



# National Certified Counselor

## Application for State Licensed Professional Counselors and Puerto Rico Licensed Professional Counselors



NBCC's National Certified Counselor (NCC) credential is accredited by the National Commission for Certifying Agencies (NCCA).

# IMPORTANT

**Non-CACREP student applicants: DO NOT USE this application to submit final certification documents.**

If you originally applied for this credential during graduate school, you may not be required to submit a new application to complete certification or have access to your passing exam score. Please contact the Certification Department at 336-547-0607 or [certification@nbcc.org](mailto:certification@nbcc.org).



NATIONAL BOARD FOR  
**CERTIFIED COUNSELORS**™

3 Terrace Way  
Greensboro, NC 27403-3660  
Tel: 336-547-0607 \* Fax: 336-547-0017  
[nbcc@nbcc.org](mailto:nbcc@nbcc.org) \* [www.nbcc.org](http://www.nbcc.org)

### *Professional Counseling Through Certification*

The National Board for Certified Counselors, Inc. (NBCC®) values diversity. There are no barriers to certification on the basis of gender, race, creed, age, sexual orientation or national origin. NBCC® is a registered trade and service mark of the National Board for Certified Counselors, Inc.

2013 APPLICATION



10. Education/Training

Required: A master’s degree in counseling; community counseling; mental health counseling; school counseling; agency counseling; professional counseling; counselor education; guidance and counseling; counseling and development; student affairs/college counseling; or marriage and family counseling from a regionally accredited university; or any CACREP-accredited counseling degree.

- Licensed counselors who hold a non-CACREP degree in mental health (i.e., clinical counseling, counseling psychology, educational counseling, human services and counseling, educational psychology, rehabilitation counseling, pastoral counseling, family therapy, or other related mental health field) should use the NCC Application for Counselors Who Have Not Graduated From a CACREP Accredited Program.
- A certificate of advanced study will not be accepted in lieu of a degree. Nondegree coursework also will not be accepted in lieu of a degree.

There are six regional accrediting bodies in the USA: Middle States Association of Colleges and Schools, New England Association of Schools and Colleges, North Central Association of Colleges and Schools, Northwest Association of Schools and Colleges, Southern Association of Colleges and Schools, and Western Association of Schools and Colleges.

If the university from which you earned your graduate degree was not accredited by one of these six bodies **at the time you earned your degree**, you are not eligible to apply. To check the accreditation of your university, visit [www.chea.org](http://www.chea.org) or verify with your university’s registrar’s office.

Master’s Degree(s) Earned:

Degree(s)	Month/Year	Institution Name & City/State	Major(s)

Post-master’s Degree(s) Earned:

Degree(s)	Month/Year	Institution Name & City/State	Major(s)

A copy of your graduate transcript showing conferral of a graduate degree is required.

- An official sealed transcript may be requested in cases when the coursework, hours, major and dates are difficult to read. Failure to provide this documentation will delay the review process and may result in the closing of your application.
- If you received your degree or completed relevant master’s- or doctoral-level coursework outside the United States, you will need to have an international degree equivalency evaluation completed prior to submitting a prereview or an application for national certification. For a list of approved transcript evaluators, please visit [www.nbcc.org/professional/international](http://www.nbcc.org/professional/international).

11. Licensure Verification

A full license to practice counseling in your state or commonwealth is required. The status of your license must be current and active. Please note: Associate-level, limited, provisional or intern licensure is not sufficient for this application. The California Registered Professional Counselor (RPC) credential is acceptable for this application.

License number: \_\_\_\_\_ Issuing state or commonwealth: \_\_\_\_\_

You are required to provide one of the following items:

- A printout of the online verification of your state license or California Registered Professional Counselor (RPC) and a photocopy of your state- or commonwealth-issued license (full-size or wallet)

**OR**

- A completed Verification of State Counselor License/Credential Form. This form is available online at [www.nbcc.org/professional/options](http://www.nbcc.org/professional/options). Sign and date the top portion, and send the form to your state/commonwealth board for completion.

12. Examination

A passing score on the National Counselor Examination for Licensure and Certification (NCE) is required. However, if you passed the National Clinical Mental Health Counseling Examination (NCMHCE) for state licensure, you may be able to use that score (see below).

- You may take the NCE a maximum of three times during the two-year period that your application remains open.
- If you took the NCE or NCMHCE for state licensure and your raw exam score equals or exceeds the passing score for the administration of the exam you took, you may be able to transfer your passing score to this application.

