



National Certified Counselor

Application for Puerto Rico Licensed Professional Counselors

IMPORTANT

Applicants who applied while enrolled in a graduate program should not use this application to submit final post-master's documentation. Please visit www.nbcc/student and download the Verification of Post-master's Experience and Supervision Form.

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
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nbcc@nbcc.org * www.nbcc.org

Professional Counseling Through Certification

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

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

2012 APPLICATION

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If you are NOT fully and currently licensed in professional counseling by the Commonwealth of Puerto Rico, you should NOT complete this application. Counselors not fully and currently licensed should go to www.nbcc.org/nccreqs.

Requirements

1. A full license to practice counseling in the commonwealth of Puerto Rico. The status of your license must be current and active. Please note: Associate-level, limited, provisional or intern licensure is not sufficient for this application.
2. A master's degree or higher in a mental health field from a regionally accredited university.
 - Mental health fields include counseling, psychology, psychiatry, social work, marriage and family therapy, dance therapy and art therapy. Please note: Education, special education, administration and sociology are not considered mental health fields.
 - A certificate of advanced study will not be accepted in lieu of a degree. Nondegree coursework also will not be accepted in lieu of a degree.
3. A passing score on either the NCE or the National Clinical Mental Health Counseling Examination (NCMHCE).
 - If you need to pass the NCE as part of your NCC application, you may test a maximum of three times during the two-year period that your application remains open.
 - If you took the NCE or NCMHCE for Puerto Rico licensure and your raw exam score equals or exceeds the passing score for the administration of the exam you took, you may be able to transfer your passing score to this application.

Please note: A passing score on the Florida Licensed Mental Health Certification (LMHC) exam (prior to 1991) or the Virginia, Ohio or Texas exams used prior to the NCE or the NCMHCE are also acceptable; however, you must provide a copy of the passing exam letter from one of these states.

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 to maintain certification, 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).

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.

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 7):

- The name of the exam you passed;
- The jurisdiction 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.

NBCC Ethics Policies and Procedures

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

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

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

When Will I Hear From NBCC?

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

Documentation Checklist

- The NCC application—completed and signed in **BLUE** ink. An incomplete application results in delays and requires more correspondence; please be thorough.
- A completed Verification of Puerto Rico Counselor License form. Sign and date the top portion, and send the form to your state board for completion. They will mail it directly to NBCC.
- A legible copy of your graduate transcript showing your name, the date your master's degree in a mental health field (see the Requirements section for details) was conferred. The name of the school and the name of the major must be clearly visible.

Official sealed transcripts may be requested in cases when the coursework, hours, major and dates are difficult to read. Failure to provide this documentation will delay processing and may result in the closing of your application.

- Either :** a) Provide information regarding the NCE or NCMHCE exam you've already passed in Item 12 of the application (page 7).

OR

- b) If you need to test, write your exam date/site preference in Item 11 of the application (page 7). (See the list of exam sites included in this application packet.)

- Payment Voucher

Required Documents

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):
 / /

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 jurisdiction'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

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.

Special Exam Accommodations Request Form

Applicant's Name:

Address:

City/State/ZIP Code:

NOTE: This form is not to be used to document Puerto Rico School Counselor Certification.

I have applied to the National Board for Certified Counselors (NBCC) for the National Certified Counselor (NCC) credential. I am required to provide verification of my Puerto Rico license for practice in counseling and any exam scores associated with my credentialing process. I also authorize release of any information regarding disciplinary action. Please complete the information requested below and mail to NBCC at the address below.

Applicant's Signature

Date

Information below is to be completed by the Puerto Rico credentialing board

1. Is the above applicant fully licensed in Puerto Rico for practice in professional counseling?
 Yes___ No___
 If yes, include date of original issue: ___/___/___ and expiration date: ___/___/___.
 If no, is the application in process? Yes___ No___
2. Is the applicant's status provisional, intern, limited or associate? Yes___ No___
 If yes, when will the applicant have full status? _____
3. Was licensure/certification obtained by examination? Yes___ No___
 If yes, which exam? NCE___ NCMHCE___ Other (specify): _____
 Date of exam: ___/___/___ Score: _____
4. Has the applicant's licensure/certification ever been the subject of disciplinary action?
 Yes___ No___
 If yes, please provide detailed explanations of any disciplinary actions on the back of this page.
5. Has the applicant ever been the subject of disciplinary action? Yes___ No___
 If yes, please provide detailed explanations of any disciplinary actions on the back of this page.



Signature _____
Date

Name (please print)

Title

Puerto Rico Board of Examiners of Counselors

Address

City Puerto Rico _____
ZIP Code

After completing this form,
 please mail directly to
NBCC Certification Dept.
3 Terrace Way
Greensboro, NC 27403-3660

Verification of Puerto Rico Counselor License

