



REQUEST TO RELINQUISH CERTIFICATION

I, (print name) _____, (NBCC Certification Number) _____, wish to relinquish

my National Certified Counselor (NCC) credential. I understand that by relinquishing the NCC, I am also relinquishing all specialty credentials I hold. I have indicated my specialty credentials below. I hereby request that NBCC remove my name from the listing of active National Certified Counselors.

- checkbox National Certified School Counselor (NCSC)
checkbox Master Addictions Counselor (MAC)
checkbox Certified Clinical Mental Health Counselor (CCMHC)
checkbox _____
checkbox _____

only my specialty credential(s), checked below.

- checkbox National Certified School Counselor (NCSC)
checkbox Master Addictions Counselor (MAC)
checkbox Certified Clinical Mental Health Counselor (CCMHC)
checkbox _____
checkbox _____

My signature below indicates that I understand that by relinquishing my NBCC certification I may no longer use the designation National Certified Counselor (NCC) or, if applicable, any specialty designation. I also understand that NBCC will release my scores on the National Counselor Examination or other NBCC examinations upon written request and payment of required fees.

I understand that I cannot relinquish my certification by telephone and that this form must be received to complete the relinquishing process. I understand that the certification fee will continue to accrue at a rate of \$6.25 per month until this form is received.

I also understand that if I wish to reinstate my NCC or specialty certifications, I will be required to follow NBCC's current process for reinstatement.

Past Due Fees Owed: \$ _____ Original Certificate Enclosed? checkbox YES checkbox NO (If "no," please explain below.)

Signature: _____ Date: _____

METHOD OF PAYMENT

checkbox Enclosed is a check or money order—payable to NBCC—in the amount of: \$ _____

checkbox Please charge the credit card as listed below in the amount of: \$ _____

Card Type: checkbox VISA checkbox MasterCard checkbox American Express

Name on Card: [grid of boxes]

Acct. #: [grid of boxes] Exp. Date: [grid of boxes]

Verification Code Numbers (from back of card): [grid of boxes]

Cardholder Signature: _____ Date: _____

Daytime Telephone: _____ Evening Telephone: _____

Mail completed form, NCC certificate and any required payment to: NBCC Recertification Dept. P.O. Box 77698 Greensboro, NC 27417-7698.