



# NBCC Examination Request Form for Recertification or Reinstatement

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: \$ \_\_\_\_\_**

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

<b>FOR OFFICE USE ONLY</b>
REF.#1: _____
BATCH #1: _____
DATE: _____
AMOUNT: _____

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: \_\_\_\_\_