



Certified Clinical Mental Health Counselor

Application for state-licensed counselors

IMPORTANT

This application is for qualified counselors who are fully licensed in their state and who have completed at least 60 graduate hours in counseling or mental health coursework.

2013 APPLICATION



NATIONAL BOARD FOR
CERTIFIED COUNSELORS™

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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.

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CCMHC Requirements for State-Licensed Counselors

1. A full license to practice counseling in your state. 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.
2. Completion of 60 hours of graduate counseling coursework from a regionally accredited university is required. Within that 60 hours, you must have a master's degree (48 semester/72 quarter hours) or higher 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; marriage, couple and family counseling; or any CACREP-accredited counseling degree. Your graduate counseling degree must have been conferred more than two years ago.
 - A certificate of advanced study will not be accepted in lieu of a degree. Nondegree-seeking coursework also will not be accepted in lieu of a degree.
 - Applicants who completed a degree with fewer than 60 semester hours (or 90 quarter hours) of graduate-level credit in counseling can use credits from nondegree **counseling** coursework for the lacking 12 semester hours (18 quarter hours).
 - Applicants who have completed 60 semester/90 quarter hours with a portion of those credits in noncounseling classes are required to apply under the equivalent entry option of the NCC/CCMHC or CCMHC for NCC applications. These applications can be downloaded at www.nbcc.org/Specialties/CCMHC.
 - 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 CCMHC or NCC/CCMHC Application. These applications can be downloaded at www.nbcc.org/Specialties/CCMHC.
3. The National Certified Counselor (NCC) is a prerequisite for the CCMHC. If you do not hold the NCC credential, you can complete this application and obtain both the NCC and CCMHC credentials.

If you are uncertain your education meets the CCMHC requirements, you may request a prereview of your degree and coursework. The prereview request form is located at www.nbcc.org/Professional/Options. A minimum of eight weeks is required for this process.

Please Note: No equivalent entry will be accepted for this application. If you have a degree with fewer than 60 semester hours or 90 quarter hours and would like to use supervision hours or continuing education hours to fulfill the 60-hour requirement, you will be required to submit the CCMHC for NCCs or the NCC/CCMHC combination application to apply using equivalent entry. These can be downloaded at www.nbcc.org/specialties/CCMHC.

Examination Requirement

You are required to have a passing score on the National Clinical Mental Health Counseling Examination (NCMHCE).

If you can document having passed the NCMHCE, it is not necessary to retake the exam for the CCMHC credential.

Regional Accrediting Bodies

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 or verify with your university's registrar's office.

Submitting Your Transcript

A copy of your graduate transcript from a regionally accredited university, showing conferral of an advanced degree (master's degree or higher) 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; marriage, couple and family counseling; or any CACREP-accredited counseling degree must be submitted. Your advanced degree must have been conferred more than two years ago. If you have taken additional relevant coursework between the date of your postgraduate degree and the present time, then you will also need to submit copies of those transcripts showing the additional coursework.

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. Please visit www.nbcc.org/Student/International for the list of NBCC-accepted evaluating agencies.

Application and Examination Limits

NBCC holds applications open for either a two-year period or three unsuccessful attempts to pass the NCMHCE, whichever comes first. If you are registered to test but do not sit for 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 to sit.

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) and a Certified Clinical Mental Health Counselor (CCMHC) may use these certification designations.

Length of Certification and Annual Certification Fee

NCCs must adhere to the NBCC *Code of Ethics* and pay an annual certification fee for the NCC credential plus a fee for the CCMHC. Credential holders are billed yearly and fees are due by the 15th day of their birth month. At the conclusion of each five-year cycle, NCC/CCMHCs must be able to document having completed 100 clock hours of continuing education, 50 of which must be in the area of clinical mental health counseling, or they can retake and pass the NCMHCE.

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

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(s). 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 for your review on the NBCC Web site at www.nbcc.org/ServiceCenter/Ethics.

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.

Contact Information

For personal assistance, please contact the NBCC Certification Department via e-mail (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; www.nbcc.org/ServiceCenter; www.nbcc.org/Specialties/CCMHC; and www.nbcc.org/About/Advocacy.

Documentation Checklist

When you are ready to apply for the CCMHC credential, please be certain to include all of the following:

- CCMHC for State-Licensed Counselors Application
- Either:***
 - a) A printout of the online verification of your state license or California RPC and a photocopy of your state-issued license (full-size or wallet)

OR

 - b) A completed Verification of State Counselor License/or California RPC Form. This form is available online at www.nbcc.org/professional/options. Sign and date the top portion and send the form to your state board for completion.
- Either:***
 - a) Provide information regarding the NCMHCE you've already passed in Item 11 of the application.

OR

 - b) If you need to test, write your exam date/site preference in Item 13 of the application. (See the list of exam sites included in this application.)
- Copy of graduate transcript(s)
- Special Examination Accommodations Request Form, if needed
- Payment Voucher and payment

IMPORTANT:
 Fill in all information completely. Provide your legal name.
 NBCC Board policy prohibits placing degrees or titles on the certificate.

PLEASE TYPE OR PRINT IN INK

1. First Name/MI:

Last Name:

Previous Names (please attach a separate sheet if necessary):

2. Last Four Digits of Social Security Number:

3. Street Address:

City/State/ZIP/Country:

4. Home Telephone:

Cellphone:

Fax Number:

Please attach a business card or a separate sheet of paper with your business address, telephone and fax.

5. E-mail:

6. Gender: M F

7. Date of Birth (MM/DD/YYYY):
 / /

8. Ethnic Origin (optional; used for statistical purposes only):

African-American
 Native American
 Asian
 Hispanic/Latino
 Multiracial
 Native Hawaiian
 Caucasian
 Other

FOR OFFICE USE ONLY

REF.#1: _____

BATCH #1: _____

DATE: _____

AMOUNT: _____

9. Loan Repayment

Check this box if you are in—or applying for—the National Health Services Corps Loan Repayment Program.

10. Education/Training (You must have completed your degree before submitting this application.):

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)

2013 CCMHC application for state-licensed counselors

11. Have you already passed the NCMHCE?:

- YES Under which state's authority you took the exam: _____ Date when tested: _____
- NO Provide the name under which you passed the exam (if different from current name) or provide a photocopy of your score report showing your passing score: _____

12. Preferred Exam Date:

- April 20, 2013 October 19, 2013

13. Preferred Exam Location:

Site #:

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 Location: _____
(See exam site list in this packet)

14. Special Accommodations:

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

15. How did you hear about NBCC and the NCC/CCMHC credentials? If referred by a CCMHC, please provide his or her name.

16. Have you applied previously for the National Certified Counselor (NCC) credential or Certified Clinical Mental Health Counselor (CCMHC) credential?

- YES NO

If yes, what is your NBCC ID number (also known as a certification number)?

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17. Have you submitted materials to NBCC for a prereview of coursework?

- YES NO

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

19. 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 19, 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

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		Vancouver	4722
	Springfield	1322		Syracuse	3232	West Virginia	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



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: _____ NCC Number: _____

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 NCMHCE. 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 NCMHCE 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 Examination Accommodations Request Form

