



# LOUISIANA

#### **EXAMINATION SUPPLEMENT**

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

## **Important Information**

Read before submitting your registration.

- The registration processing time is four weeks from the time your payment is processed. You will be notified by e-mail once you are registered. Your exam registration is valid for six months. Please note that many states impose their own eligibility deadlines that may be less than six months.
- When completing your registration form, please be aware that your name must match the name listed on your legal ID (driver's license or passport).
- When you register for the first time, you are required to submit an official sealed (unopened) transcript showing conferral of your degree in counseling or a related field. This should be included with your registration form and fee.
- If your transcript is under your maiden name, please include legal documentation of your name change with your registration form.
- If you need to reregister, you are not required to send another transcript.
- Special Accommodations:
  - 1. If you have special accommodation requests, you are required to submit **supporting documentation** from a licensed physician, psychologist or psychiatrist that includes the **diagnosis** and specific requests.
  - 2. The signed documentation must be on official letterhead and may not be more than five years old.
  - 3. Along with the documentation, please include a Special Accommodation Request Form found on the last page of the candidate handbook.
  - 4. If you are requesting extra time or permission to bring a translation dictionary because English is your second language (ESL), and you studied in English, please send documentation from your graduate program showing that you received special accommodations due to ESL while in school. If you studied in another language, you will need to submit an international degree equivalency. See www.nbcc.org/Student/International.
  - 5. Candidates approved for extra time due to ESL must pay an additional fee of \$60 to receive this accommodation.
- To reschedule your exam, contact Pearson Vue at least 24 hours prior to your scheduled appointment. There is a \$25 fee to reschedule within seven days of your appointment. You cannot reschedule less than 24 hours prior to your appointment.
- After you schedule your exam, Pearson Vue will send you a confirmation e-mail listing your exam date, your exam time, the address and telephone number of the test center, and directions to the test center.
- Your scores are automatically sent to the Louisiana Licensed Professional Counselors Board of Examiners approximately four weeks after the last day of the testing week. Check with the Louisiana Licensed Professional Counselors Board of Examiners before requesting a score verification.

If you are unsure of any part of the registration process, please e-mail CCE at exam@cce-global.org before submitting any registration materials or documentation.





## LOUISIANA

## LICENSURE EXAMINATION REGISTRATION

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

## **ABOUT REGISTRATION**

- The cost to register is \$195 for either the NCE or NCMHCE. This examination fee is nonrefundable and nontransferable.
- · Registration is required. Please allow four weeks' processing time from the time your fee clears.
- You will be notified of the scheduling process by e-mail once you are registered. You must test within six months of notification unless state board restrictions apply.
- Send special accommodation requests and registration form to CCE along with supporting documentation from a qualified professional.

### PLEASE INCLUDE THE FOLLOWING WITH YOUR MATERIALS:

- Your completed registration form.
- Your examination fee (Please make check or money order payable to NBCC.) Use payment form below.
- An official sealed (unopened) academic transcript identifying the conferral date of a master's degree in counseling or a related field.

## All of the above must be received before you will be allowed to schedule an examination date.

## **SEND REGISTRATION MATERIALS TO:**

CCE Assessment Dept. P.O. Box 7407 Greensboro, NC 27417-0407.

Fax: 336-482-2852

| FOR OFFICE USE<br>ONLY |  |  |  |  |  |
|------------------------|--|--|--|--|--|
| REF.#1:                |  |  |  |  |  |
| BATCH #1:              |  |  |  |  |  |
| DATE:                  |  |  |  |  |  |
| AMOUNT:                |  |  |  |  |  |