**Preferred Exam Date:**

April 20, 2013     October 19, 2013

**Preferred Exam Location:**

Site #: 

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 Location: \_\_\_\_\_  
(See exam site list in this packet)

**Exam Previously Passed (check one):**

NCE      Date when tested: \_\_\_\_\_ Under which state's authority you took the exam: \_\_\_\_\_  
 NCMHCE      Name (if different from current name) under which exam was taken: \_\_\_\_\_

**Please note: A passing score on the Florida Licensed Mental Health Certification (LMHC) exam (prior to 1991) or the Virginia, Ohio or Texas exams used prior to the NCE or the NCMHCE may be acceptable; however, you must provide a copy of the passing exam letter from one of these states.**

13. Special Accommodations:

- Check this box if you are requesting **SPECIAL EXAM ACCOMMODATIONS**. Include the Special Exam Accommodations Request Form (page 9 of this packet) and supporting documentation with your application.

14. Have you applied previously for the National Certified Counselor (NCC) credential?  YES  NO  
If yes, what is your NBCC ID number (also known as a certification number)? 

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15. Have you submitted materials to NBCC for a prereview of coursework?  YES  NO

16. List all professional licenses and credentials you currently hold.

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**Length of certification and annual certification fee:**

NCCs must adhere to the NBCC *Code of Ethics* and pay an annual certification fee. NCCs are billed yearly and fees are due by the 15<sup>th</sup> day of their birth month. At the conclusion of each five-year cycle, NCCs must be able to document having completed 100 clock hours of continuing education, or they can retake and pass the NCE.

If you determine you no longer want to maintain national certification, you must complete a Request to Relinquish Certification form.

**Certification mark use:**

Inappropriate use of NBCC certification designation marks and credentials is a violation of NBCC policies and applicable laws. Only an individual credentialed by NBCC as a National Certified Counselor (NCC) may use this certification designation.

**NBCC Ethics Policies and Procedures:**

NBCC applicants and certificants are responsible for ensuring that their behavior adheres to the standards identified in the *Code of Ethics*.

Prior to certification, all applicants must complete all portions of this application. This includes the Ethics Attestation and the Applicant Agreement & Release Authorization sections, which require applicants to disclose any previous legal, criminal or disciplinary matter. Application disclosures and other ethics matters are reviewed in accordance with NBCC procedures including the *Certification Eligibility Policy Relating to Criminal or Lesser Offense Convictions and Other Disciplinary Matters*.

The *Certification Eligibility Policy Relating to Criminal or Lesser Offense Convictions and Other Disciplinary Matters*, the *NBCC Ethics Case Procedures* and the *Code of Ethics* are available on the NBCC Web site at [www.nbcc.org/ServiceCenter/Ethics](http://www.nbcc.org/ServiceCenter/Ethics).

17. Ethics Attestation (You must respond to each statement.):

1. Have you ever been or are you currently the subject of any public or private complaint, investigation or professional disciplinary action, including licensure board and membership matters?  YES  NO
2. Have you ever been or are you currently charged with any criminal offense?  YES  NO
3. Have you ever been or are you currently named in a civil or other legal action?  YES  NO

**If you answered “Yes” to any of the above questions**, you must include a complete, detailed explanation related to the response. You must also provide copies of relevant documentation, such as copies of the complaint, pleadings, and compliance with final orders. Failure to provide required information will delay the processing of your application.

Place these materials in a sealed envelope marked “Attention: NBCC Ethics Department” and return with your application.

### **Applicant Agreement & Release Authorization**

*All information I provided in this application, including supporting documentation, is accurate and complete to the best of my knowledge. If I have knowledge of any changes concerning my responses in this application, including my responses in section 17, I agree to report this to NBCC in writing within 60 days.*

*I agree that NBCC has the right to contact any person or organization regarding this application, and I authorize the release of any information requested by NBCC to verify the accuracy. I understand that all application materials become the property of NBCC and will not be returned.*

*I understand that certification through NBCC depends upon my fulfillment of all required criteria and compliance with NBCC policies, which include the Code of Ethics and the NBCC certification mark and trademark use policy. I understand that certification does not create membership in NBCC. I understand that NBCC certification is personal to me and may not be transferred to another individual or group.*

*I understand that professional biographical and certification data is considered to be public information and will be made available in response to public inquiries. I agree that data related to my participation in NBCC certification may be used for research and statistical purposes.*

*I recognize that any certification granted by NBCC does not represent licensure or other authorization to practice business activities for a fee. I release NBCC from all liability and claims arising from any professional activity.*

### **Sign your legal name in BLUE ink.**

Be advised that your signature on this document constitutes your agreement with the above statements.

\_\_\_\_\_  
Applicant’s Signature (Blue ink required)

\_\_\_\_\_  
Date

## Contact Information

For personal assistance, please contact the NBCC Certification Department via e-mail ([certification@nbcc.org](mailto:certification@nbcc.org)) or telephone (336-547-0607).

