



# SCORE VERIFICATION REQUEST

NBCC Assessment Dept. • P.O. Box 7407 • Greensboro, NC 27417-0407 • FAX: 336-547-0017

Please complete this form electronically or print legibly and mail with payment to the address above. If paying by credit card, you can instead fax this form to 336-547-0017. (Please fax only once, as duplicate faxes may result in duplicate charges.) All fees are nonrefundable and nontransferable.

Scores will be sent approximately four weeks from the date your payment is processed.

Name: \_\_\_\_\_

Previous Name (if applicable): \_\_\_\_\_

(If your name has changed since you took the examination, please provide documentation, such as a copy of your marriage certificate.)

NBCC ID or Social Security Number: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Current Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Examination Date (month/year): \_\_\_\_\_ Examination Location (state): \_\_\_\_\_

Examination Score(s) Requested:  NCE  NCSCE  EMAC  NCMHCE  TJEPC  Other \_\_\_\_\_

**Important Note:** Scores for more than one examination can be included in a single verification report.

**Delivery Address** (A street address is required unless the recipient is a state licensure board.):

\_\_\_\_\_  
\_\_\_\_\_

## PAYMENT FORM—DO NOT DETACH

NCC or state score verification report: \$25	\$ _____
Additional copies: ____ (\$25 each)	\$ _____
Inactive NCC score verification report: \$60	\$ _____
Additional copies: ____ (\$60 each)	\$ _____
Past due amount (if applicable)*	\$ _____
<b>Total payment</b>	<b>\$ _____</b>

**NCC**—A current National Certified Counselor (NCC) or applicant who took the NCE as part of the NCC application.

**Inactive NCC**—A former NCC who took the NCE as part of the NCC application.

**State**—Someone who took an examination as part of the application for state licensure

\*If you are unsure of your NCC status or past due fees, contact [recertification@nbcc.org](mailto:recertification@nbcc.org) to avoid delays in processing.

### Type of Payment:

Check or money order—payable to NBCC (enclosed)

Credit card

Card Type:  VISA  MasterCard  American Express

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Verification Code Numbers (from back of card): \_\_\_\_\_

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

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