



2020 NBCC Examination Request Form for Recertification or Reinstatement

Registration deadline for April Exam: December 18, 2020

Name: _____

Address: _____

Daytime Telephone: _____ Certificate Number: _____ Certification Expiration Date: _____

Please register me for the following NBCC examination:

- National Counselor Examination (NCE)—for the NCC certification
- National Clinical Mental Health Counseling Examination (NCMHCE)—for the CCMHC certification

Examination Fee: \$150

Past-Due Fees: \$ _____ (Contact NBCC if you are unsure of the past-due amount.)

Total: \$ _____

| |
|----------------------------|
| FOR OFFICE USE ONLY |
| REF.#1: _____ |
| BATCH #1: _____ |
| DATE: _____ |
| AMOUNT: _____ |

I understand that my payment is nonrefundable and my registration is contingent on available space at my chosen examination site.

Signature: _____

Date: _____

SUBMIT YOUR REGISTRATION FORM

- By mail: NBCC; P.O. Box 63160; Charlotte, NC 28263-3160
- By fax: 336-547-0017

PAYMENT FORM

Enclosed is a check or money order payable to NBCC.

Please charge the credit card listed on the right.

Card Type: VISA MasterCard American Express Amount: \$ _____

Name on Card: _____

Card Number: _____ Expiration Date: _____

Verification Code Numbers (from back of card): _____

Cardholder Signature: _____ Date: _____

Daytime Telephone: _____ Evening Telephone: _____