To learn more about NBCC, the benefits of national certification and NBCC's advocacy efforts, please visit [www.nbcc.org/About](http://www.nbcc.org/About); [www.nbcc.org/ServiceCenter](http://www.nbcc.org/ServiceCenter); and [www.nbcc.org/About/Advocacy](http://www.nbcc.org/About/Advocacy).

## When Will I Hear From NBCC?

Within three weeks of receiving your application, NBCC will send you a confirmation letter, which will include instructions for checking the status of your application online. If after three weeks you have not received your letter, check with your financial institution to verify that your payment has cleared before contacting NBCC. You can expect your review results to arrive in the mail approximately six to eight weeks after you receive your confirmation letter.

## Documentation Checklist

Send the following documents to NBCC:

- Application
- A copy of your counseling license
- Verification of licensure
- Transcript (legible copy)
- Special Examination Accommodation Request Form and documentation, if needed.
- Payment Voucher and payment

Be sure to make copies of all your forms before mailing your application.

## Examination Reregistration Information

If you are unable to take your exam as scheduled, you may defer to the next scheduled exam date within your two-year application period. If you defer prior to 30 days before the date of the scheduled exam, you will not be charged a reregistration fee.

If you are registered to test but do not take the exam, or take the exam and do not pass, a \$145 reregistration fee will be required. You will automatically receive reregistration forms for each examination for which you are eligible.

## April 20, 2013

STATE	CITY	SITE #	STATE	CITY	SITE #	STATE	CITY	SITE #
Alabama	Birmingham	0121	Louisiana	New Orleans	1811	Oklahoma	Norman	3601
Alaska	Anchorage	0201		Shreveport	1831	Oregon	Ashland	3701
Arizona	Tempe	0311	Maine	Portland	1901		Portland	3731
	Tucson	0321	Maryland	Baltimore	2001	Pennsylvania	Pittsburgh	3821
Arkansas	Jonesboro	0411	Massachusetts	Springfield	2111		Scranton	3831
California	Los Angeles	0501	Michigan	East Lansing	2201	Rhode Island	Kingston	3901
	Sacramento	0521	Minnesota	St. Paul	2311	South Carolina	Columbia	4001
Colorado	Denver	0601	Mississippi	Jackson	2401	South Dakota	Rapid City	4111
	Grand Junction	0611	Missouri	St. Louis	2511	Tennessee	Knoxville	4211
	Pueblo	0621		Springfield	2521		Nashville	4231
Connecticut	Hartford	0701	Montana	Bozeman	2601	Texas	Houston	4311
Delaware	Dover	0801	Nebraska	Omaha	2711		Lubbock	4321
Florida	Tallahassee	0931	Nevada	Reno	2811	Utah	Cedar City	4401
	Tampa	0941	New Hampshire	Manchester	2901	Vermont	Burlington	4501
Georgia	Macon	1011	New Jersey	Edison	3001	Virginia	Charlottesville	4601
Hawaii	Honolulu	1101	New Mexico	Albuquerque	3101	Washington	Seattle	4701
Idaho	Caldwell	1201	New York	New York City	3211		Cheney	4711
Illinois	Matoon	1301		Rochester	3221	West Virginia	South Charleston	4801
	Chicago	1311	North Carolina	Greensboro	3321	Wisconsin	Oshkosh	4911
Indiana	Indianapolis	1401		Wilmington	3331	Wyoming	Laramie	5011
Iowa	Des Moines	1501	North Dakota	Bismarck	3401	Washington, DC		5101
Kansas	Emporia	1601	Ohio	Columbus	3501	Puerto Rico	San Juan	5211
Kentucky	Lexington	1711				International		5301

