



National Certified Counselor

Application for counselors who have graduated
from a CACREP-accredited program

IMPORTANT

This application is for graduates of
CACREP-accredited programs only.

NBCC's National Certified Counselor (NCC) credential is accredited by the
National Commission for Certifying Agencies (NCCA).



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

The National Board for Certified Counselors, Inc. (NBCC®) values diversity.
There are no barriers to certification on the basis of gender, race, creed, age, sexual orientation or national origin.

NBCC® is a registered trade and service mark of the National Board for Certified Counselors, Inc.

2012 APPLICATION

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If you are fully and currently licensed in professional counseling by your state, complete the NCC Application for State Licensed Counselors. Puerto Rico LPCs should complete the Puerto Rico application. Both are found on the NBCC Web site (www.nbcc.org).

Requirements

1. Master's degree or higher from a CACREP-accredited counselor education graduate program track.
2. Endorsement from a counseling supervisor.
3. Endorsement from a professional colleague.
4. A passing score on either the National Counselor Examination for Licensure and Certification (NCE) or the National Clinical Mental Health Counseling Examination (NCMHCE).
 - If you need to pass the NCE as part of your NCC application, you may test a maximum of three times during the two-year period that your application remains open.
 - If you took the NCE or NCMHCE for state licensure and your raw exam score equals or exceeds the passing score for the administration of the exam you took, you may be able to transfer your passing score to this application (see the Prior Exam Documentation section on page 8 for details.)

CACREP Accreditation

- This application is available only to graduates of programs that have been accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). This is different from regional accreditation for colleges and universities.
- To apply with this application, your specific degree track must have been accredited by CACREP at the time your counseling degree was conferred or within one calendar year of that date. Examples of degree tracks are addictions counseling; career counseling; clinical mental health counseling; marriage, couple and family counseling; school counseling; student affairs and college counseling; community counseling and mental health counseling.
- Be sure that you are a graduate of a CACREP-accredited program before you apply. (To verify CACREP accreditation, visit www.cacrep.org.) It is not sufficient for your program to just follow CACREP standards; to qualify with this application, your program must have been CACREP accredited within 12 months of your graduation.
- You will be responsible for providing conclusive information should NBCC have questions about your graduate program's accreditation.

About NBCC

The National Board for Certified Counselors, Inc. and Affiliates (NBCC), a not-for-profit organization incorporated in 1982, provides national certifications for professional counselors. NBCC identifies counselors who voluntarily meet established requirements and maintains a registry of certificants. More than 48,000 professional counselors currently hold the National Certified Counselor (NCC) credential.

Benefits of National Certification

National certification can be a continuing source of pride and career enhancement for counseling professionals. Obtaining a certification through NBCC provides many benefits, some of which are listed below.

- National standards based on research in the profession.
- A mechanism for the profession to self-regulate through the implementation of the NBCC *Code of Ethics*.
- An opportunity to demonstrate a specialization (e.g., school counseling, clinical mental health, addictions).
- Continued professional development and skill expansion.
- Access to affordably priced testing instruments specifically designed for professional counselors.
- Certification marks designed to help NCCs promote themselves.

For a complete list of benefits, please visit www.nbcc.org/benefits.

Length of Certification and Annual Certification Fee

NCCs must adhere to the NBCC *Code of Ethics* and pay an annual certification fee. NCCs are billed yearly and fees are due by the 15th day of their birth month. At the conclusion of each five-year cycle, NCCs must be able to document having completed 100 clock hours of continuing education, or they can retake and pass the NCE.

If you determine you no longer want to maintain national certification, you must complete a Request to Relinquish Certification form.

Contact Information

For personal assistance, please contact the NBCC Certification Department via e-mail (certification@nbcc.org) or telephone (336-547-0607).

Examination Requirement

A passing score on the National Counselor Examination for Licensure and Certification (NCE) is a requirement for the NCC certification. If you meet all other requirements listed in this application, you will be registered for the NCE and must pass it in order to be certified as an NCC. NBCC holds applications open for either a two-year period or three unsuccessful attempts to pass the NCE, whichever comes first. If you have previously taken either the NCE or the National Clinical Mental Health Counseling Examination (NCMHCE) and your score meets the national passing score for that administration, please see the Prior Exam Documentation section (page 8) for instructions on documenting your score.

Minimum Graduate-Level Credits

NBCC requires completion of at least 48 semester or 72 quarter hours of graduate-level academic credit in counseling from a regionally accredited university. For example, NBCC will not accept courses in grant writing, educational administration, special education, etc.

