



## Important Information

Read before submitting your registration.

- 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.
- 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 a transcript showing conferral of your degree in counseling or a related field. This should be included with your registration form and fee.
- If you have had a name change, you may be required to submit legal documentation.
- If you need to reregister, you are not required to send another transcript.
- 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 signed documentation must be on official letterhead and may not be more than five years old.
  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.
- 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 Massachusetts Board of Allied Mental Health and Human Service Professionals approximately four weeks after the last day of the testing week. Check with the Massachusetts Board of Allied Mental Health and Human Service Professionals 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](mailto:exam@cce-global.org) before submitting any registration materials or documentation.**

### TESTING QUESTIONS?

Telephone: 336-482-2856    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



# MASSACHUSETTS

## LICENSURE EXAMINATION REGISTRATION

National Clinical Mental Health Counseling Examination (NCMHCE)

### ABOUT REGISTRATION

- The cost to register is **\$200**. 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 within six months of notification unless state board restrictions apply.
- Send special accommodation requests and registration form to CCE along with supporting documentation from a qualified professional.

### 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.
- An academic transcript identifying the conferral date of a master's degree in counseling or a related field.

### 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: \_\_\_\_\_

**All of the above must be received before you will be allowed to schedule an examination date.**

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 that I am taking the NCMHCE as part of the Massachusetts state licensing requirements and approval to take the NCMHCE or the receipt of a passing score does not demonstrate that Massachusetts state licensure or NBCC certification requirements have been satisfied. I authorize CCE to provide the Board of Allied Mental Health and Human Service Professionals with examination results. Use of the NCMHCE scores for licensure in other states cannot occur until licensure is granted in Massachusetts. 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 NCMHCE examination.*

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

### PAYMENT FORM

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

Enclosed is a check or money order payable to NBCC.

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: \_\_\_\_\_



This is a supplement to the NCMHCE candidate handbook that can be downloaded from [www.nbcc.org/directory](http://www.nbcc.org/directory).

#### CONTACT INFORMATION

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

Board of Allied Mental Health and Human Service  
Professionals  
1000 Washington St, Suite 710  
Division of Professional Licensure  
Boston, MA 02118-6100.  
Telephone: 617-727-3080  
Web site: [www.mass.gov/dpl/boards/mh](http://www.mass.gov/dpl/boards/mh)

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

#### ELIGIBILITY REQUIREMENTS

Send the Licensure Examination Registration Form, examination fee (\$200) and an academic transcript identifying the conferral date of a master's degree in counseling or a related field 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 at any time, but be aware that space is limited. You must take the examination during your six-month eligibility window. (To check the status of your registration, send an e-mail to [exam@cce-global.org](mailto: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 six testing locations in Massachusetts; however, you are able to test at any of more than 446 Pearson professional centers around the globe. The six sites in Massachusetts are in Boston (St. James Ave. and Devonshire St.), Springfield, Waltham, Wellesley and Worcester.

#### EXAMINATION SCHEDULE FOR 2016

**December 7–19, 2015**  
**January 4–16**  
**February 8–20**  
**March 7–19**  
**April 4–16**  
**May 2–21**  
**June 6–25**  
**July 5–23**  
**August 8–20**  
**September 6–20**  
**October 3–15**  
**November 7–19**  
**December 5–17**

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](http://www.pearsonvue.com)

#### REREGISTRATION

If you fail the exam, you will have to wait at least three months from the test date before you can retest. The actual retest date will depend on the monthly testing schedule and site availability. You will need to send a new registration form and examination fee (\$200).

#### SPECIAL ACCOMMODATIONS

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

#### AFTER PASSING THE EXAM

If you have questions about the Massachusetts licensure process, please contact the Massachusetts Board of Allied Mental Health and Human Service Professionals for more information.