|                            | allowed to schedule   | an examination   | date.  |  |                                  |  |                                |  |                                    |                                  |  |  |   |                      | L                       |                          |                              |                               |                              |
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| 1.                         | First Name/MI:  |  |  |  |                                  |  |                                | Last N                                     | lame:                              |                                  |  |  |   |                      |                         |                          |                              |                               |                              |
|                            | Previous Name(s):   |  |  |  |                                  |  |                                |  |                                    |                                  |  |  |   |                      |                         |                          |                              |                               |                              |
| 2.                         | Street Address:   |  |  |  |                                  |  |                                |  |                                    |                                  |  |  |   |                      |                         |                          |                              |                               |                              |
|                            | City, State:  |  |  |  |                                  |  |                                |  |                                    |                                  |  |  |   | _ 2                  | ZIP C                   | ode: _                   |                              |                               |                              |
| 3.                         | Social Security Numb  | per:   |  |  |                                  |  |                                |  |                                    |                                  |  |  |   |                      |                         |                          |                              |                               |                              |
| 4.                         | Telephone: (Home)   |  |  |  |                                  |  |                                |  | (Busin                             | ess) _                           |  |  |   |                      |                         |                          |                              |                               |                              |
| 5.                         | E-mail:   |  |  |  |                                  |  |                                |  |                                    |                                  |  |  |   |                      |                         |                          |                              |                               |                              |
| 6.                         | Gender:   |  |  |  |                                  |  |                                |  |                                    |                                  |  |  |   |                      |                         |                          |                              |                               |                              |
| 8.                         | Ethnic Origin (optiona  | l; used for statistical  | purposes   | only):   |                                  |  |                                |  |                                    |                                  |  |  |   |                      |                         |                          |                              |                               |                              |
|                            | ☐ African-American ☐ Asian ☐ Caucasian ☐ Hispanic/Latino ☐ Multiracial ☐ Native American ☐ Native Hawaiian ☐ Other  |  |  |  |                                  |  |                                |  |                                    |                                  |  |  | Other                                     |                      |                         |                          |                              |                               |                              |
| 9.                         | Are you requesting special examination accommodations?  |  |  |  |                                  |  |                                |  |                                    |                                  |  |  |   |                      |                         |                          |                              |                               |                              |
| 10.                        | . Please indicate which examination you wish to take.   NCE NCMHCE  |  |  |  |                                  |  |                                |  |                                    |                                  |  |  |   |                      |                         |                          |                              |                               |                              |
| 11.                        | Have you previously taken the NCE or NCMHCE?  |  |  |  |                                  |  |                                |  |                                    |                                  |  |  |   |                      |                         |                          |                              |                               |                              |
| 12.                        | Master's Degree Granting Institution:   |  |  |  |                                  |  |                                |  |                                    |                                  |  |  |   |                      |                         |                          |                              |                               |                              |
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|                            | Enclosed is a check or money order payable to NBCC.   | Name on Card:  |  |  |                                  |  |                                |  |                                    |                                  |  |  |   |                      |                         |                          | $\perp$                      | Ш                             |                              |
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|                            | Please charge the credit card listed  | Cardholder Signature: Dat  |  |  |                                  |  |                                |  |                                    |                                  | ate:                                   |  |   |                      |                         |                          |                              |                               |                              |
|                            | on the right.   | Daytime Telephone: Evening Telephone :   |  |  |                                  |  |                                |  |                                    |                                  |  |  |   |                      |                         |                          |                              |                               |                              |





# LOUISIANA

### **EXAMINATION SUPPLEMENT**

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

This is a supplement to the NCE/NCMHCE combination candidate handbook that can be downloaded from www.nbcc.org/directory.

#### **CONTACT INFORMATION**

All questions and requests for information about Louisiana licensure should be directed to one of the addresses below:

Louisiana Licensed Professional Counselors Board of

Examiners

8631 Summa Ave

Baton Rouge, LA 70809-3678.

Telephone: 225-765-2515 Web site: www.lpcboard.org

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

CCE Assessment Dept.

3 Terrace Way

Greensboro, NC 27403. Telephone: 336-482-2856

Web site: www.nbcc.org/directory

#### **ELIGIBILITY REQUIREMENTS**

Send the Licensure Examination Registration Form, examination fee (\$195) and an official sealed (unopened) academic transcript identifying the conferral date of a master's degree in counseling or a related field to CCE. (Fees are subject to change.)

#### **REGISTRATION DEADLINES**

Allow four weeks' processing time from the day your fee clears. You can submit the registration materials described above at any time, but be aware that space is limited. You must take the examination during your six-month eligibility window. (To check the status of your registration, send an e-mail to exam@cce-global.org and include your state in the subject line.)

### **TESTING SCHEDULE**

Testing occurs during the first two full weeks of each month. Candidates are scheduled on a first-come—first-served basis. There are three testing locations in Louisiana; however, you are able to test at any of more than 446 Pearson professional centers around the globe. The three sites in Louisiana are in Baton Rouge, Metairie and Shreveport.

#### **EXAMINATION SCHEDULE FOR 2015**

| 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 the Pearson Vue Web site or by calling Pearson Vue's toll-free customer service line after you receive confirmation from CCE. For specific site information, go to the Pearson Vue Web site.

Pearson Vue telephone number: 866-904-4432 Pearson Vue Web site: www.pearsonvue.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 (\$195).

#### SPECIAL ACCOMMODATIONS

You can request special accommodations by completing the form in the candidate handbook and submitting it with your Licensure Examination Registration Form. Supporting documentation from a qualified professional is also required. Special accommodation approvals are valid for one year. After one year, you will need to submit a new request. If your special accommodation is approved, you will need to call Pearson Vue to schedule your test date.

### AFTER PASSING THE EXAM

If you have questions about the Louisiana licensure process, please contact the Louisiana Licensed Professional Counselors Board of Examiners for more information.