If your advanced degree is from a CACREP-accredited program, nondegree graduate credits in **counseling** can be included in the total requirement of 48 semester or 72 quarter hours of graduate-level credit.

Minimum Coursework and Credits Per Course

Coursework in each of the following nine content areas is required:

- Human Growth and Development
- Social and Cultural Foundations
- Helping Relationships
- Group Work
- Career and Lifestyle Development
- Assessment
- Research and Program Evaluation
- Professional Orientation to Counseling
- Counseling Field Experience

All courses except Counseling Field Experience must carry at least two semester or three quarter hours of graduate-level credit. Counseling Field Experience(s) **must total** at least six semester or 10 quarter hours of graduate-level credit.

Submitting Your Transcript

- NBCC requires a sealed official graduate transcript showing conferral of your master's degree (or higher) from a CACREP-accredited program track.
- If your university is sending a graduate transcript to NBCC, please include a note with your application informing NBCC of the date you requested the official transcript. If your name has ever been changed, list all other names on page 9 of the application (include a separate sheet if necessary) to ensure that your transcript is matched to your application.
- If you are sending your transcripts separately from your application, your sealed official transcript(s) should be sent to
NBCC Certification Department
3 Terrace Way
Greensboro, NC 27403

Application and Examination Limits

NBCC holds applications open for either a two-year period or three unsuccessful attempts to pass the NCE, whichever comes first. If you are registered to test but do not sit for the exam, or take the exam and do not pass, a \$145 reregistration fee will be required. You will automatically receive reregistration forms for each examination for which you are eligible to sit.

Inappropriate use of NBCC certification designation marks and credentials is a violation of NBCC policies and applicable laws. Only those individuals credentialed by NBCC as National Certified Counselors may use the NCC designation.

Endorsement Forms

Professional Colleague Endorsement Form

When preparing the Professional Colleague Endorsement Form, keep in mind the following points:

- The colleague who completes this form must not be related to you.
- The colleague who completes this form must meet the degree requirements stated on the form.
- The endorsement form must be completed in its entirety and signed in BLUE ink.
- The original form, signed in BLUE ink, must be mailed to NBCC.
- Both you and your colleague should keep a copy of the completed form for your records.
- The Professional Colleague Endorsement Form and the Counseling Supervisor Endorsement Form may not be completed by the same person.

Counseling Supervisor Endorsement Form

When preparing the Counseling Supervisor Endorsement Form, keep in mind the following points:

- Counseling supervision hours are defined as time spent with another master's-level (at minimum) mental health professional discussing matters such as ways to improve your counseling skills and how to build effective counseling relationships, answering questions regarding your clients, and receiving feedback about your counseling in general.
- Your counseling supervisor must meet the degree requirements stated on the form. The endorser does not have to be the chain-of-command person to whom you report.

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- The endorsement form must be completed in its entirety, including the attestation paragraph (in italics) and the box containing your total clock hours of supervision. There is no minimum number of hours required.
- The Counseling Supervisor Endorsement Form and the Professional Colleague Endorsement Form may not be completed by the same person.
- Your counseling supervisor must complete the entire form and sign it in BLUE ink. Faxed and photocopied signatures will not be accepted. If a change is made on the form, your supervisor should strike through the error and initial the new information. Correction tape or liquid paper may not be used on the form.

You may document hours of counseling supervision accrued during or after your graduate program. This form may be completed by your faculty, internship, practicum or current supervisor.

NBCC Ethics Policies and Procedures

NBCC applicants and certificants are responsible for ensuring that their behavior adheres to the standards identified in the *Code of Ethics*.

Prior to certification, all applicants must complete all portions of this application. This includes the Ethics Certification and Attestation and the Applicant Certification and Agreement Release Authorization sections, which require applicants to disclose any previous legal, criminal or disciplinary matter. Application disclosures and other ethics matters are reviewed in accordance with NBCC procedures including the *Certification Eligibility Policy Relating to Criminal or Lesser Offense Convictions and Other Disciplinary Matters*.

The *Certification Eligibility Policy Relating to Criminal or Lesser Offense Convictions and Other Disciplinary Matters*, the *NBCC Ethics Case Procedures* and the *Code of Ethics* are available on the NBCC Web site at www.nbcc.org/ServiceCenter/Ethics.

When Will I Hear From NBCC?

Within three weeks of receiving your application, NBCC will send you a confirmation letter, which will include instructions for checking the status of your application online. If after three weeks you have not received your letter, check with your financial institution to verify that your payment has cleared before contacting NBCC. You can expect your review results to arrive in the mail approximately six to eight weeks after receiving the confirmation letter.

