NATIONAL BOARD FOR CERTIFIED COUNSELORS®

REQUEST FOR "TEMPORARY-INACTIVE" 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 temporary-inactive status. My signature below attests to the following:

1. I am not currently employed as a professional counselor nor do I do volunteer work in which I am designated a counselor.
2. I agree to abide by the guidelines regarding the temporary-inactive status option.
3. I understand this status change will also apply to any specialty certifications that I hold.
4. I understand that if I return to counseling practice of any type, I must have my NCC status changed to accurately reflect my practice or relinquish my certification entirely.
5. I understand that if my expiration date passes during my temporary-inactive status period I must wither be able to show evidence of 100 clock hours of continuing education activities (or 10 hours for reduced practice status) that meet NBCC recertification guidelines or pass the National Counselor Examination for Licensure and Certification (NCE). If my expiration date has not passed, I must pay the fees for the year that I return.
6. I attest that 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: _____