



**National Certified Counselor/  
National Certified School Counselor**

**IMPORTANT**

This application is for qualified school counselors who have at least three years of experience in school counseling.



NATIONAL BOARD FOR  
**CERTIFIED COUNSELORS**™

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Greensboro, NC 27403-3660  
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***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.

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**2012 APPLICATION**

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## 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](http://www.nbcc.org/benefits).

## About the NCSC Credential

The National Certified School Counselor (NCSC) credential was created as a result of the joint efforts of the American Counseling Association (ACA), the American School Counselor Association (ASCA) and the National Board for Certified Counselors (NBCC). The NCSC specialty credential attests to the educational background, knowledge, skills and competencies of the specialist in pre-K–12 school counseling. National school counselor certification serves the following purposes:

- Recognizing the master's-level pre-K–12 school counselor practitioner who is part of a program that promotes and enhances the learning process;
- Promoting the school counselor's identity, visibility and accountability on a national level;
- Identifying to the counseling profession and to the public those counselors who have met national professional school counseling standards;
- Advancing cooperation among school systems, professional organizations, and other credentialing and professional development agencies; and
- Encouraging the professional growth of school counselors.

## Counselor Educators

Counselor educators may be eligible to apply without documenting the required counseling supervision and school counseling work experience. To use this option, you must complete the NCC/NCSC combo application pages, submit a Professional Colleague Endorsement Form and transcript, and meet the educational requirements of either NCSC application option (see page 5). You must also pass the National Certified School Counselor Examination (NCSCE).

To apply for the NCSC credential as a counselor educator, you must document three academic years of full-time employment in a school counselor preparatory program at a regionally accredited college or university. At least 50 percent of your assigned duties must involve training school counseling students and must include in-school supervision of school counseling students. Prior school counseling experience may be combined with current counselor education employment to meet the certification requirement.

To verify your experience, a letter from the department head of the graduate program in which you teach will be accepted instead of the normally required supervision and experience verification forms.

## 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](http://www.chea.org) or verify with your university's registrar's office.

## Length of Certification and Annual Certification Fee

NCCs must adhere to the NBCC *Code of Ethics* and pay an annual certification fee for the NCC credential plus a fee for the NCSC. Credential holders are billed yearly and fees are due by the 15th day of their birth month. At the conclusion of each five-year cycle, NCC/NCSCs must be able to document having completed 100 clock hours of continuing education, 25 of which must be in the area of school counseling, or they can retake and pass the NCSCE.

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](mailto:certification@nbcc.org)) or telephone (336-547-0607).

## Certification Requirements

**Note: All references made in this application packet to schools or school counselors are to be understood as referring to either a pre-K–12 public or private school setting, or to counselors working in such a pre-K–12 public or private school setting.**

There are two NCC/NCSC application options available.

The main difference between them is that one is for applicants who hold a state-level license or certification in school counseling issued by the state department of education, while the other is for applicants who do not hold such state-level license or certification in school counseling.

Applicants who are not licensed or certified in school counseling by their state are required to document more specific educational requirements than licensed/certified applicants. All applicants must document the same amount of postgraduate counseling supervision and school counseling work experience. A completed Professional Colleague Endorsement Form is required for all applicants.

### For counselors who ARE NOT state certified/licensed as a school counselor

Applicants must meet all of the following:

- You must hold a graduate degree (master's or higher) with a major study in counseling. Your degree must have been completed at a regionally accredited college or university. A list of regional accrediting agencies appears on the previous page of this application packet. **Important: Degrees in education (teaching), special education or administration will not be accepted.**
- You must have completed coursework in each of the nine required content areas (listed on the Coursework Requirement Form within this application packet), plus at least six semester/10 quarter hours of academic credit in counseling field experience(s). You must be able to document that you earned at least three semester/five quarter hours of credit in counseling field experience(s) in a school setting. All coursework must have been completed at a regionally accredited university.
- You must have accrued at least three academic years of postgraduate counseling supervision and work experience as a school counselor in a pre-K–12 school setting. This must be completed before you submit your application.

### For counselors who ARE state certified/licensed as a school counselor

Applicants must meet all of the following:

- You must hold a graduate degree (master's or higher) with a major study in counseling or in a mental health field. Your degree must have been completed at a regionally accredited college or university. More information about regional accrediting agencies appears in the General Information About the NCC/NCSC Credentials pages of this application packet.
- You must hold a school counselor credential or license issued by your state's department of education.
- You must have accrued at least three academic years of postgraduate counseling supervision and work experience as a school counselor in a pre-K–12 school setting. This must be completed before you submit your application.