Documentation Checklist

Send the following documents to NBCC:

- Application
- Professional Colleague Endorsement Form
- Counseling Supervisor Endorsement Form
- Sealed official transcript
- Payment Voucher and payment
- Special Examination Accommodation Request Form, if needed

Prior Exam Documentation

Many states use NBCC exams—the National Counselor Examination for Licensure and Certification (NCE) or the National Clinical Mental Health Counseling Examination (NCMHCE)—for state licensure/state credentialing purposes.

If you can document that you passed one of the examinations listed above as part of your state licensure process, then you need not take another examination as part of the qualifying process for the National Certified Counselor credential. **If you are currently and fully state licensed, you should not use this application.** Please see the “National Certified Counselor Application for State Licensed Professional Counselors” on NBCC’s Web site (www.nbcc.org).

To Document Your Exam Scores

If you wish to apply for the NCC credential using a passing score from a prior exam, provide NBCC with the following information in Item 12 of the application (page 9):

- The name of the exam you passed;
- The state that authorized you to sit for the exam;
- The year and month you passed the exam;
- The name under which you passed the exam, if different from your current name;

OR provide NBCC with a photocopy of your score report showing your passing results.

Important Information for Former Graduate Student Applicants

If you originally applied for the NCC and passed the NCE during graduate school, you are not required to submit a new application to complete certification or have access to your passing exam score. Please contact the Certification Department at 336-547-0607 or certification@nbcc.org and request an Application to Reopen and Complete Certification.

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14. How did you hear about NBCC and the NCC credential? If referred by an NCC, please provide his or her name.

15. Special Accommodations:

Check this box if you are requesting **SPECIAL EXAM ACCOMMODATIONS**. Include the Special Exam Accommodations Request Form (included in this packet) and supporting documentation with your application.

16. Have you applied previously for the National Certified Counselor (NCC) credential? YES NO

If yes, what is your NBCC ID number (also known as a certification number)?

17. Have you submitted materials to NBCC for a prereview of coursework? YES NO

18. List all professional licenses and credentials you currently hold.

19. Ethics Certification and Attestation (You must respond to each statement.):

a. My record is free of any charge or complaint related to governmental, regulatory or professional organization. YES NO

b. My record is free of any charge or violation of any criminal or legal matter. YES NO

Note: Please provide a complete, detailed explanation of the circumstances related to "No" responses in items a or b above. You should also provide copies of the final disposition(s). Place the materials in a sealed envelope marked "ETHICS" and return with your application. Failure to provide required information will delay the processing of your application.

Applicant Certification and Agreement Release Authorization

I understand that certification through NBCC depends on my fulfillment of all required criteria including compliance with the NBCC *Code of Ethics*. I certify that the information provided in this application is complete to the best of my knowledge.

I agree that NBCC has the right to communicate with any person or organization when reviewing this application or other submitted information, and I authorize the release of any information requested by NBCC to verify the accuracy of the information provided. I further agree that NBCC has the right to communicate with related organizations about this application.

I understand that NBCC certification is personal to me and may not be transferred to another individual or group. I understand that certification by NBCC does not create membership or other similar rights with NBCC including the right to use NBCC trademarks. I agree to comply with all NBCC policies, including my use of NBCC certification marks.

I understand that any certification granted by NBCC does not represent licensure or other authorization to practice business activities. I release NBCC from all liability and claims arising from any counseling activity.

I agree to report within sixty (60) days of my knowledge the following matters related to me:

- Any modifications to this application including any changes in contact information (e.g. home or business address, telephone or e-mail)
- Any charge or complaint related to a criminal or legal action

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- Any charge or complaint by a regulatory or professional organization
- Any court or governmental matter related to my professional practice

I understand that professional biographical and certification data is considered to be public information and will be made available in response to public inquiries. I agree that for research and statistical purposes, information related to my participation in the NBCC certification programs may be used. I understand that all application materials become the property of NBCC and will not be returned.

In the event that my credential has a special sanction, I agree to comply with all directives of the NBCC ethics office or the Board of Directors.

Sign your legal name in BLUE ink.

Be advised that your signature on this document constitutes your agreement with the above statements.

Applicant's Signature (Blue ink required)

Date

Application



Applicant's Name: _____

Professional Colleague Degree Requirement:

All endorsers must hold a master's degree or higher in counseling; psychology; psychiatry; marriage, couple and family therapy; social work; dance therapy; or art therapy. Endorsers are not required to be licensed and cannot be related to the applicant. A professional colleague who does not meet these criteria must return this form to the applicant so another can be asked for this endorsement.

