



National Certified Counselor

Application for counselors who have not graduated from a CACREP-accredited program

IMPORTANT

This application is for qualified counselors who have a master's degree or higher in a mental health field from a regionally accredited university.

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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Requirements

I received a master's degree or higher from a regionally accredited counselor education program. (See Graduate Degree Requirements on page 5.)

YES NO

I can or will be able to document having completed at least 100 hours of counseling supervision, spanning at least 24 months from the date my graduate degree (master's or higher) in counseling or with a major study in counseling (as defined on page 5) was conferred. Also, the mental health professional who provided my supervision holds a master's degree or higher in counseling; psychology; psychiatry; marriage, couple and family therapy; social work; dance therapy; or art therapy. (Applicant will have three years to accrue counseling supervision hours.)

YES NO

I can or will be able to document having completed at least 3,000 hours of counseling work experience, spanning at least 24 months from the date my graduate degree (master's or higher) in counseling or with a major study in counseling (as defined on page 5) was conferred. (Applicant will have three years to accrue the required counseling work experience hours.)

YES NO

I can submit a completed Professional Colleague Endorsement Form (included in this packet).

YES NO

I am willing to select one of the National Counselor Examination for Licensure and Certification (NCE) examination dates listed in this application or provide proof of a previous passing score on the NCE or the National Clinical Mental Health Counseling Examination (NCMHCE).

YES NO

If you answered "yes" to each of the above, you may qualify for the NCC credential under this application.

Counselor Educator Candidates

Counselor educators seeking to obtain the NCC credential should contact the NBCC Certification Department at certification@nbcc.org.

Regional Accrediting Bodies

There are six regional accrediting bodies in the USA: Middle States Association of Colleges and Schools, New England Association of Schools and Colleges, North Central Association of Colleges and Schools, Northwest Association of Schools and Colleges, Southern Association of Colleges and Schools, and Western Association of Schools and Colleges.

If the university from which you earned your graduate degree was not accredited by one of these six bodies **at the time you earned your degree**, you are not eligible to apply. To check the accreditation of your university, visit www.chea.org or verify with your university's registrar's office.

About NBCC

The National Board for Certified Counselors (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 this application. If you meet all the 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. 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 instructions on documenting your score on the Required Documents page (page 9) in this application.

Graduate Degree Requirements

A graduate degree—master’s or higher—in counseling or with a major study in counseling.

- Post-master’s certificates or certificates of advanced study cannot be accepted in lieu of an advanced degree from a regionally accredited college or university.
- If your master’s (or higher) degree is in a field other than counseling, it must meet the criteria of having a major study in counseling as defined below:

A graduate degree with a major study in counseling is defined as a degree in which more than half (but no less than 24 semester/36 quarter hours) of the degree credits in counseling are in at least six of the nine counseling coursework content areas required by NBCC and the degree must include at least one supervised field experience in counseling.

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. **Noncounseling classes will not count toward the credit requirement.** For example, NBCC will not accept courses in grant writing, educational administration, special education, etc.

Provided your graduate degree has a major study in counseling (as defined above), 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.

Coursework Requirement Form

To complete the Coursework Requirement Form, match the classes from your graduate transcript to the content areas listed on the Coursework Requirement Form. You must have completed coursework in each content area, and each course must be worth the minimum credits indicated on the form.

Submitting Your Transcript

- A sealed official graduate transcript showing conferral of a graduate degree (master's or higher) in counseling or with a major study in counseling (as defined in this application) is required. If you have taken other relevant graduate-level coursework outside your degree that you want NBCC to review, you need to submit a sealed transcript for that coursework as well. Transcript(s) must be from a regionally accredited college or university.
- 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 where indicated in 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

- If you received your degree or completed relevant master's- or doctoral-level coursework outside the United States, you will need to have an international degree equivalency evaluation completed prior to submitting a prereview or an application for national certification. NBCC accepts evaluations of non-U.S. transcripts completed by

American Association of Collegiate Registrars & Admissions Offices (AACRAO)

1 Dupont Circle NW
Suite 520
Washington, DC 20036
202-296-3359
www.aacrao.org

Educational Credential Evaluators, Inc. (ECE)

P.O. Box 514070
Milwaukee, WI 53203-3470
414-289-3400
www.ece.org
eval@ece.org

International Education Research Foundation, Inc.

