Request for Verification of Exam Score

❒ National Counselor Examination Score
or
❒ National Mental Health Counselor Exam Score

Mail to: **National Board for Certified Counselors**
Exam Department
PO Box 7407
Greensboro, NC 27417-0407

From: _____
(Name of Applicant)

Address: _____

_____

_____

Telephone: _____

Date of Exam: _____ State: _____

I have applied for licensure to the North Carolina Board of Licensed Professional Counselors and am required to provide documentation of my National Counselor Examination score or my National Mental Health Counselor Examination score. Please send a copy of my official score report to the North Carolina Board of Licensed Professional Counselors:

NCBLPC
P.O. Box 1369
Garner, NC 27529

I have enclosed a check for **$20.00** to cover the cost of sending my score report to NCBLPC.

_____ _____ _____
Signature NCC# Date