



NATIONAL BOARD FOR  
CERTIFIED COUNSELORS.



CENTER FOR  
CREDENTIALING  
& EDUCATION™

# FLORIDA

## LICENSURE EXAMINATION SUPPLEMENT

National Clinical Mental Health Counseling Examination (NCMHCE)

## Important Information

Read before submitting your exam application.

Before completing this form, you must confirm that your education meets the Florida requirements. Click here for requirement information. [www.counselor-license.com/states/florida-counselor-license.html#section1/prefilter](http://www.counselor-license.com/states/florida-counselor-license.html#section1/prefilter)

- Exam applications 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.
- **Processing time is four weeks from the time your payment is processed.** Once registered to test you will be notified by e-mail and postcard.
- 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 qualifying degree through a regionally accredited college or university. This should be included with your form and fee.
- If your transcript is under your maiden name (or any prior name), please include legal documentation of your name change with your registration form.
- There is a separate form for reregistration. If you need to reregister with CCE, you are not required to send another transcript. If unsure, please contact CCE.
- To check on the status of your application to test, e-mail [exam@cce-global.org](mailto:exam@cce-global.org) with your state in the subject line.
- 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 document must be on official letterhead that is signed, dated and written within the last five years.
  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](http://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.
- 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 the Florida Board of Mental Health Professionals 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](mailto:exam@cce-global.org) before submitting any registration materials or documentation.

### TESTING QUESTIONS?

Telephone: 336-217-4111      E-mail: [exam@cce-global.org](mailto:exam@cce-global.org)      Web site: [www.nbcc.org/directory](http://www.nbcc.org/directory)  
Street Address: CCE Assessment Dept., 3 Terrace Way, Greensboro, NC 27403

#### ABOUT REGISTRATION

- The cost to apply to test for licensure is \$350. Fees are **nonrefundable and nontransferable**. There is a separate form for reregistration.
- 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. Specify that you have applied to test for Florida licensure in the subject line. Please do not call.)
- You will be notified of the scheduling process by e-mail/postcard once your exam application is approved. You must test within six months of notification.
- Special accommodation requests must be sent to NBCC, along with your registration form and supporting documentation from a qualified professional.

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

- Your completed form.
- Your \$350 examination fee. Please make check or money order payable to **NBCC**.
- An official sealed (unopened) academic transcript identifying the conferral date of a master's degree (in counseling or a related field) from a college or university accredited by one of the following:
  - Southern Association of Colleges and Schools
  - Middle States Commission on Higher Education
  - New England Association of Schools and Colleges
  - North Central Association of Schools and Colleges
  - Northwest Commission on Colleges and Universities
  - Western Association of Schools and Colleges

#### 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. #: _____	BATCH #: _____
DATE: _____	
AMOUNT: \$275 - EX	\$75 - REV

1. First Name/MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Previous Name(s): \_\_\_\_\_
2. Street Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_
3. Social Security Number: \_\_\_\_\_
4. Telephone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_
5. E-mail: \_\_\_\_\_
6. Gender:  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?  Yes  No
10. Have you previously taken the NCMHCE?  Yes  No If "Yes", indicate date(s): \_\_\_\_\_
11. Master's Degree Granting Institution: \_\_\_\_\_

*I understand and agree that I am taking the NCMHCE as part of the Florida state licensing requirements and approval to take the NCMHCE or the receipt of a passing score does not demonstrate that Florida state licensure or NBCC certification requirements have been satisfied. I authorize CCE to provide the Florida Board of Mental Health Professionals with examination results and my official transcript. Use of the NCMHCE score for licensure in other states may not occur until licensure is granted in Florida. 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.*

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

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# FLORIDA

## LICENSURE EXAMINATION APPLICATION

National Clinical Mental Health Counseling Examination (NCMHCE)

# Payment Form

### PAYMENT FORM

Enclosed is a check or money order payable to NBCC.

Please charge the credit card listed on the right.

Card Type:

VISA

MasterCard

American Express

Amount: \$ \_\_\_\_\_

Name on Card:

Card Number:

Expiration Date:

Verification Code Numbers (from back of card):

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

Date: \_\_\_\_\_

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

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

This is a supplement to the NCE/NCMHCE Combo candidate handbook which can be downloaded from the NBCC Web site, [www.nbcc.org/directory](http://www.nbcc.org/directory).

### CONTACT INFORMATION

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

Department of Health  
Board of Mental Health Professions  
4052 Bald Cypress Way  
Bin C-08  
Tallahassee, FL 32399-3257  
Telephone: 850-488-0595  
Fax: 850-921-5389  
Web site: [floridasmentalhealthprofessions.gov/licensing/](http://floridasmentalhealthprofessions.gov/licensing/)

All questions and requests for information about the Florida 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](http://www.nbcc.org/directory)

### ELIGIBILITY REQUIREMENTS

You should send the Licensure Examination Application Form to CCE, along with the fee (\$350) and an official, sealed (unopened) academic transcript identifying the conferral date of a Master's degree in counseling or a related field. (Fees are subject to change.)

### REGISTRATION DEADLINES

Allow four weeks processing time from the day your fee clears. You can submit the required materials described above any time, but be aware that space is limited. The fees are good for six months. (To check the status of your application to test, send an e-mail to [exam@cce-global.org](mailto:exam@cce-global.org). Specify 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 ten testing locations in Florida; however, you are able to test at any of the more than 191 AMP assessment centers across the United States. The ten sites in Florida are in Fort Lauderdale, Jacksonville, Lakeland, Miami, Ocala, Orlando (Casselberry), Sarasota, Tallahassee, Tampa, and West Palm Beach.

### EXAMINATION SCHEDULE FOR 2015

<b>January 2015</b>	01/05 - 01/17
<b>February 2015</b>	02/09 - 02/21
<b>March 2015</b>	03/02 - 03/14
<b>April 2015</b>	04/06 - 04/07
<b>April 2015</b>	04/16 - 04/25
<b>May 2015</b>	05/04 - 05/16
<b>June 2015</b>	06/01 - 06/13
<b>July 2015</b>	07/06 - 07/18
<b>August 2015</b>	08/03 - 08/15
<b>September 2015</b>	09/07 - 09/19
<b>October 2015</b>	10/05 - 10/17
<b>November 2015</b>	11/02 - 11/14
<b>December 2015</b>	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. For specific site information, go to the AMP Web site.

AMP telephone number: 888-519-9901  
AMP Web site: [www.goAMP.com](http://www.goAMP.com)

### REREGISTRATION

There is a separate form for reregistration. If you fail the exam you will have to wait at least three months from your test date before you can retest. The actual retest date will depend on the monthly testing schedule and site availability. You must send a reregistration form and reexamination fee (\$275).

### SPECIAL ACCOMMODATIONS

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

### AFTER PASSING THE EXAM

Once you have successfully passed the NCMHCE, or if you have questions about the Florida licensure process, please contact the Florida Board of Mental Health Professions for further information.