



Registration Form for the National Clinical Mental Health Counseling Examination (NCMHCE) for professional counselors serving the military health systems

The National Board for Certified Counselors (NBCC) develops and owns the National Clinical Mental Health Counseling Examination (NCMHCE). The NCMHCE is one of NBCC's examinations used for both the purposes of national certification and state licensure. Given recent developments in federal law, NBCC has created a method for NCCs or state licensed counselors to take the NCMHCE for the purposes of serving military health systems.

Eligibility

This application process is limited to individuals who are taking the NCMHCE for potential employment with the Military Health System, including the Army Substance Abuse Program, or for credentialing as a TRICARE certified mental health counselor. Applicants through this option must be either an active National Certified Counselor (NCC) who is not the subject of an ethics review or under current disciplinary action **or** a licensed counselor in a state that does not use the NCMHCE as one of the examinations for state licensure purposes. Counselors completing this registration process **cannot** possess a limited license (associate-level, provisional, intern, etc.) or be currently under restriction due to disciplinary action. Please refer to the information available on the NBCC website at www.nbcc.org/directory.

Important Information

- Examination results through this application process will only be accessible to the individual for a period of **six years** from the date of registration form submission. During this period of time, you may request transfer of the scores to a counselor licensure board or for purposes of applying for national certification; however, it is important to note that passing this examination does not guarantee acceptance by individual state boards for the purposes of counselor licensure. Passing the examination also does not guarantee certification by NBCC; additional requirements apply.
- Official scores resulting from this registration process will only be transmitted following the completion of an established written process, and there may be additional fees.
- 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 the 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.
- Please copy this completed registration for your records. Submitted information or forms will not be returned.

Materials Required for Registration

All required materials must be received before you will be allowed to schedule an examination date.

- Your completed registration form (When providing your name, please use the name printed on your legal identification. The name on your registration form and the name on your legal ID **must** match.)
- A photocopy of your state license
- Your examination fee

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

Or fax to: **336-482-2852**



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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 to 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 included 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.

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 Website: www.pearsonvue.com

Registration Fee Payment

Amount to be billed:

- \$100 for current NCCs
 \$195 for licensed counselors who are not current NCCs

Payment Type:

- Check or money order payable to NBCC
 Credit Card
 Card Type: VISA MasterCard American Express

Name on Card:

Account number:

Verification Code Numbers (from back of card): Expiration date: -

Cardholder Signature: _____ Date: _____

Telephone: _____



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1. First Name MI:
 Last Name:
 Previous Names (please attach a separate sheet if necessary):
2. Street Address:
 City/State/ZIP/Country:
3. Evening Telephone: Day Telephone:
4. E-mail:
5. Gender: M F
6. Date of Birth (MM/DD/YYYY): - -
7. Ethnic Origin (optional; used for statistical purposes only):

African American

Native American

Asian

Hispanic/Latino

Multiracial

Native Hawaiian

Caucasian

Other
8. Are you a National Certified Counselor (NCC)? Yes No If **yes**, what is your NBCC ID number? _____
 Are you currently the subject of disciplinary review or action by NBCC? Yes No
9. State Licensure
 License issued by what state? _____ License Number: _____ Expiration Date: _____
 Are you currently the subject of disciplinary review or action by any state licensure board? Yes No
10. Are you currently the subject of disciplinary review or action by any other entity other than NBCC or your state licensure board? Yes No

All information provided with this registration form is accurate. I further attest that I am not currently the subject of any disciplinary review or action by a professional membership organization, certification or licensure board. I understand that any test scores taken through this process will not be stored by NBCC or CCE more than six years following administration and that any release of these scores is subject to current NBCC policies and procedures. I further agree that data related to this application may be used for research and statistical purposes. I recognize that acceptance of these scores for licensure is subject to individual state regulatory boards and that passing this examination does not guarantee employment with the federal government or private employers. I agree to abide by all NBCC and CCE policies concerning the examination administration, processing and security.

Applicant signature: _____ Date: _____

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