NATIONAL BOARD FOR CERTIFIED COUNSELORS®

REQUEST FOR "REDUCED PRACTICE" STATUS CHANGE

I wish to change the active status of my NBCC certification and specialty certification (if applicable) and hereby request that NBCC transfer my certification to reduced practice status. My signature below attests to the following:

1. I work less than 10 hours per week as a counselor and understand that I still have the option to see a few clients and provide volunteer counseling services.
2. I agree to abide by the guidelines regarding the reduced practice status option.
3. I understand this status change will also apply to any specialty certifications that I hold.
4. I understand that as a reduced practice NCC I must complete 10 hours of continuing education activities that meet the NBCC requirements at the completion of teh designated five-year period.
5. I understand that if I allow my certification to lapse I will be required to reinstate my certification. Information regarding NBCC's reinstatement process can be found at www.nbcc.org/ServiceCenter/Reinstatement.
6. I will continue to abide by the NBCC *Code of Ethics*.
7. I will disclose to NBCC any charge, complaint or conviction about a criminal, civil, state board, or other professional disciplinary matter(s) within 60 days of occurrence.
8. I understand that all status change procedures and policies are subject to change.

Signature: _____ Printed Name: _____

Date: _____ NBCC Certificate #: _____ Expiration Date: _____ Fees Owed: _____

PAYMENT INFORMATION

☐ 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: _____

Send form and fee payment to
Recertification Dept.
NBCC
P.O. Box 77698
Greensboro, NC 27417-7698

If no fees are due, send form to
Recertification Dept.
NBCC
3 Terrace Way
Greensboro, NC 27403-3660

FOR OFFICE USE ONLY

REF.#:_____ DATE: _____ BATCH #: _____ AMOUNT: _____