



# EXPRESS SCORE REQUEST

This form is only for those who hold the National Certified Counselor (NCC) credential and have an active status OR applicants who took an examination as part of their active national application OR for those who took an examination as part of their application for state licensure.

**IMPORTANT NOTE:** If it has been six weeks or less since you took the exam, your scores cannot be expedited.

Complete this form electronically (with Adobe 7 or better) or manually. If completing the form manually, please take care to print legibly. **Illegible forms will delay processing.**

Fax the completed form to 336-547-0017. Do not fax more than once. Duplicate faxes may result in duplicate charges.

Name: \_\_\_\_\_

Name under which the exam was taken: \_\_\_\_\_  
(If different from above, please provide documentation of name change, such as a copy of your marriage certificate.)

NBCC ID or Social Security Number: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Test Date (month/year): \_\_\_\_\_ Examination Location (state): \_\_\_\_\_

Exam score(s) requested: NCE NCSCE EMAC NCMHCE TJEPC Other \_\_\_\_\_  
**NOTE: Scores for more than one exam can be included in a single verification report.**

Address where scores should be sent. A street address is **required** for delivery unless you are requesting your scores be sent to your state board:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PAYMENT METHOD FOR EXPRESS SCORE REQUEST

Please charge the credit card as listed below in the amount of:

- \$ **55** Express processing (delivery expected eight business days from the date the faxed request is received)
- \$ **75** Two-day express processing (delivery expected two business days from the date the faxed request is received)
- \$ \_\_\_\_\_ Past due amount (if applicable)\*
- \$ \_\_\_\_\_ **Total amount due** (Payment cannot be processed unless the total amount is specified.)

\* If you are unsure of your NCC status or past due fees, contact [recertification@nbcc.org](mailto:recertification@nbcc.org) to avoid delays in processing.

Card Type:  VISA  MasterCard  American Express

Name On Card: \_\_\_\_\_

Acct. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Verification Code Numbers (from back of card): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_