P.O. Box 3665
Culver City, CA 90231
Tel: 310-258-9451, extension 131
Fax: 310-342-7086
www.ierf.org

World Education Services, Inc. (WES)

P.O. Box 745 Old Chelsea Station
New York, NY 10113-0745
800-937-3895
www.wes.org
info@wes.org

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.

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 for your review on the NBCC Web site at www.nbcc.org/ServiceCenter/Ethics.

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 may 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.
- 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.
- The Counseling Supervisor Endorsement Form and the Professional Colleague Endorsement Form may not be completed by the same person.

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- 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 must document at least 100 hours of counseling supervision, spanning at least 24 months from the date your graduate degree (master's or higher) in counseling or with a major study in counseling (as defined on page 5) was conferred. Do not document any counseling supervision that occurred prior to graduation. This form is to be completed by the person with whom you regularly discuss your counseling cases. He or she must meet the requirements stated on the form. **If you do not have 100 hours of supervision to submit with your application, you will be given three years from the time you pass the NCE to complete this requirement.**

For school counselors only: As an exception to the strict 24-month minimum, NBCC will accept documentation of two full academic years of postgraduate school counseling supervision. A minimum of 100 hours of counseling supervision is still required.

Verification of Experience Form

- Counseling work experience hours are defined as the time you spend counseling clients, making/reviewing case notes on your clients, viewing/listening to tapes of sessions and consulting with other mental health professionals, as well as other activities directly related to the counseling of your client caseload.
- You must document having completed at least 3,000 hours of counseling work experience, spanning at least 24 months from the date your graduate degree (master's or higher) in counseling or with a major study in counseling (as defined on page 5) was conferred. Do not document any work experience you accrued prior to graduation. **If you do not have 3,000 hours of work experience to submit with your application, you will be given three years from the time you pass the NCE to complete this requirement.**
- For school counselors only: As an exception to the strict 24-month minimum, NBCC will accept documentation of two full academic years of post-graduate school counseling work experience. A minimum of 3,000 hours of counseling work experience is still required.
- Please note: This form asks for a total number of hours and a total time span. The most common error made on this form is to write the number of hours you work per week. Be sure to ask the person completing this form to record the total number of hours of counseling experience you have completed, as well as a total time span.
- If you have accrued counseling experience in more than one counseling position (including volunteer counseling work), you will need to submit a completed Verification of Experience Form from each work experience/location.
- The person who completes this form on your behalf does not have to hold any particular degree or license. This form can be completed by your counseling supervisor or by a human resources representative. If you are self-employed, the form can be completed by your counseling supervisor.

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

- Application
- Professional Colleague Endorsement Form
- Counseling Supervisor Endorsement Form
- Verification of Experience Form
- Sealed official transcript(s)
- Special Examination Accommodations Request Form, if needed
- Payment Voucher and Payment

Prior Examination 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 10):

- 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.

IMPORTANT:
 Fill in all information completely. Provide your legal name.
 NBCC Board policy prohibits placing degrees or titles on the certificate.

PLEASE TYPE OR PRINT IN INK

1. First Name/MI:

Last Name:

Previous Names (please attach a separate sheet if necessary):

2. Last Four Digits of Social Security Number:

3. Street Address:

City/State/ZIP/Country:

4. Home Telephone:

Cell Phone:

Fax Number:

Please attach a business card or a separate sheet of paper with your business address, telephone and fax.

5. E-mail (Web-based account, not .edu.):

6. Gender: M F

7. Date of Birth (MM/DD/YYYY):
 / /

8. Ethnic Origin (optional; used for statistical purposes only):

African American
 Native American
 Asian
 Hispanic/Latino
 Multiracial
 Native Hawaiian
 Caucasian
 Other

FOR OFFICE USE ONLY

REF.#1: _____

BATCH #1: _____

DATE: _____

AMOUNT: _____

9. Education/Training (You must have completed your degree before submitting this application.):

Master's Degree(s) Earned:

| Degree(s) | Month/Year | Institution Name & City/State | Major(s) |
|-----------|------------|-------------------------------|----------|
| | | | |

Post-master's Degree(s) Earned:

| Degree(s) | Month/Year | Institution Name & City/State | Major(s) |
|-----------|------------|-------------------------------|----------|
| | | | |

10. Preferred Exam Date: April 21, 2012 October 13, 2012

11. Preferred Exam Location: Site #: Location: _____
 (See exam site list in this packet)

12. Exam Previously Passed (check one):

NCE Date when tested: _____ Under which state's authority you took the exam: _____

NCMHCE Name (if different from current name) under which exam was taken: _____

13. Loan Repayment

Check this box if you are in-or applying for-the National Health Services Corps Loan Repayment Program.

