



Board Certified  
**COACH**<sup>TM</sup>

UNITED STATES

## APPLICATION PACKET

**This application form is interactive.  
Download the form to your computer to fill it out.**

Specialty designations are available in the following areas:

- Executive/Corporate/Business/Leadership Coaching
- Health/Wellness Coaching
- Career Coaching
- Personal/Life Coaching



CENTER FOR  
**CREDENTIALING  
& EDUCATION**<sup>TM</sup>

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GREENSBORO, NC 27403-3660 USA  
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The Board Certified Coach (BCC) mark is a trademark of the Center for Credentialing & Education, Inc (CCE).

CCE® and NBCC® are registered trade and service marks of the National Board for Certified Counselors, Inc.

The Center for Credentialing & Education, Inc. (CCE) values diversity.  
There are no barriers to certification on the basis of gender, race, creed, age, sexual orientation or national origin.



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## WHAT IS A BOARD CERTIFIED COACH?

A Board Certified Coach (BCC) has a minimum of a bachelor's degree, coaching-related training/education and experience in relationship skills, coaching interactions, approaches and techniques, and ethical and professional practices.

## COMPETENCY AREAS

1. Fundamental Coaching Skills
2. Screening/Orientation in Coaching
3. Assessment in Coaching
4. Coaching Approaches for Individuals
5. Coaching Approaches for Businesses and Organizations
6. Ethical and Professional Practice in Coaching

## GENERAL ELIGIBILITY REQUIREMENTS

All qualified applicants must demonstrate that they have met specific requirements and must pass the BCC Examination. See page 6 for details. The application fee is nonrefundable and nontransferable. If you have any questions about the requirements, please contact CCE prior to submitting an application.

## APPLICANTS WITH NON-U.S. DEGREES

Your application materials must be submitted in English. If they are not available in English, please have an English translation provided at your expense. CCE accepts translations from University Language Services ([universitylanguage.com](http://universitylanguage.com)). The translation must be forwarded directly to CCE by University Language Services.

## CCE ETHICS POLICIES AND PROCEDURES

BCC applicants and credential holders are responsible for ensuring that their behavior adheres to the standards identified in the BCC *Code of Ethics*.

Whether you are an applicant or credential holder, you are required to disclose any of the following types of matters:

- Criminal charge (Note: You do not need to disclose traffic charges unless they involve drugs or alcohol or injury to person or property.)
- Legal action related to business or occupational activities in which you are named as a defendant
- Grievance by any government entity or professional organization
- Employment termination due to conduct
- Probation or removal from any graduate program for reasons unrelated to grades

Written disclosures must be received within 60 days of you becoming aware of the required disclosure, unless you are an applicant and are disclosing a previously concluded matter. In such cases, the disclosure and required documentation must be submitted with your application

An applicant must complete all portions of the BCC application, including the ethics attestation and the Applicant Agreement & Release Authorization. Disclosures and other ethics matters are reviewed in accordance with CCE procedures. Disclosures do not automatically render an individual ineligible for credentialing. CCE reserves the right to deny eligibility based on an ethics review. Application fees are not refundable when an application is rejected.

# SPECIALTY DESIGNATIONS (Optional)

Your disclosure must be submitted in writing with your application. Please seal your written statement and supporting documentation in an envelope marked “CCE Ethics Department.”

Your written submission must include relevant documentation, including copies of the charges, outcomes, and paperwork indicating that required actions have been completed. Documentation regarding this varies depending on the type of matter. Please refer to [cce-global.org/Prof/Ethics](http://cce-global.org/Prof/Ethics) for samples, answers to frequently asked questions, and policies.

## ABOUT SPECIALTY DESIGNATIONS

Specialty designations allow BCC certificants to designate an area of coaching in which they specialize. Applicants may apply for specialty designations in the following categories:

**Executive/Corporate/Business/Leadership Coaching** is a set of evidenced-based methods and strategies used by business professionals to assist executives, leaders, and managers in achieving business goals and developing themselves, their organizations, and their employees.

**Health/Wellness Coaching** is a set of evidence-based methods and strategies used by health, fitness, and mental health professionals to assist clients in setting and reaching sustainable, self-determined health and wellness goals. Updated June 2021

**Career Coaching** is a set of evidence-based methods and strategies used by career professionals to assist clients in the behavioral change process that will facilitate positive results in career exploration and decision-making.