To the National Board for Certified Counselors:

I have been professionally acquainted with the above-named applicant for ____ years ____ months. I am not related to this individual either by birth or by marriage. To the best of my knowledge, this applicant is in good standing in the profession, and I recommend him/her for certification through NBCC.

Professional Colleague Contact and Degree Information

_____ Signature of Colleague (BLUE ink required)	_____ Date
_____ Colleague's Name (please print)	_____ Colleague's Title
_____ Business Address	_____ Degree and Major (e.g., "M.A.-Counseling")
_____ City/State/ZIP Code	_____ Telephone With Area Code
_____ E-mail Address	
_____ Profession	_____ Professional Certification or License (if credentialed)
_____ State or Certifying Organization (if credentialed)	

**This form with an original BLUE ink signature must be mailed to NBCC by the applicant.
Faxed or photocopied signatures will not be accepted.
The applicant and colleague should retain copies for their records.**

Feel free to offer other comments on the back of this sheet, if necessary.
After completing this form, please return it to the applicant.

Professional Colleague Endorsement Form



Applicant's Name: _____

Counseling Supervisor Degree Requirement:

All endorsers must hold a master's degree or higher in counseling; psychology; psychiatry; marriage, couple and family therapy; social work; dance therapy; or art therapy. Endorsers are not required to be licensed and cannot be related to the applicant. A counseling supervisor who does not meet these criteria must return this form to the applicant so another can be asked for this endorsement.

Counseling Supervisor Attestation

To the National Board for Certified Counselors:

I have been professionally acquainted with the above-named applicant for ____ years ____ months. I am not related to this individual either by birth or by marriage. To the best of my knowledge, this applicant is in good standing in the profession and has demonstrated effective counseling skills with clients while under my supervision. I recommend him/her for certification through NBCC.

This certification applicant has met with me for _____ hours of direct supervision regarding his/her counseling cases from _____ (mm/yyyy) to _____ (mm/yyyy).	
_____ Applicant's Position/Title	_____ Name of Agency/Institution

Supervisor Contact and Degree Information

_____ Signature of Counseling Supervisor (BLUE ink required)	_____ Date
_____ Counseling Supervisor's Name (please print)	_____ Counseling Supervisor's Title
_____ Business Address	_____ Degree and Major (e.g., "M.A.-Counseling")
_____ City/State/ZIP Code	_____ Telephone With Area Code
_____ Counselor Supervisor's E-mail	_____ Professional Certification or License (if credentialed)
_____ State or Certifying Organization (if credentialed)	_____ Profession

This form with an original BLUE ink signature must be mailed to NBCC by the applicant. Faxed or photocopied signatures are not acceptable. The applicant and supervisor should retain copies for their records.

Feel free to offer other comments on the back of this sheet, if necessary.
 After you complete this form, please return it to the applicant.

Counseling Supervisor Endorsement Form

April 21, 2012

STATE	CITY	SITE #	STATE	CITY	SITE #	STATE	CITY	SITE #
Alabama	Birmingham	0121	Louisiana	New Orleans	1811	Oklahoma	Norman	3601
Alaska	Anchorage	0201		Shreveport	1831	Oregon	Ashland	3701
Arizona	Tempe	0311	Maine	Portland	1901		Portland	3731
	Tucson	0321	Maryland	Baltimore	2001	Pennsylvania	Pittsburgh	3821
Arkansas	Jonesboro	0411	Massachusetts	Springfield	2111		Scranton	3831
California	Los Angeles	0501	Michigan	East Lansing	2201	Rhode Island	Kingston	3901
	Sacramento	0521	Minnesota	St. Paul	2311	South Carolina	Columbia	4001
Colorado	Denver	0601	Mississippi	Jackson	2401	South Dakota	Rapid City	4111
	Grand Junction	0611	Missouri	St. Louis	2511	Tennessee	Knoxville	4211
	Pueblo	0621		Springfield	2521		Nashville	4231
Connecticut	Hartford	0701	Montana	Bozeman	2601	Texas	Houston	4311
Delaware	Dover	0801	Nebraska	Omaha	2711		Lubbock	4321
Florida	Tallahassee	0931	Nevada	Reno	2811	Utah	Cedar City	4401
	New Port Richey	0941	New Hampshire	Manchester	2901	Vermont	Burlington	4501
Georgia	Macon	1011	New Jersey	Edison	3001	Virginia	Charlottesville	4601
Hawaii	Honolulu	1101	New Mexico	Albuquerque	3101	Washington	Seattle	4701
Idaho	Caldwell	1201	New York	New York City	3211		Cheney	4711
Illinois	Matoon	1301		Rochester	3221	West Virginia	South Charleston	4801
	Chicago	1311	North Carolina	Greensboro	3321	Wisconsin	Oshkosh	4911
Indiana	Indianapolis	1401		Wilmington	3331	Wyoming	Laramie	5011
Iowa	Des Moines	1501	North Dakota	Bismarck	3401	Washington, DC		5101
Kansas	Emporia	1601	Ohio	Columbus	3501	Puerto Rico	San Juan	5211
Kentucky	Lexington	1711				International		5301

