nbcc®
national board for certified counselors, inc.™
and affiliates

ARKANSAS LICENSURE EXAMINATION REGISTRATION

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

Last name:

First name: MI Soc. Sec. #: - -

Address:

City: State

Zip Code: -

Home - - Business: - -

EMAIL:

Male: Female: Date of Birth: (MM/DD/YY) / /

Ethnic Origin: African American Native American Asian American Caucasian Hispanic Multi-Cultural Other

Check One: **NCE** **NCMHCE**

ABOUT REGISTRATION

- The cost to register is **$145 for the NCE or NCMHCE**. This examination fee is non-refundable/non-transferable.
- Registration is required.
- You will be notified of the scheduling process by postcard once your examination registration is processed.
- Special accommodation requests need to be sent to the Arkansas Board of Examiners in Counseling for pre-approval.

FOR REGISTRATION, SEND OR FAX

- Your completed registration form with signature.
- Your **$145** examination fee (please make check or money order payable to NBCC).

SEND YOUR REGISTRATION MATERIALS TO:

NBCC
PO Box 7407
Greensboro, NC 27417-0407

OR FAX WITH CREDIT CARD PAYMENT TO: 336-547-0017

QUESTIONS ABOUT THE EXAM ADMINISTRATION? *Tel: 336-547-0607; Fax: 336-547-0017;E-mail: nbcc@nbcc.org; Website: www.nbcc.org*

Have you previously taken the NCE or NCMHCE ? Yes No

If yes, on which date(s)? / / (Month Day Year) / / (Month Day Year)

Master's Degree Granting Institution: _____

I understand that I am taking the NCE or NCMHCE for the purpose of fulfilling requirements for counseling licensure in Arkansas. I authorize NBCC to provide the Arkansas Board of Examiners in Counseling with examination results. Use of the NCE or NCMHCE scores for licensure in other states may not occur until licensure is granted in Arkansas.

Signature: _____ Date: _____

CHARGE ORDER FORM - DO NOT DETACH

Credit card type: VISA Mastercard American Express

Account number: Exp. date: /

Name on card: Amt. charged: $

Signature: _____ Date: _____