

## **NEW YORK** LICENSURE EXAMINATION REGISTRATION National Clinical Mental Health Counseling Examination (NCMHCE)

# **Important Information**

Read before submitting your registration.

- Before registering for the exam, please contact your state board to learn how to become approved to test. Before NBCC can register you, we require confirmation of approval from your state board.
- Registrations are first received by CCE's Accounting Department then forwarded to the Assessment Department after your fee has been processed. To confirm when your fee has been processed, please check with your financial institution.
- The registration processing time is four weeks from the time your payment is processed. Once registered you will be notified by e-mail and postcard. Once registered, your exam fee is good for six months. Please note that many states impose their own eligibility deadlines that may be less than the six months NBCC offers.
- To check on the status of your registration, e-mail exam@cce-global.org with the name of your state in the subject line. Please do not call.
- Special accommodation requests should be submitted to your state board for approval. The state board will notify CCE once the request has been approved.
- Failure to contact your state board regarding special accommodation approval can delay the processing time. If your special accommodation approval is received after you are registered, this does not extend your six month eligibility time.
- You may reschedule an examination appointment at no charge **one time** by calling AMP at 888-519-9901 at least three business days prior to the scheduled testing session. Please note, your rescheduled exam date must fall within your original six-month eligibility period.
- Confirmation of your test date will come from AMP by e-mail. You will not be sent an admission letter from CCE. To verify your test date, contact AMP.
- Please do not contact AMP to schedule a test date until you have received confirmation from CCE.
- Your scores are automatically sent to your state board approximately four weeks after the last day of the testing week. Please check with your State Board before requesting a score verification.

All candidates are responsible for ensuring that registration materials are received by CCE. If you are unsure of any piece of the registration process, please e-mail CCE at exam@cce-global.org before submitting any registration materials or documentation.

## **TESTING QUESTIONS?**

Telephone: 336-217-4111E-mail: exam@cce-global.orgWeb site: www.nbcc.org/directoryStreet Address:CCE Assessment Dept., 3 Terrace Way, Greensboro, NC 27403



## LICENSURE EXAMINATION REGISTRATION

National Clinical Mental Health Counseling Examination (NCMHCE)

#### **ABOUT REGISTRATION**

- The cost to register is \$200. If a registration form is submitted to NBCC and the candidate is not approved by the NYSED, the fee is non-refundable.
- Registration is required. Please allow four weeks' processing from the time your fee clears. (To check the status of your registration, send an e-mail to exam@cce-global.org. Include the name of your state in the subject field. Please do not call.)
- You will be notified of the scheduling process by e-mail and postcard once your examination registration is processed. You must test within six months of notification.
- Special accommodations must be preapproved by the New York State Education Department, Office of the Professions. Call 518-474-3817 ext. 290 to request an accommodation form. If the special accommodation is granted, include a copy of your approval letter with your registration form.

#### PLEASE INCLUDE THE FOLLOWING WITH YOUR MATERIALS:

- Your completed registration form.
- Your \$200 examination fee. Use payment form below. Please make check or money order payable to NBCC.

## SEND REGISTRATION MATERIALS TO:

CCE Assessment Dept. P.O. Box 7407 Greensboro, NC 27417-0407. **Or:** Fax: 336-217-0222.

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

You must be approved by the NYSED and all of the materials listed above must be received before you will be allowed to schedule an examination date.

1.	First Name/MI:	Last Name:							
	Previous Name(s):								
2.	Street Address:								
	City, State:		ZIP Code:						
2.	Social Security Number:								
4.	Telephone: (Home)	(Business)							
5.	E-mail:								
6.	Gender: I Male Female 7. Date of Birth (mm/dd/yyyy	):							
8.	Ethnic Origin (optional; used for statistical purposes only):								
	African-American Asian Caucasian Hispanic/Latino	Multiracial Native American	□ Native Hawaiian □ Other						
9.	Are you requesting special examination accommodations through the NYSED, Bureau of Professional Examinations? 🛛 Yes 🗍 No								
10.	). Have you previously taken the NCMHCE? $\Box$ Yes $\Box$ No If "yes," i	ndicate date(s):							
11.	1. College/university from which graduate counseling degree was received: _								
	Date degree was received:								
	understand and agree that I am taking the NCMHCE as part of the New York s								

receipt of a passing score does not demonstrate that New York state licensure or NBCC certification requirements have been satisfied. I authorize CCE to provide the New York State Education Department, Office of the Professions with examination results. Use of the NCMHCE scores for licensure in other states may not occur until licensure is granted in New York. 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 and CCE policies, procedures and agreements concerning the NCMHCE examination.