## October 19, 2013

STATE	CITY	SITE #	STATE	CITY	SITE #	STATE	CITY	SITE #
Alabama	Birmingham	0122	Louisiana	Baton Rouge	1802	Oklahoma	Tahlequah	3612
Alaska	Fairbanks	0212		Monroe	1822	Oregon	Eugene	3712
Arizona	Flagstaff	0302	Maine	Portland	1902		LaGrande	3722
	Tempe	0312	Maryland	Baltimore	2002	Pennsylvania	Erie	3802
Arkansas	Conway	0402	Massachusetts	Boston	2102		Harrisburg	3812
California	San Francisco	0512	Michigan	Rochester	2212	Rhode Island	Kingston	3902
	San Diego	0532	Minnesota	Duluth	2302	South Carolina	Columbia	4002
Colorado	Denver	0602	Mississippi	Mississippi State	2412	South Dakota	Brookings	4102
	Grand Junction	0612	Missouri	Kansas City	2502	Tennessee	Chattanooga	4202
	Pueblo	0622		St. Louis	2512		Memphis	4222
Connecticut	Hartford	0702	Montana	Helena	2612	Texas	Dallas	4302
Delaware	Dover	0802	Nebraska	Kearney	2702		San Antonio	4332
Florida	Ft. Lauderdale	0902	Nevada	Las Vegas	2802	Utah	Salt Lake City	4412
	Gainesville	0912	New Hampshire	Manchester	2902	Vermont	Burlington	4502
Georgia	Atlanta	1002	New Jersey	Trenton	3012	Virginia	Williamsburg	4612
Hawaii	Honolulu	1102	New Mexico	Las Cruces	3112	Washington	Seattle	4702
Idaho	Pocatello	1212	New York	Albany	3202		Cheney	4712
Illinois	Chicago	1312		New York City	3212	West Virginia	Vancouver	4722
	Springfield	1322		Syracuse	3232		Morgantown	4812
Indiana	South Bend	1412	North Carolina	Charlotte	3312	Wisconsin	Milwaukee	4902
Iowa	Des Moines	1502		Greensboro	3322	Wyoming	Casper	5002
Kansas	Wichita	1612	North Dakota	Fargo	3412	Washington, DC		5102
Kentucky	Bowling Green	1702	Ohio	Columbus	3502	Puerto Rico	Ponce	5202
						International		5302





**nbcc**

Use this form if you are requesting special accommodations for the examination.  
All requests are reviewed individually and are subject to NBCC approval.

Applicant's Name: \_\_\_\_\_

**THERE IS NO EXTRA CHARGE FOR THESE ARRANGEMENTS.**

Documentation for your request must arrive at NBCC no later than **45 days** prior to the exam.

**Candidates With Disabilities**

Please identify briefly the nature of your disability. (Attach letterhead documentation to include diagnosis and recommended accommodations by a qualified professional.) Specify the special accommodations and/or arrangements you will need to complete the NCE. Documentation may not be more than five years old. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I certify that this information is correct. I have attached the required documentation.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Candidates for Whom English Is a Second Language**

*I am requesting two additional hours of exam time and/or permission to bring a nonelectronic, word-to-word translation dictionary due to English as a second language (ESL). I have attached documentation from my graduate program showing that I received special accommodations due to ESL while in school.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Note:** If you studied in another language, we will verify the international degree equivalency evaluation you submitted as part of this application.

**Request for Special Exam Date**

*I have attached a letter from my clergyperson verifying that I cannot participate in the examination on Saturday for religious reasons. Please contact me to arrange a special administration of the NCE on the Friday immediately preceding or the Monday immediately following the scheduled administration date.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Request for International Exam Location**

*Please contact me to arrange for testing at an international location.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Note:** Cancellations of special exam accommodations must be made at least seven business days before the exam date.

**Special Exam Accommodations Request Form**

**THIS PAGE MUST BE INCLUDED WITH YOUR APPLICATION.**

Applicant's Name: \_\_\_\_\_

<p><b>Regular Application Fee</b> For those who must take the NCE: <b>\$195</b></p> <p><b>Application Deadlines:</b> <u>Postmarked by Dec. 15, 2012</u>, for April 2013 exam <u>Postmarked by July 15, 2013</u>, for Oct. 2013 exam</p>	<p><b>Application Fee With Prior Exam Documentation</b> For candidates who can document passing the NCE or NCMHCE: <b>\$75</b></p> <p><b>Application Deadlines:</b> None. Applications are accepted continuously throughout the year.</p>
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All fees are nonrefundable and nontransferable. **This is an application for the NCC credential, not a registration form for a state licensing exam.** If you submit this application for the NCC credential in error, or if your application is not approved, the application fee will not be refunded.

All applications remain open for two years. During that time, every applicant has the opportunity to rectify any deficiencies or achieve a passing score on the required examination.

**Please make check or money order payable to NBCC.**

**Mail application packet and payment to  
NBCC Certification Department  
P.O. Box 77699  
Greensboro, NC 27417-7699**

**This application will require extra postage.  
Insufficient postage will delay your application.**

Be sure to make copies of all your forms before mailing your application.  
NBCC will not return any forms to you or anyone else once your application has been submitted.

**Method of Payment for the NCC Application Fee**

- Enclosed is a check or money order payable to NBCC in the amount of: \_\_\_\_\_
- My application fee will be covered through the Military Spouse Career Advancement Account (MyCAA)
- Please charge the credit card as listed below in the amount of: \_\_\_\_\_

Card Type:     VISA             MasterCard             American Express

Name on Card:

Acct. #:  Exp. Date:  /

Verification Code Numbers (from back of card):

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

**Payment Voucher**