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
- 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

Applicant's Name: _____

To apply for the NCC credential, you must have completed a master's degree or higher with a major study in counseling, 48 semester or 72 quarter hours of graduate-level credit in counseling, and graduate-level coursework in each of the following content areas. Each course must have earned at least two semester or three quarter hours of graduate-level credit in each of the content areas except Counseling Field Experience. Counseling Field Experience(s) must total at least six semester or 10 quarter hours of graduate-level credit. All coursework must have been completed at a regionally accredited college or university. Please list your courses corresponding to the given content areas. **To speed processing time, attach a course description or syllabus if the name of a class does not clearly reflect course content.** Do not list the same course for more than one content area.

| Content Area | Date | Course Code | Course Title | Credit Hrs. |
|---|------|-------------|--------------|-------------|
| <p>1. Human Growth and Development <i>Studies in this area provide an understanding of the nature and needs of individuals at all developmental levels, including but not limited to the following:</i></p> <ul style="list-style-type: none"> a. Theories of individual and family development and transitions across the life span; b. Theories of learning and personality development; c. Human behavior, including an understanding of developmental crises, disability, addictive behavior, psychopathology and environmental factors as they affect both normal and abnormal behavior; d. Strategies for facilitating development over the life span; and e. Ethical considerations. | | | | |
| <p>2. Social and Cultural Foundations <i>Studies in this area provide an understanding of issues and trends in a multicultural and diverse society, including but not limited to the following:</i></p> <ul style="list-style-type: none"> a. Multicultural and pluralistic trends, including characteristics and concerns of diverse groups; b. Attitudes and behavior based on factors such as age, race, religious preferences, physical disability, sexual orientation, ethnicity and culture, family patterns, gender, socioeconomic status and intellectual ability; c. Individual, family and group strategies with diverse populations; and d. Ethical considerations. | | | | |
| <p>3. Helping Relationships <i>Studies in this area provide an understanding of counseling and consultation processes, including but not limited to the following:</i></p> <ul style="list-style-type: none"> a. Counseling and consultation theories, including both individual and systems perspectives as well as coverage of relevant research and factors considered in applications; b. Basic interviewing, assessment and counseling skills; c. Counselor or consultant characteristics and behaviors that influence helping processes, including age, gender and ethnic differences; verbal and nonverbal behaviors; and personal characteristics, orientations and skills; d. Client or consultee characteristics and behaviors that influence helping processes, including age, gender, ethnic differences; verbal and nonverbal behaviors; and personal characteristics, orientations and skills; and e. Ethical considerations. | | | | |
| <p>4. Group Work <i>Studies in this area provide an understanding of group development, dynamics and counseling theories; group counseling methods and skills; and other group work approaches, including but not limited to the following:</i></p> <ul style="list-style-type: none"> a. Principals of group dynamics, including group process components, developmental stage theories, and group members' roles and behaviors; b. Group leadership styles and approaches, including characteristics of various types of group leaders and leadership styles; c. Theories of group counseling, including commonalities, distinguishing characteristics, and pertinent research and literature; d. Group counseling methods, including group counselor orientations and behaviors, ethical standards, appropriate selection criteria and methods of evaluation of effectiveness; e. Approaches used for other types of group work, including task groups, prevention groups, support groups and therapy groups; and f. Ethical considerations. | | | | |

