



2019 NBCC Examination Request Form for Recertification or Reinstatement

Registration deadline for April Exam: January 9, 2019

Name: _____

Address: _____

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

Please register me for the following NBCC examination:

- National Counselor Examination for Licensure and Certification (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: _____