**Personal/Life Coaching** is a set of evidence-based methods and strategies used by a variety of professionals to assist the client in creating and designing future-based goals for personal development or change, and solutions for any or all aspects of life.

In order to apply for an **optional specialty designation**, an applicant must submit the following information in addition to all other required documents:

- Designation Experience Form verifying 30 additional hours of coaching experience in the specialty area
- Designation Endorsement Form verifying that the applicant is competent in the specialty area
- A \$30 specialty designation review fee for each specialty designation

	National Certified Counselor (NCC) OR Full Professional Counseling License	Master's Degree in Counseling	Doctoral Degree in Social or Behavioral Sciences	Master's Degree in Social or Behavioral Sciences	Bachelor's Degree in Any Field	National/Regional Coaching Certification	2,500 Hours of Coaching Experience
<b>EDUCATION</b>	Master's degree or higher	Master's degree or higher in counseling	Doctoral degree*	Master's degree*	Bachelor's degree	Bachelor's degree or higher in any field/concentration	Bachelor's degree or higher in any field/concentration
	<p><b>Please submit an official sealed transcript with your application.</b>  Degrees must be from a postsecondary educational institution or program accredited by an accrediting agency or state approval agency recognized by the U.S. Secretary of Education.</p> <p>*Automatically acceptable fields in social and behavioral sciences are business, management, social work, marriage and family therapy, psychology, medicine, health and wellness, education, and law. Other related fields will be considered on a case-by-case basis. In order to request such consideration, please submit written information regarding the degree to <a href="mailto:cce@cce-global.org">cce@cce-global.org</a> or mail the submission to CCE headquarters.</p>						
<b>EXPERIENCE</b>	30 hours-coach experience	30 hours-coach experience	30 hours-coach experience	30 hours-coach experience	30 hours-coach experience	30 hours-coach experience	2,500 hours of coach experience over a period of five years or more
	<p><b>Please have your endorser verify this information on the Verification of Experience Form.</b> Experience hours must be postdegree coaching experience working with individuals, groups, or organizations. <i>Peer-to-peer and classroom simulations cannot be accepted in lieu of experience.</i></p>						
<b>TRAINING</b>	30 hours	30 hours	30 hours	60 hours	120 hours	Qualifying certifications require a minimum of 60 hours **	30 hours
	<p><b>Please submit a copy of your certificate of completion along with your application.</b>  CCE will only accept training completed through CCE-approved training providers. Visit <a href="http://cce-global.org/BCC">cce-global.org/BCC</a> for a list of CCE-approved BCC training providers.</p> <p>**A certification as defined by CCE is a voluntary process by which a nongovernmental agency or association grants recognition to an individual who has met predetermined qualifications specified by the agency or association. Such qualifications must include graduation from an accredited or approved training program, acceptable performance on a qualifying examination, and completion of some specified amount or type of work experience. The certification granted must be time-limited and require documentation of continuing education in order to renew. Qualifying coaching certifications require a minimum of 60 hours of training. Applicants are strongly encouraged to submit a copy of their coaching certification to CCE for review prior to submitting the BCC application.</p>						
<b>ENDORSEMENT</b>	One Endorsement Form	One Endorsement Form	One Endorsement Form	One Endorsement Form	One Endorsement Form	One Endorsement Form	One Endorsement Form
<b>FEE</b>	\$279 \$229 for NCCs	\$279	\$279	\$279	\$279	\$279	\$279



## THE APPLICATION PROCESS

### APPLICATION PROCESSING TIMELINE

Once your application is received, it will go through the following steps:

Processing Step	Business Days
Payment processing and account setup	3–5
Data entry and application review*	12–13
<b>Total Processing Time:</b>	15–18

\*All applications are reviewed in the order received. If your application requires review by the Ethics Department, or if additional information is needed to complete the review, this step may take longer.

If you have questions regarding the BCC application and certification, contact CCE at:

Telephone: 336-482-2856

Fax: 336-482-2852

Email: [credentialinfo@cce-global.org](mailto:credentialinfo@cce-global.org)

Information about all of CCE's credentials is available at [cce-global.org](http://cce-global.org).

