.nbcc.org/stateboardmap

ELIGIBILITY REQUIREMENTS

Candidates must receive approval from the New York State Education Department, Office of the Professions before testing. Once approved, candidates will receive a Licensure Examination Registration Form from the NYSED. The Registration Form should be completed with **original ink signature** and sent by U.S. postal mail to NBCC along with the examination fee (\$200). **If a registration form is submitted to NBCC and the candidate is not approved by the NYSED, the fee is non-refundable. (Fees are subject to change.)**

REGISTRATION DEADLINES

Candidates will need to allow approximately 4 weeks processing time from the date your fee clears. Candidates can submit registration materials described above at any time after being approved by the NYSED but be aware that space is limited. The fees are good for 6 months.

TESTING SCHEDULE

Testing is the first full week of each month, Monday thru Saturday at 9:00am and 1:30pm, with four hours allowed for the exam. However, only certain sites offer Saturday testing; candidates should contact AMP for particular locations and dates. Candidates are scheduled on a first-come, first-served basis. There are nine testing locations in New York; however, you are able to test at any of the over 150 AMP assessment centers across the U.S. The nine sites in New York are Albany (Clifton Park), Buffalo (Williamsville), Long Island (Hicksville), New York, Queens (Astoria), Rochester, Selden, Utica (Whitesboro), and White Plains.

Examination schedule for 2010:

❖	January '10	01/04 – 01/09
❖	February '10	02/08 – 02/13
❖	March '10	03/01 – 03/06
❖	April '10	04/05 – 04/10
❖	May '10	05/03 – 05/08
❖	June '10	06/07 – 06/12
❖	July '10	07/05 – 07/10
❖	August '10	08/02 – 08/07
❖	September '10	09/13 – 09/18
❖	October '10	10/04 – 10/09
❖	November '10	11/01 – 11/06
❖	December '10	12/06 – 12/11

Exam dates should be scheduled by the candidate through AMP's Web site or by calling AMP's toll-free customer service line **after receiving confirmation from NBCC.**

AMP Phone number: 888-519-9901
AMP Web site: www.goAMP.com

RE-REGISTRATION

Candidates who fail the exam will have to wait at least 3 months from their test date before they can retest. The actual retest date will depend on the monthly testing schedule and site availability. Candidates will need to send a new registration form and examination fee (\$200).

SPECIAL ACCOMMODATIONS

Candidates that need special accommodations should contact the NYSED, Bureau of Professional Examinations for approval at 518-474-3817 ext. 290. Candidates MUST use the special accommodation forms provided by the NYSED, Bureau of Professional Examinations to request accommodations. Once approved for accommodations, include a copy of your approval letter with your registration form. NBCC must receive approval confirmation from the NYSED, Bureau of Professional Examinations before notifying AMP of the accommodations. Special Accommodation approvals are good for one year. After one year, candidates will need to contact the NYSED, Bureau of Professional Examinations for another approval. Candidates testing with approved special accommodations should schedule their test via the toll-free number to ensure their accommodations are confirmed.

AFTER PASSING THE EXAM

Once you have successfully passed the NCMHCE, please contact the NYSED for further information. If you have questions about the New York licensure process, please contact the NYSED for information.

