NATIONAL BOARD FOR CERTIFIED COUNSELORS®

OHIO

LICENSURE EXAMINATION REGISTRATION

National Counselor Examination for Licensure and Certification (NCE®)
National Clinical Mental Health Counseling Examination (NCMHCE®)

Last name:

First name: MI Soc. Sec. #: - -

Address:

City: State

Zip Code: -

Home - - Business: - -

EMAIL:

Male: Female: Date of Birth: (MM/DD/YY) / /

Ethnic Origin:

African American | Native American | Asian American | Caucasian | Hispanic | Multi-Cultural | Other

Check One: **NCE** **NCMHCE**

****If registering for the NCMHCE please indicate the date your PC license was issued (MM/YYYY)**

_____

ABOUT REGISTRATION

- The cost to register is **$165 for the NCE** and **$145 for the NCMHCE**. This examination fee is non-refundable/non-transferable.
- Registration is required. Please allow 4 weeks for processing. **(To check the status of your registration, please send an email to examinations@nbcc.org with your state in the subject line as phone calls delay the processing time.)**
- You will be notified of the scheduling process by email and postcard once your examination registration is processed. **Candidates must sit for the examination before their eligibility letter submitted with this registration form expires.**
- **Special accommodation requests** need to be sent to the Ohio Counselor, Social Worker, and Marriage Family Therapist Board for pre-approval.

PLEASE INCLUDE WITH YOUR MATERIALS

- Your completed registration form with **original ink signature**.
- Your examination fee (please make check or money order payable to NBCC).
- A copy of your eligibility letter from the CSWMFT Board.
- **ALL OF THE ABOVE MUST BE RECEIVED BEFORE YOU WILL BE ALLOWED TO SCHEDULE AN EXAM DATE.**

SEND YOUR REGISTRATION MATERIALS TO:

NBCC Assessment Dept.
PO Box 7407
Greensboro, NC 27417-0407

FAXED REGISTRATION FORMS WILL NOT BE ACCEPTED.

TESTING QUESTIONS? *Tel: 336-547-0607; E-mail: nbcc@nbcc.org; Web site: www.nbcc.org/stateboardmap*
Street Address: NBCC Assessment Dept., 3 Terrace Way, Greensboro, NC 27403

Have you previously taken the NCE or NCMHCE? Yes No

If yes, on which date(s)? Month / Day / Year Month / Day / Year

Master's Degree Granting Institution: _____

I understand and agree to the following: that I am taking the NCE or NCMHCE as part of the Ohio state licensing requirements; and approval to take the NCE or NCMHCE or the receipt of a passing score does not demonstrate that Ohio state licensure or NBCC certification requirements have been satisfied. I authorize NBCC to provide the Ohio Counselor, Social Worker, and Marriage Family Therapist Board with examination results. Use of the NCE or NCMHCE scores for licensure in other states may not occur until licensure is granted in Ohio. By signing this document, I hereby certify that the information and materials provided in this application are true, accurate, and complete to the best of my knowledge and belief. I agree to abide by all NBCC policies, procedures, and agreements concerning the NCE and NCMHCE examinations.

Signature: _____ Date: _____

CHARGE ORDER FORM - DO NOT DETACH

Credit card type: VISA Mastercard American Express

Account number: Exp. date: /

Name on card: Amt. charged: $

Signature: _____ Date: _____