## Educational Requirements

Be aware that post-master's certificates, certificates of advanced study, or nondegree coursework will not be accepted in lieu of an actual graduate degree. If you have only add-on coursework in counseling, but no degree in counseling, you are not eligible to apply.

### Required for counselors who ARE NOT state certified/licensed as a school counselor

- A graduate degree with a major study in counseling, completed at a regionally accredited college or university. A graduate degree with "a major study in counseling" is defined as a master's degree or higher in which more than half (but no less than 24 semester/36 quarter hours) of the degree credits must be in at least six different coursework content areas required by NBCC, and the degree must include at least one supervised field experience in counseling. "Degree credits" are defined as credits earned within your degree program.
- 48 semester hours or 72 quarter hours of graduate-level coursework in counseling, all earned from a regionally accredited university, with at least one course in each of the following coursework areas: Human Growth and Development, Social and Cultural Foundations, Helping Relationships (Counseling Theories and Techniques), Group Work, Career and Lifestyle Development, Appraisal, Research and Program Evaluation, Professional Orientation to Counseling, and the Fundamentals of School Counseling. Each course must have earned a minimum of two semester or three quarter hours of graduate-level credit. See the Coursework Requirement Form for details regarding these content areas. NBCC reserves the right to require course descriptions or syllabi if the title of a class does not sufficiently describe course content.
- A minimum of six semester or 10 quarter hours of graduate-level academic credit in counseling field experience(s), taken at a regionally accredited university. You must be able to document that at least three semester or five quarter hours of credit in field experience was completed in a school counseling setting.

### Required for counselors who ARE state certified/licensed as a school counselor

A graduate degree with a major study in counseling or in a mental health field, completed at a regionally accredited college or university. **Important: Degrees in education (teaching), special education or administration will not be accepted.**

## School Counseling Supervision Requirements

### Required for ALL applicants

- Before completing this application, you must have accrued a minimum of 100 hours of post-master's counseling supervision over a period of three academic years of post-master's school counseling work experience.
- Counseling supervision is defined as the time you spend with another master's level mental health professional, discussing matters such as how to improve your counseling skills, questions you have regarding your clients, how to build an effective counseling relationship, and receiving general feedback about your counseling.
- Supervision accrued prior to the date your counseling degree was conferred cannot be counted.
- If you accrued 100 hours of postgraduate counseling supervision in less than three academic years, that is not sufficient for credentialing. Both the hourly and the time span requirements must be fulfilled.
- Your counseling supervisor must hold a master's degree or higher in one of the following fields: counseling, psychology, psychiatry, marriage and family therapy, social work, dance therapy

or art therapy. Counseling supervisors with only degrees in administration or teaching are not acceptable.

- The counseling supervisor should be someone with whom you meet on a regular basis to discuss your counseling caseload.
- Your counseling supervisor does not have to be your direct supervisor.
- Your counseling supervisor does not have to be licensed. He/she cannot be related to you.
- One of your two endorsers—either your counseling supervisor or your professional colleague—must hold either the NCC credential or state certification as a school counselor.
- Your counseling supervisor must document your time span and hours of postgraduate counseling supervision on the Counseling Supervisor Endorsement Form.
- The Counseling Supervisor Endorsement Form must bear the BLUE ink signature of your counseling supervisor. Faxed or photocopied signatures are not acceptable.

## School Counseling Experience Requirements

### Required for ALL applicants

- Before completing this application, you must have accrued a minimum of three academic years of full-time postgraduate work experience as a school counselor (or six years half-time), including a minimum of 3,000 hours of work as a school counselor.
- Experience accrued prior to the date your counseling degree was conferred cannot be counted.
- The time span and hours of your postgraduate school counseling work experience must be documented using the Verification of Experience Form included in this application packet.
- Your experience hours may be documented by either your counseling supervisor or by a human resources representative. The person who completes the Verification of Experience Form on your behalf does not have to be licensed or hold any specific degree.
- The Verification of Experience Form must bear the BLUE ink signature of your counseling supervisor or human resources representative. NBCC will not accept a faxed or photocopied signature.

## Examination Requirement

### Required for ALL applicants

You must achieve a passing score on the National Certified School Counselor Examination (NCSCCE). There is no exemption from this requirement.

## Professional Practice Statement

As part of the NCSC application process, you are required to compose a Professional Practice Statement by providing a brief but complete and thoughtful response to four questions. While not assessed or scored, this will allow you to reflect on specific aspects of the school counseling profession. This statement will also provide ongoing descriptions of school counseling practice that will be compiled and researched to create a current assessment of national norms.

