nbcc

CENTER FOR CREDENTIALING & EDUCATION

SCORE VERIFICATION REQUEST
for STATE LICENSURE EXAMINEES

CCE Assessment Dept.• P.O. Box 63105 • Charlotte, NC 28263-3105 • FAX: 336-482-2852
TEL: 336-482-2856

Please complete this form electronically or print legibly and mail with payment to the address above. If paying by credit card, you can instead fax this form to 336-482-2852. (Please fax only once, as duplicate faxes may result in duplicate charges.) All fees are **nonrefundable and nontransferable**.

You do not need to complete this form if you recently tested. Scores are automatically sent to your state board approximately four weeks from your testing date. If you have questions about your score status, please contact CCE.

Name: _____

Previous Name (if applicable): _____
(If your name has changed since you took the examination, please provide documentation, such as a copy of your marriage certificate.)

NBCC ID or Last Four Digits of Social Security Number: _____ Daytime Telephone: _____

Current Address: _____

_____

E-mail Address: _____

Examination Date (month/year): _____ Examination Registration State: _____

Examination Score(s) Requested: ☐ NCE ☐ EMAC ☐ NCMHCE ☐ TJEPC ☐ Other _____
Important Note: Scores for more than one examination can be included in a single verification report.

Delivery Address (Street or P.O. box):

_____

_____

PAYMENT FORM–DO NOT DETACH

Delivery Options:

Standard: $65
(Delivery expected four weeks after payment is processed.)

Two-day express processing: $110
(Delivery expected two business days after payment is processed.)

$_____ ☐ Standard
☐ Two-day delivery

x_____ Copies

$_____ **Total payment** (required)

Type of Payment:

☐ Check or money order—payable to CCE (enclosed)

☐ Credit card

Card Type: ☐ VISA ☐ MasterCard ☐ American Express

Name on Card: _____

Card Number: _____ Expiration Date: __ / __

Verification Code Numbers (from back of card): _____

Cardholder Signature: _____ Date: _____

Daytime Telephone: _____ Evening Telephone: _____