



NATIONAL BOARD FOR
CERTIFIED COUNSELORS.



CENTER FOR
CREDENTIALING
& EDUCATION™

NEBRASKA

LICENSURE EXAMINATION REGISTRATION

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

Important Information

Read before submitting your registration.

- Before registering for the exam, please contact the Nebraska Board of Mental Health Practice to learn how to become approved to test. Before you can register with CCE, confirmation of approval from your state board is required.
- 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.
- Once you receive your exam registration notification from CCE, you can make an appointment to take the exam during the specified testing window. Exam appointments may be scheduled one or more business days in advance. Space at testing locations is limited and available on a first-come-first-served basis.
- If you have a special accommodation request, please submit it to the Nebraska Board of Mental Health Practice for approval before submitting your exam registration to CCE.
- 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 Nebraska Board of Mental Health Practice approximately four weeks after the last day of the testing week. Check with the Nebraska Board of Mental Health Practice 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.

TESTING QUESTIONS?

Telephone: 336-482-2856 E-mail: exam@cce-global.org Web site: www.nbcc.org/directory
Street Address: CCE Assessment Dept., 3 Terrace Way, Greensboro, NC 27403

ABOUT REGISTRATION

- The cost to register is **\$200 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 before the expiration date on your eligibility letter.
- Special accommodation requests must be sent to the Nebraska Board of Mental Health Practice for preapproval.

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.
- A copy of your eligibility letter from the Nebraska Board of Mental Health Practice

You must be approved by the Nebraska Board of Mental Health Practice and all of the materials listed 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
Or:
Fax: 336-482-2852

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

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 approved by the Nebraska Board of Mental Health Practice for special examination accommodations? Yes No
10. Please indicate which examination you wish to take: NCE NCMHCE
11. Have you previously taken the NCE or NCMHCE? Yes No If "Yes," indicate date(s): _____
12. Master's Degree Granting Institution: _____

I understand that I am taking the NCE or NCMHCE as part of the Nebraska state licensing requirements and approval to take the NCE or NCMHCE or the receipt of a passing score does not demonstrate that Nebraska state licensure or NBCC certification requirements have been satisfied. I authorize CCE to provide the Nebraska Board of Mental Health Practice with examination results. Use of the NCE or NCMHCE scores for licensure in other states cannot occur until licensure is granted in Nebraska. By signing this document, I certify that the information provided in this application is accurate to the best of my knowledge. I agree to abide by all NBCC and CCE policies concerning the NCE and NCMHCE.

Signature: _____ Date: _____

PAYMENT FORM

Card Type: VISA MasterCard American Express Amount: \$ _____

Name on Card: _____

Card Number: _____ Expiration Date: _____ / _____

Verification Code Numbers (from back of card): _____

Please charge the credit card listed on the right. Cardholder Signature: _____ Date: _____

Daytime Telephone: _____ Evening Telephone: _____

Enclosed is a check or money order payable to NBCC.



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

CONTACT INFORMATION

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

Department of Health and Human Services
Division of Public Health
PO Box 94986
Lincoln, NE 68509-4986.
Telephone: 402-471-2117
Fax: 402-471-3577
Web site: http://dhhs.ne.gov/publichealth/Pages/crl_mhcs_mental_mentalindex.aspx

All questions and requests for information about the Nebraska 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

You must receive approval from the Nebraska Board of Mental Health Practice before testing. If approved, you will receive a Licensure Examination Registration Form and eligibility letter. Send the completed form and the examination fee (\$200) and a copy of your eligibility letter 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 any time after being approved by the Nebraska Board of Mental Health Practice, but be aware that space is limited. You must take the examination during your six-month approval 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 Nebraska; however, you are able to test at any of the more than 446 Pearson professional centers around the globe. The three sites in Nebraska are in Lincoln, North Platte and Omaha.

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 your test date before you can retest. The actual retest date will depend on the monthly testing schedule and site availability. You will need to submit a new registration form and examination fee (\$200 for the NCE or \$200 for the NCMHCE). Contact the Nebraska Board of Mental Health Practice for the registration form.

SPECIAL ACCOMMODATIONS

To request a special accommodation, contact the Nebraska Board of Mental Health Practice for approval. CCE must receive confirmation of approval from the board before notifying Pearson Vue of the accommodation requirements. Special accommodation approvals are valid for one year. After one year, you will need to submit a new request.

AFTER PASSING THE EXAM

If you have questions about the Nebraska licensure process, please contact the Nebraska Board of Mental Health Practice for more information.