## About the NCSCE

The professional school counselor is required to make important decisions regarding the well-being of students and their family and community relations. The simulated problems on the National Certified School Counselor Examination (NCSCE) are designed to sample a broad area of competencies, not the recall of isolated facts. Therefore, the examination assesses problem-solving ability, including identifying, analyzing and addressing students' issues.

Each simulated problem will be divided into five to eight sections and classified as either information gathering (IG) or decision making (DM). The exam will cover the following areas:

- I. School Counseling Program Delivery
- II. Assessment and Career Development
- III. Program Administration and Professional Development
- IV. Counseling Process, Concepts and Applications
- V. Family-School Involvements

There is no study guide for the NCSC Exam. For more information on exam content and format, please see the "NCSCE Candidate Handbook" on NBCC's Web site at [www.nbcc.org/NCSCE](http://www.nbcc.org/NCSCE).

## Submitting Your Official Graduate Transcript

### Required for ALL applicants

- A sealed, official copy of your graduate transcript(s), showing an advanced degree (master's degree or higher) is required. Certificates of advanced study or nondegree coursework will not be accepted in lieu of an actual degree in counseling. If your name has ever changed, be sure to list all other names on the first page of the application, where indicated.
- If you have taken relevant graduate-level coursework outside your degree that you wish us to review, you must also provide a sealed, official transcript for that coursework.
- If you'll be submitting your sealed graduate transcript separately from your application materials, please include a brief note with your application materials informing us that your transcript will arrive separately, and advise us of the date you ordered the transcript to be sent to NBCC.
- If submitting any transcript separately from your application materials, please arrange to have a sealed, official copy of your transcript(s) mailed to the following address:  
NBCC Certification Department  
3 Terrace Way  
Greensboro, NC 27403-3660

**Note:** This is a different address than where you will send your main application materials. Also, be aware that sending a transcript separately from your other application materials may slow the review of your application.

## Application and Examination Limits

NBCC holds applications open for either a two-year period or three unsuccessful attempts to pass the NCSCCE, 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; only those individuals credentialed by NBCC as National Certified School Counselors may use the NCSC 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](http://www.nbcc.org/ServiceCenter/Ethics).

## Endorsement Forms

The following forms are required for all applicants. One of your two endorsers must hold either the NCC credential or state certification as a school counselor.

**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.
- 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 three academic years from the date your graduate degree (master's or higher) in counseling or with a major study in counseling (as defined in this application) 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.

### Verification of Experience Form

- You must document having completed at least 3,000 hours of school counseling work experience, spanning at least three academic years from the date your graduate degree (master's or higher) in counseling or with a major study in counseling (as defined in the Educational Requirements section of this application packet) was conferred. Do not document any work experience you accrued prior to graduation.
- Please note: This form asks for the number of hours you work per week, the time span and a total number of hours worked. The most common error made on this form is to write only the number of hours you work per week. Be sure to ask the person completing this form to record the number of hours of counseling experience you complete weekly, the total time span, and the total number of hours of counseling experience you completed during that time.
- 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.

### 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

### Required for counselors who ARE NOT state certified/licensed as a school counselor

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

### Required for counselors who ARE state certified/licensed as a school counselor

- Application
- Professional Colleague Endorsement Form
- Counseling Supervisor Endorsement Form
- Verification of Experience Form
- Copy of your school counselor credential issued by your state's department of education
- Professional Practice Statement
- Sealed official transcript(s)
- Special Examination Accommodations Request Form, if needed
- Payment Voucher and payment

## Prior to Sending Your Application

1. Before you submit your application and documentation, make copies of all of your documents (except sealed transcript). All materials become the property of NBCC upon receipt. Copies are not released back to the applicant or to a third party.
2. Make sure all documents are completely filled out, and signed and dated where applicable. Ink signatures are required on the application and all forms.
3. Applications may NOT be submitted via fax. Send your application and payment to  
NBCC Certification Dept.  
P.O. Box 77699  
Greensboro, NC 27417-7699

**PLEASE NOTE THE DATE YOUR APPLICATION WAS MAILED.** If you haven't received correspondence regarding your application status after **eight weeks**, contact NBCC's Certification by e-mail ([certification@nbcc.org](mailto:certification@nbcc.org)) or by telephone (336- 547-0607).

**Keep this packet for reference.**

**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:

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

Cell Phone:

Fax Number:

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

6. Gender:  M  F      7. Date of Birth (MM/DD/YYYY):

**FOR OFFICE USE ONLY**  
 REF.#1: \_\_\_\_\_  
 BATCH #1: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 AMOUNT: \_\_\_\_\_

8. Ethnic Origin (optional; used for statistical purposes only):  
 African American     Native American     Asian     Hispanic/Latino     Multiracial     Native Hawaiian     Caucasian     Other

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. Loan Repayment:  
 Check this box if you are in–or applying for–the National Health Service Corps Loan Repayment Program.