Signature:						Date:																		
PA	MENT FORM	Card Type:	UISA MasterCard							American Express						Amount: \$								
	Enclosed is a check	Name on Card:																						
	or money order payable to NBCC.	Card Number:															Exp Dat	oiration e:			]/			
			Verificat	tion Co	ode N	umber	s (fro	m b	ack d	of card)	:													
	Please charge the credit card listed	Cardholder Signature:														Date:								
	on the right.	Daytime Telepho	ne:								Eve	ning 1	Tele	phon	e:									



# **NEW YORK** EXAMINATION SUPPLEMENT National Clinical Mental Health Counseling Examination (NCMHCE)

This is a supplement to the NCMHCE candidate handbook, which can be downloaded from the NBCC Web site at www.nbcc.org/directory.

#### **CONTACT INFORMATION**

All questions and requests for information about New York licensure should be directed to:

New York State Education Department Office of the Professions 89 Washington Avenue Albany, NY 12234-1000.

 Telephone:
 518-474-3817

 Fax:
 518-486-2981

 Web site:
 www.op.nysed.gov

All questions and requests for information about the New York licensure examination program should be directed to:

CCE Assessment Dept. 3 Terrace Way Greensboro, NC 27403

Telephone: 336-217-4111 Web site: www.nbcc.org/directory

#### **ELIGIBILITY REQUIREMENTS**

You must receive approval from the New York State Education Department, Office of the Professions before testing. Once approved, you can obtain a registration form at **www.nbcc.org/ directory/NY.** 

Send the completed form and the examination fee (\$200) to CCE. If a registration form is submitted **without** NYSED approval, the registration fee will **not** be reimbursed. (Fees are subject to change.)

#### **REGISTRATION DEADLINES**

Allow four weeks processing from the time the payment clears. You can submit registration materials described above at any time after approval, but be aware that space is limited. The fees are good for six months. (To check the status of your registration, please send an e-mail to exam@cce-global.org and include the name of your state in the subject field. Please do not call.)

### **TESTING SCHEDULE**

Testing occurs during the first two full weeks of each month, Monday through Saturday at 9 a.m. and 1:30 p.m. with four hours allowed for the completion of the exam. However, only certain sites offer Saturday testing; contact AMP for particular locations and dates. Candidates are scheduled on a first-come, first-served basis. There are 10 testing locations in New York; however, you are able to test at any of the more than 191 AMP assessment centers across the United States. The ten sites in New York are in Albany, Buffalo (Williamsville), Lake Success, Long Island (Hicksville), New York, Queens (Astoria), Rochester, Selden, Utica (Whitesboro), and White Plains.

#### **EXAMINATION SCHEDULE FOR 2014/2015**

October 2014	10/06 - 10/18
November 2014	11/03 - 11/15
December 2014	12/01 - 12/13
January 2015	01/05 - 01/17
February 2015	02/09 - 02/21
March 2015	03/02 - 03/14
April 2015	04/06 - 04/07
April 2015	04/16 - 04/25
May 2015	05/04 - 05/16
June 2015	06/01 - 06/13
July 2015	07/06 - 07/18
August 2015	08/03 - 08/15
September 2015	09/07 - 09/19
October 2015	10/05 - 10/17
November 2015	11/02 - 11/14
December 2015	12/07 - 12/19

Schedule your exam date through AMP's Web site or by calling AMP's toll-free customer service line after you receive confirmation from CCE.

AMP telephone number: 888-519-9901 AMP Web site: www.goAMP.com

#### REREGISTRATION

If you fail the exam, you will have to wait at least three months from the test date before you can retest. The actual retest date will depend on the monthly testing schedule and site availability. You will need to send a new registration form and examination fee (\$200).

#### **SPECIAL ACCOMMODATIONS**

If you need special accommodation, contact the NYSED, Bureau of Professional Examinations (518-474-3817 ext. 290) for approval. You <u>must</u> use the special accommodation forms provided by the NYSED, Bureau of Professional Examinations to make your request. If approved for accommodations, include a copy of your approval letter with your exam registration form. CCE must receive approval confirmation from the NYSED, Bureau of Professional Examinations before notifying AMP of the accommodations. Special Accommodation approvals are good for one year. After one year, you will need to contact the NYSED, Bureau of Professional Examinations for another approval. If your special accommodation is approved, you will need to call AMP to schedule your test date.

#### **AFTER PASSING THE EXAM**

Once you have passed the NCMHCE, or if you have any questions about the New York licensure process, please contact the New York State Education Department for further information.