



## NBCC EXAMINATION REQUEST FORM for Recertification/Reinstatement

Name: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

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

Certificate Number: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

Please register me for the following NBCC examination:

\_\_\_\_\_ National Counselor Examination (NCE)

\_\_\_\_\_ National Certified School Counselor Examination (NCSCCE)

*Note that the NCSCCE may be used to recertify or reinstate the NCC and NCSC credentials.*

\_\_\_\_\_ Master Addictions Counselor (MAC)

Please check which test date you would like. \_\_\_\_\_ April \_\_\_\_\_ October Year: \_\_\_\_\_

Indicate the site that you would prefer. A list of NCE exam sites and dates can be found on our Web site at [www.nbcc.org/NCE](http://www.nbcc.org/NCE). \_\_\_\_\_

**The examination fee is \$145 plus any past due fees.** You must submit payment with this form in order to register.

Past due fees\*: \$ \_\_\_\_\_ \* Check with NBCC if you don't know the amount of any past due fees you may owe.

Examination fee: \$ 145.00

Total Submitted: \$ \_\_\_\_\_

I understand that the fees I am submitting are not refundable and my registration for the examination of my choice is contingent upon available space at the examination site I have chosen.

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

### METHOD OF PAYMENT

**ALL FEES ARE NON-REFUNDABLE.**

Enclosed is a check or money order payable to NBCC in the amount of: \_\_\_\_\_

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

Card Type:  VISA  MasterCard  American Express

Name on Card:

Acct. #:  Exp. Date:  /

Verification Code Numbers (from back of card):

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

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

**Mail application packet and payment to:  
NBCC Certification Department  
P.O. Box 77699  
Greensboro, NC 27417-7699**