



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

# Score Verification Request

Please complete the following score request. You may return it via mail with your check, made payable to NBCC, or via fax with your charge information completed in the space below:  
 NBCC Exam Dept. • PO Box 7407 • Greensboro, NC 27417-0407 • FAX: 336-547-0017

**Please do not fax more than once. Duplicate faxes may result in duplicate charges. Scores will be sent approximately SIX WEEKS from the date your money is processed.**

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_

Name under which the exam was taken: \_\_\_\_\_  
 (If different than above, please provide documentation of name change.)

NBCC ID or SS#: \_\_\_\_\_ Daytime Phone Number: (    ) \_\_\_\_\_

Current Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Test Date (month/year): \_\_\_\_\_ Examination Location (State): \_\_\_\_\_

Exam Score(s) requested: NCE    NCSCE    EMAC    NCMHCE    TJEPC    Other \_\_\_\_\_

Address to where scores should be sent: \_\_\_\_\_

Number of copies requested: \_\_\_\_\_  
 There is a charge of \$20 per request (not per exam). Inactive NCCs will be charged \$60.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CHARGE ORDER FORM- DO NOT DETACH**

**IMPORTANT NOTE:** Before completing the payment information below, please review the information on <http://www.nbcc.org/stateLicensure/scoring/ScoreVerification.aspx> to help you determine the appropriate fees.

\$ \_\_\_\_\_ Score verification fee  
 \$ \_\_\_\_\_ Past due amount  
 \$ \_\_\_\_\_ **Total amount to be paid**

Card Type:     VISA     MasterCard     American Express

Name on card: \_\_\_\_\_

Acct. #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

Verification Code Numbers (from Back of Card): \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_