



REQUEST FOR “REDUCED-PRACTICE” STATUS CHANGE
(Gold Form)

I wish to change the active status of my NBCC certification and hereby request NBCC to transfer my certification to the REDUCED-PRACTICE STATUS.

I attest that I have read the guidelines regarding the Reduced-Practice status option and agree to abide to these guidelines.

I attest that I am at least 75% retired from the counseling profession, and understand that I still have the option to see a few clients and provide volunteer counseling service.

I attest that I will continue to abide by the NBCC Code of Ethics and pay the annual fee.

I attest that I understand that as a Reduced-Practice NCC I must complete only 10 hours of continuing education activities that meet NBCC guidelines for every five-year cycle.

Signature Date

NBCC Certificate # Printed Name Expiration Date

Fees Owed Date

Send form and fee payment to:

Recertification Dept.
NBCC
PO 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 NBCC USE ONLY:

_____ Check Number _____ Amount _____ Date

_____ Date Approved _____ Initial of Recertification Staff