13. Have you applied previously for the National Certified Counselor (NCC) or the National Certified School Counselor (NCSC) credential?

YES  NO

If yes, what is your NBCC ID number?

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14. 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.

15. Have you submitted materials to NBCC for a prereview of coursework?

YES  NO

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

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17. 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 data and credential 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, data related to my participation in NBCC certifications 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

\_\_\_\_\_  
Date

Applicant's Name: \_\_\_\_\_

You must have a master's degree or higher with a major study in counseling and have taken a separate course for graduate-level credit in each of the coursework areas listed below. Each course except field experience must have earned at least two semester or three quarter hours of graduate credit in each content area. The school counseling field experience(s) you list below must have earned a minimum of three semester or five quarter hours of graduate credit. All coursework must have been completed at a regionally accredited college or university. Please list the courses you have taken that correspond with each content area. A single course cannot fulfill two content areas (don't list the same course twice). To speed processing of your application, attach a course description if the name of a class does not clearly reflect course content.

Content Area	Date	Course Code	Course Title	Credit Hrs.
<p><b>1. Human Growth and Development</b>  <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"> <li>a. Theories of individual and family development and transitions across the life span;</li> <li>b. Theories of learning and personality development;</li> <li>c. Human behavior, including an understanding of developmental crises, disability, addictive behavior, psychopathology and environmental factors as they affect both normal and abnormal behavior;</li> <li>d. Strategies for facilitating development over the life span; and</li> <li>e. Ethical considerations.</li> </ul>				
<p><b>2. Social and Cultural Foundations</b>  <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"> <li>a. Multicultural and pluralistic trends, including characteristics and concerns of diverse groups;</li> <li>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;</li> <li>c. Individual, family and group strategies with diverse populations; and</li> <li>d. Ethical considerations.</li> </ul>				
<p><b>3. Helping Relationships</b>  <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"> <li>a. Counseling and consultation theories, including both individual and systems perspectives as well as coverage of relevant research and factors considered in applications;</li> <li>b. Basic interviewing, assessment and counseling skills;</li> <li>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;</li> <li>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</li> <li>e. Ethical considerations.</li> </ul>				
<p><b>4. Group Work</b>  <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"> <li>a. Principals of group dynamics, including group process components, developmental stage theories, and group members' roles and behaviors;</li> <li>b. Group leadership styles and approaches, including characteristics of various types of group leaders and leadership styles;</li> <li>c. Theories of group counseling, including commonalities, distinguishing characteristics, and pertinent research and literature;</li> <li>d. Group counseling methods, including group counselor orientations and behaviors, ethical standards, appropriate selection criteria and methods of evaluation of effectiveness;</li> <li>e. Approaches used for other types of group work, including task groups, prevention groups, support groups and therapy groups; and</li> <li>f. Ethical considerations.</li> </ul>				