October 13, 2012

STATE	CITY	SITE #	STATE	CITY	SITE #	STATE	CITY	SITE #
Alabama	Birmingham	0122	Louisiana	Baton Rouge	1802	Oklahoma	Tahlequah	3612
Alaska	Fairbanks	0212		Monroe	1822	Oregon	Eugene	3712
Arizona	Flagstaff	0302	Maine	Portland	1902		LaGrande	3722
	Tempe	0312	Maryland	Baltimore	2002	Pennsylvania	Erie	3802
Arkansas	Conway	0402	Massachusetts	Boston	2102		Harrisburg	3812
California	San Francisco	0512	Michigan	Rochester	2212	Rhode Island	Kingston	3902
	San Diego	0532	Minnesota	Duluth	2302	South Carolina	Columbia	4002
Colorado	Denver	0602	Mississippi	Mississippi State	2412	South Dakota	Brookings	4102
	Grand Junction	0612	Missouri	Kansas City	2502	Tennessee	Chattanooga	4202
	Pueblo	0622		St. Louis	2512		Memphis	4222
Connecticut	Hartford	0702	Montana	Helena	2612	Texas	Dallas	4302
Delaware	Dover	0802	Nebraska	Kearney	2702		San Antonio	4332
Florida	Ft. Lauderdale	0902	Nevada	Las Vegas	2802	Utah	Salt Lake City	4412
	Gainesville	0912	New Hampshire	Manchester	2902	Vermont	Burlington	4502
Georgia	Atlanta	1002	New Jersey	Trenton	3012	Virginia	Williamsburg	4612
Hawaii	Honolulu	1102	New Mexico	Las Cruces	3112	Washington	Seattle	4702
Idaho	Pocatello	1212	New York	Albany	3202		Cheney	4712
Illinois	Chicago	1312		New York City	3212		Vancouver	4722
	Springfield	1322		Syracuse	3232	West Virginia	Morgantown	4812
Indiana	South Bend	1412	North Carolina	Charlotte	3312	Wisconsin	Milwaukee	4902
Iowa	Des Moines	1502		Greensboro	3322	Wyoming	Casper	5002
Kansas	Wichita	1612	North Dakota	Fargo	3412	Washington, DC		5102
Kentucky	Bowling Green	1702	Ohio	Columbus	3502	Puerto Rico	Ponce	5202
						International		5302



Use this form if you are requesting special accommodations for the examination. All requests are reviewed individually and are subject to NBCC approval.

Applicant's Name: _____

THERE IS NO EXTRA CHARGE FOR THESE ARRANGEMENTS.

Candidates With Disabilities

Please identify briefly the nature of your disability. (Attach letterhead documentation to include diagnosis and recommended accommodations by a qualified professional.) Specify the special accommodations and/or arrangements you will need to complete the NCE. Documentation may not be more than five years old.

I certify that this information is correct. I have attached the required documentation.

Applicant's Signature Date

Candidates for Whom English Is a Second Language

I am requesting two additional hours of exam time and/or permission to bring a nonelectronic, word-to-word translation dictionary due to English as a second language (ESL). I have attached documentation from my graduate program showing that I received special accommodations due to ESL while in school.

Applicant's Signature Date

Request for Special Exam Date

I have attached a letter from my clergyperson verifying that I cannot participate in the examination on Saturday for religious reasons. Please contact me to arrange a special administration of the NCE on the Friday immediately preceding or the Monday immediately following the scheduled administration date.

Applicant's Signature Date

Request for International Exam Location

Please contact me to arrange for testing at an international location.

Applicant's Signature Date

Note: Cancellations of special exam accommodations must be made at least seven business days before the exam date.

Special Exam Accommodations Request Form

