

Registration Form for the National Clinical Mental Health Counseling Examination (NCMHCE)

for professional counselors serving the military health systems.

Important Examination Registration Information

- This registration form is for taking the NCMHCE for potential employment within the military, such as with the Army Substance Abuse Program, or for credentialing as a TRICARE certified mental health counselor.
- The registration fee is \$195, or \$100 for active NCCs. You can verify your NCC status at www.nbcc.org/verify or by e-mailing recertification@nbcc.org. **This examination fee is nonrefundable and nontransferable.**
- You will receive examination registration confirmation and scheduling information by e-mail. The testing eligibility period is six months from the date of this e-mail.
- Should you fail the examination, you must wait a minimum of three months to reregister. Submission of a new registration form and fee is required.

- NBCC will accept passing exam scores from this registration to apply for national certification. To determine if your scores are applicable for state licensure, please contact your state board or visit www.nbcc.org/directory.
- Please copy this completed registration for your records.

Materials Required for Registration

- Your completed registration form (When providing your name, please use the name printed on your legal identification. The name below and the name on your legal ID **must** match.)
- A photocopy of your state license (full-size or wallet)
Note: Associate-level, limited, provisional or intern licensure is not sufficient for this registration.
- Your examination fee

1. First Name MI:

 Last Name:

 Previous Names (please attach a separate sheet if necessary):

2. Social Security Number:
--

3. Street Address:

 City/State/ZIP/Country:

4. Evening Telephone: Day Telephone:

5. E-mail:

6. Gender: M F 7. Date of Birth (MM/DD/YYYY): --

8. Ethnic Origin (optional; used for statistical purposes only):
 African American Native American Asian Hispanic/Latino Multiracial Native Hawaiian Caucasian Other

9. Are you a National Certified Counselor (NCC)? Yes No If **yes**, what is your NBCC ID number? _____

10. License issued by what state? _____ License Number: _____ Expiration Date: _____

All of the above must be received before you will be allowed to schedule an examination date.

Please mail materials to:
NBCC Military Examinee Registration
P.O. Box 63105
Charlotte, NC 28263-3105

Or fax to:
336-482-2852

I understand that I am registering to take the NCMHCE only. I acknowledge that this exam registration is not a part of any NBCC national certification or state licensure process. I will not earn a credential upon completion of the exam taken through this registration. I recognize that acceptance of these scores for licensure is subject to individual state regulatory boards. I understand that passage of this examination does not guarantee employment with the federal government or private employers. I accept that employment decisions are made by the employer and information regarding my qualifications for a position must be directed to the appropriate contact person as listed in the job announcement. All of the information provided on this form is accurate to the best of my knowledge. I agree to abide by all NBCC and CCE policies concerning the NCMHCE.

Signature: _____ Date: _____

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

Additional Information

- Registration is required. Please allow four weeks' processing time. To check the status of your registration, please e-mail militaryexaminee@nbcc.org.
- Testing is normally the first two full weeks of each month. Please contact CCE's testing partner, Pearson VUE, for particular locations and dates. Candidates are scheduled on a first-come-first-served basis. You can test at any of the more than 446 Pearson professional assessment centers across the United States. If you need to test outside the U.S., please e-mail militaryexaminee@nbcc.org.
- To reschedule your exam, contact Pearson Vue at least 24 hours prior to your scheduled appointment. There is a \$50 fee reschedule, and you cannot do so less than 24 hours prior to your appointment. **Please note that your rescheduled exam date must be within your original six-month eligibility period.**
- **Special accommodation requests** should be sent with your registration form and include supporting documentation from a qualified professional. Special accommodation approvals are good for one year. After one year, you will need to submit a new request. If you are testing with approved special accommodations, please schedule your test via the toll-free number to ensure your accommodations are confirmed.
- At the conclusion of the testing session, you will receive an exam score report. If you require an additional score report, please download a score verification form at www.cce-global.org.

2016 Examination Schedule

January	4-16
February	8-20
March	7-19
April	4-16
May	2-21
June	6-25
July	5-23
August	8-20
September	6-20
October	3-15
November	7-19
December	5-17

Exam appointments can be scheduled through Pearson VUE's Web site or by calling Pearson VUE's toll-free customer service line **after receiving confirmation that your registration has been processed.**

Pearson VUE Telephone Number: 866-904-4432
Pearson VUE Web Site: www.pearsonvue.com

Method of Payment for the Registration Fee

Amount to be billed: \$100 (for NCCs)
 \$195 (for all others)

Payment Type: Check or money order payable to NBCC
 Credit Card

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 registration form and payment to:
NBCC Military Examinee Registration
P.O. Box 63105
Charlotte, NC 28263-3105
 Or fax to: **336-482-2852**