**For counselors who ARE NOT state certified/licensed as a school counselor**

Content Area	Date	Course Code	Course Title	Credit Hrs.
<p><b>5. Career and Lifestyle Development</b>  <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"> <li>a. Career-development theories and decision-making models;</li> <li>b. Career, avocational, educational and labor market information resources; visual and print media; and computer-based career information systems;</li> <li>c. Career-development program planning, organization, implementation, administration and evaluation;</li> <li>d. Interrelationships among work, family, and other life roles and factors, including multicultural and gender issues as related to career development;</li> <li>e. Career and educational placement, follow-up and evaluation;</li> <li>f. Assessment instruments and techniques relevant to career planning and decision-making;</li> <li>g. Computer-based career-development applications and strategies, including computer-assisted career-guidance systems;</li> <li>h. Career-counseling processes, techniques and resources, including those applicable to specific populations; and</li> <li>i. Ethical considerations.</li> </ul>				
<p><b>6. Assessment</b>  <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"> <li>a. Theoretical and historical bases for assessment techniques;</li> <li>b. Validity, including evidence for establishing content, construct and empirical validity;</li> <li>c. Reliability, including methods of establishing stability, internal and equivalence reliability;</li> <li>d. Appraisal methods, including environmental assessment, performance assessment, individual and group test and inventory methods, behavioral observations, and computer-managed and computer-assisted methods;</li> <li>e. Psychometric statistics, including types of assessment scores, measures of central tendency, indices of variability, standard errors, and correlations;</li> <li>f. Age, gender, ethnicity, language, disability and cultural factors related to assessment and evaluation of individuals and groups;</li> <li>g. Strategies for selecting, administering, interpreting and using assessment and evaluation instruments and techniques in counseling; and</li> <li>h. Ethical considerations.</li> </ul>				
<p><b>7. Research and Program Evaluation</b>  <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"> <li>a. Basic types of research methods to include qualitative and quantitative research designs;</li> <li>b. Basic parametric and nonparametric statistics;</li> <li>c. Principles, practices and applications of needs assessment and program evaluation;</li> <li>d. Uses of computers for data management and analysis; and</li> <li>e. Ethical and legal considerations.</li> </ul>				
<p><b>8. Professional Orientation to Counseling</b>  <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"> <li>a. History of the counseling profession, including significant factors and events;</li> <li>b. Professional roles and functions of counselors, including similarities and differences with other types of professionals;</li> <li>c. Professional organizations (primarily ACA, its divisions, branches and affiliates), including membership benefits, activities, services to members and current emphases;</li> <li>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);</li> <li>e. Professional counselor preparation standards, their evolution and current applications;</li> <li>f. Professional counselor credentialing, including counselor certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues; and</li> <li>g. Public policy processes, including the role of the professional counselor in advocating on behalf of the profession and its clientele.</li> </ul> <p><i>If your degree is in a field other than counseling, please submit an official course description from the school for this area.</i></p>				
<p><b>9. Fundamentals of School Counseling</b>  <i>Studies in this area include organization of the delivery systems used by school counselors, group activities, counseling, testing programs, and the management of school counseling services. Student services such as educational programming, precollege counseling, career development, testing and social and emotional counseling are part of the study.</i></p>				
<p><b>10. Counseling Field Experience</b> (minimum six sem/10 qtr hours)  <i>Studies in this area provide supervised counseling experience in an appropriate work setting.</i></p>				



Applicant's Name: \_\_\_\_\_

**Professional Colleague Degree Requirement:**

All endorsers must hold a master's degree or higher in counseling; psychology; psychiatry; social work; marriage, couple and family therapy; 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 ( <b>BLUE</b> 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**



Applicant's Name: \_\_\_\_\_

**Counseling Supervisor Degree Requirement:**

All endorsers must hold a master's degree or higher in counseling; psychology; psychiatry; social work; marriage, couple and family therapy; 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 counseling supervisor 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 ( <b>BLUE</b> 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
_____	_____
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.

**Counseling Supervisor Endorsement Form**



Applicant's Name: \_\_\_\_\_

I am applying to the National Board for Certified Counselors, Inc. for both the National Certified Counselor (NCC) and National Certified School Counselor (NCSC) credentials. **I am required to provide documentation of three years of full-time counseling experience, or six years of half-time school counseling experience, including at least 3,000 hours of work in a school counseling position after the date my counseling master's degree was conferred.** Please complete the information below and return the 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)**

I verify that the individual named above worked as a school counselor from \_\_\_\_\_ (mm/yy) to \_\_\_\_\_ (mm/yy).

I verify that the applicant spent \_\_\_\_\_ hours per week working as a school counselor.

I verify that the applicant has spent \_\_\_\_\_ **total** hours working in a school counseling position.

**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 \_\_\_\_\_

5. E-mail: \_\_\_\_\_

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

Date \_\_\_\_\_

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

**Verification of Experience Form**



As part of the NCSC application process, please compose a Professional Practice Statement by providing a brief but complete and thoughtful response to the four questions below. While not assessed or scored, this will allow you to reflect on specific aspects of the school counseling profession. This statement will also provide ongoing descriptions of school counseling practice that will be compiled and researched to create a current assessment of national norms. Your responses must be typed or clearly printed. Each page should include your name.

1. Explain the reason you became a school counselor and your personal philosophy of school counseling.
2. Describe how you incorporate your personal philosophy of school counseling into daily practice.
3. Describe how you use nationally recognized standards for school counseling programs.
4. Describe how you evaluate your effectiveness as it relates to student success in academic, career or personal/social development.

## 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	Mattoon	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
	South Bend	1412	North Carolina	Charlotte	3312	Wisconsin	Milwaukee	4902
Indiana	South Bend	1412		Greensboro	3322	Wyoming	Casper	5002
Iowa	Des Moines	1502	North Dakota	Fargo	3412	Washington, DC		5102
Kansas	Wichita	1612	Ohio	Columbus	3502	Puerto Rico	Ponce	5202
Kentucky	Bowling Green	1702				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 NCSCE. 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 NCSCE 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.**

