

Send form if NO payment is due to:
National Board for Certified Counselors
3 Terrace Way, Suite D
Greensboro, NC 27403-3660
(336)547-0607; FAX (336)547-0017
E-Mail Address: nbcc@nbcc.org

Send form with payment due to:
NBCC, Recertification Department
PO Box 77698
Greensboro, NC 27417-7698

NBCC REQUEST TO RELINQUISH SPECIALTY CERTIFICATION

I wish to relinquish my NBCC Specialty Certification in: **(check one below)**

Clinical Mental Health
(CCMHC)

Master Addiction
(MAC)

School
(NCSC)

and I hereby request that NBCC remove my name from the listing of active CCMHCs, MACs and NCSCs (circle one).

My signature below indicates that I understand that by relinquishing my NBCC specialty certification, I may no longer use the designation of CCMHC, MAC or NCSC (circle one). I also understand that NBCC will release my scores on the specialty examination (if applicable) upon written request and payment of required fees.

I also understand that if I wish to reinstate my specialty certification(s), I need to pay all required fees and I must submit documentation for the required number of continuing education contact hours or take the appropriate examination.

Print Name

NBCC Certification Number

Past due fees owed \$ _____

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Certificate Enclosed (check one) YES _____ NO _____ **(If you cannot find your certificate, you must state this in writing in order for NBCC to process your request.)**

Signature

Date

The National Board for Certified Counselors, Inc. (NBCC) values diversity. There will be no barriers to certification on the basis of gender, race, creed, age, sexual orientation, or national origin.