



SCORE VERIFICATION REQUEST

NBCC Exam Dept. • P.O. Box 7407 • Greensboro, NC 27417-0407 • FAX: 336-547-0017

Complete this form electronically (with Adobe 7 or better) or manually. Please take care to print legibly. **Illegible forms will delay processing.** If payment is made with a check, send form and check to the address above. If payment is made with a credit card, this form can be faxed to the number above. Do not fax more than once. Duplicate faxes may result in duplicate charges.

Scores will be sent approximately SIX WEEKS from the date your payment is processed.

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: _____

PAYMENT FORM-DO NOT DETACH

NCC or state score verification report: \$20	\$ _____
Additional copies: ____@\$20 each	\$ _____
Inactive NCC score verification report: \$60	\$ _____
Additional copies: ____@\$60 each	\$ _____
Past due amount, if applicable*	\$ _____
Total amount to be paid	\$ _____

NCC—National Certified Counselor or applicant who took the NCE as part of the national certification application.

Inactive NCC—A former NCC who took the NCE as part of the national certification application but whose certification has expired.

State—Verification for those who took an examination as part of the application for state licensure and registered for the exam through that state.

*If you are unsure of your NCC status or past due fees, contact recertification@nbcc.org to avoid delays in processing.

Type of Payment:

Check or money order—Make payable to NBCC, enclose with this form and mail to the address above.

Credit card

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: _____