| Content Area | Date | Course Code | Course Title | Credit Hrs. |
|--|------|-------------|--------------|-------------|
| <p>5. Career and Lifestyle Development <i>Studies in this area provide an understanding of career development and related life factors, including but not limited to the following:</i></p> <ul style="list-style-type: none"> a. Career-development theories and decision-making models; b. Career, avocational, educational and labor market information resources; visual and print media; and computer-based career information systems; c. Career-development program planning, organization, implementation, administration and evaluation; d. Interrelationships among work, family, and other life roles and factors, including multicultural and gender issues as related to career development; e. Career and educational placement, follow-up and evaluation; f. Assessment instruments and techniques relevant to career planning and decision-making; g. Computer-based career-development applications and strategies, including computer-assisted career-guidance systems; h. Career-counseling processes, techniques and resources, including those applicable to specific populations; and i. Ethical considerations. | | | | |
| <p>6. Assessment <i>Studies in this area provide an understanding of individual and group approaches to assessment and evaluation, including but not limited to the following:</i></p> <ul style="list-style-type: none"> a. Theoretical and historical bases for assessment techniques; b. Validity, including evidence for establishing content, construct and empirical validity; c. Reliability, including methods of establishing stability, internal and equivalence reliability; d. Appraisal methods, including environmental assessment, performance assessment, individual and group test and inventory methods, behavioral observations, and computer-managed and computer-assisted methods; e. Psychometric statistics, including types of assessment scores, measures of central tendency, indices of variability, standard errors, and correlations; f. Age, gender, ethnicity, language, disability and cultural factors related to assessment and evaluation of individuals and groups; g. Strategies for selecting, administering, interpreting and using assessment and evaluation instruments and techniques in counseling; and h. Ethical considerations. | | | | |
| <p>7. Research and Program Evaluation <i>Studies in this area provide an understanding of types of research methods, basic statistics, and ethical and legal consideration in research, including but not limited to the following:</i></p> <ul style="list-style-type: none"> a. Basic types of research methods to include qualitative and quantitative research designs; b. Basic parametric and nonparametric statistics; c. Principles, practices and applications of needs assessment and program evaluation; d. Uses of computers for data management and analysis; and e. Ethical and legal considerations. | | | | |
| <p>8. Professional Orientation to Counseling <i>Studies in this area provide an understanding of all aspects of professional functioning, including history, roles, organizational structures, ethics, standards and credentialing, including but not limited to the following:</i></p> <ul style="list-style-type: none"> a. History of the counseling profession, including significant factors and events; b. Professional roles and functions of counselors, including similarities and differences with other types of professionals; c. Professional organizations (primarily ACA, its divisions, branches and affiliates), including membership benefits, activities, services to members and current emphases; d. Ethical standards of ACA and its related entities ethical and legal issues, and their applications to various professional activities (e.g., appraisal, group work); e. Professional counselor preparation standards, their evolution and current applications; f. Professional counselor credentialing, including counselor certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues; and g. Public policy processes, including the role of the professional counselor in advocating on behalf of the profession and its clientele. <p>If your degree is in a field other than counseling, please submit an official course description from the school for this area.</p> | | | | |
| <p>9. Counseling Field Experience (minimum six sem/10 qtr hours) <i>Studies in this area provide supervised counseling experience in an appropriate work setting.</i></p> | | | | |



nbcc

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 |
| _____ Profession | _____ Professional Certification or License (if credentialed) |
| _____ State or Certifying Organization (if credentialed) | _____ E-mail |

**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



nbcc

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.

I verify that this applicant for certification 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

Counseling 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., "MA-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 by the applicant to NBCC. 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 completing this form, please return it to the applicant.



nbcc

Applicant's Name: _____

I am applying to the National Board for Certified Counselors, Inc. and Affiliates for the National Certified Counselor (NCC) credential. I am required to provide documentation of a total of 24 months of postgraduate professional counseling experience, including at least 3,000 hours of work directly related to counseling. Please complete the information below and return this form to me. My application cannot be processed without this form.

Applicant's Signature

Date

**INFORMATION BELOW TO BE COMPLETED BY EXPERIENCE VERIFIER
(not applicant)**

Please complete all information below. If you make an error, do not use correction tape or liquid paper. Mark through the error, write the correct information above or beside it, and initial the correction.

I verify that the applicant named above is/was engaged in counseling work experience for the period from _____ (mm/yyyy) to _____ (mm/yyyy). I verify that the applicant completed (total number of hours) _____ of counseling work experience. This applicant is/was employed in the position of (job title) _____.

This applicant is/was self-employed. I verify that the applicant completed (total number of hours) _____ of counseling work experience (see page 8 for a definition) for the period from _____ (mm/yyyy) to _____ (mm/yyyy).

EXPERIENCE VERIFIER CONTACT INFORMATION

All information requested below is required.

1. Verifier's Name (please print): _____
2. Name of Agency/Institution (where you worked with the applicant): _____

3. Title at Agency/Institution (where you worked with applicant): _____
4. Current Telephone With Area Code: _____

Signature of Experience Verifier (**BLUE** ink required)

Date

After completing this form, please return it to the applicant.

Verification of Experience 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

Note: If you studied in another language, we will verify the international degree equivalency evaluation you submitted as part of this application.

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.