## SUBMITTING THE APPLICATION

You have three options for submitting your application:

Mail: CCE; P.O. Box 63223; Charlotte, NC 28263-3223

Fax: 336-482-2852

Email: [credentialinfo@cce-global.org](mailto:credentialinfo@cce-global.org)

- Please be sure to include the application fee. (This fee is nonrefundable and nontransferable.)
- All application materials must be submitted in English.
- All application materials should be submitted to CCE in one packet.
- If you are mailing your application, be sure to make copies of all your application materials before submitting the originals.

## THE BCC EXAMINATION

To register for the examination, you need to satisfy the relevant education, experience, and training requirements. After approving your application, CCE will send you the examination registration materials. The examination is administered via computer-based testing at locations throughout the United States and around the world.

You will need to pass the examination in order to obtain the BCC certification. Information about the examination is available at [cce-global.org/Credentialing/BCC/Exam](http://cce-global.org/Credentialing/BCC/Exam).

Accommodations will be made for candidates to test outside of the United States. If you need to test outside of the United States, please complete the Candidates for International Testing section of the Special Accommodations Request form (page 21) and submit it with your application.

Please note that CCE's Assessment Department will contact applicants directly regarding special accommodations once they are approved to take the examination.



## CURRENT BCC CERTIFICATION AND MAINTENANCE FEES

Fees are nonrefundable and nontransferable.

**BCC application and examination fee:** \$279 (U.S. dollars)

**BCC application and examination fee for National Certified Counselors:** \$229 (U.S. dollars)

**Specialty designation review fee:** \$30 (U.S. dollars) per specialty designation

**Annual maintenance fee:** \$40 (U.S. dollars)

You will receive an annual maintenance fee notice approximately six weeks before the credential anniversary date. If you have any concerns about your invoice, please contact CCE. Please be sure to pay the annual maintenance fee by the due date in order to maintain active status.

## BCC RECERTIFICATION REQUIREMENTS

To maintain the BCC certification, you must adhere to CCE policies and procedures and complete the recertification process every five years. CCE will mail you a recertification form approximately six weeks before the certification expiration date. To maintain the certification, you need to satisfy the following requirements:

1. Complete the 70 continuing education hours within the BCC competency areas, including a minimum of four clock hours in ethics. If you hold a specialty designation, at least 10 of the required 70 hours must be specific to each specialty designation held.
2. Accept and sign the Ethics Attestation and Application Agreement & Release Authorization.
3. Pay the annual maintenance fee.

## BCC REINSTATEMENT REQUIREMENTS

If your BCC certification becomes inactive or expired, you will need to submit a reinstatement application along with the following in order to retain your certification:

- BCC reinstatement fee (currently \$50)
- Payment of any past-due fees
- Documentation of 70 hours of continuing education (if expired)

## PLEASE FILL OUT ELECTRONICALLY OR PRINT CLEARLY

Under which set of application requirements are you applying? See the application options matrix on page 5 for more information. Check only one option.

- Master's degree in counseling
- National Certified Counselor (NCC) certification or a full professional counselor license (e.g., LPC, LPCC, LMHC)
- Doctoral degree in social or behavioral sciences
- Master's degree in social or behavioral sciences
- Bachelor's degree or higher in any field
- Current and active national or regional certification in coaching and a bachelor's degree or higher in any field
- At least five years of coach experience including a minimum of 2,500 coaching hours and a bachelor's degree in any field

1. First Name, MI: \_\_\_\_\_

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

Previous Name(s): \_\_\_\_\_

2. Street Address: \_\_\_\_\_

City, State/Province: \_\_\_\_\_

ZIP/Postal Code, Country: \_\_\_\_\_

3. Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

4. Email: \_\_\_\_\_

Check here if you do NOT want your contact information shared with continuing education providers.

5. Preferred Pronouns: \_\_\_\_\_

6. Date of Birth (mm/dd/yyyy): \_\_\_\_\_

7. Ethnic Origin (optional—for statistical purposes only):

- African American    Native American    Asian    Caucasian
- Hispanic/Latino    Native Hawaiian    Multiracial    Other

8. I am interested in volunteering for  marketing efforts  examination development  standards development.

9. How did you hear about the BCC certification? \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>
REF.#1: _____
BATCH #1: _____
DATE: _____
AMOUNT: _____





Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

10. Education/Degree (official sealed transcript must be enclosed):

**Note:** If registrar will not provide you with a sealed transcript, please have your official sealed transcript sent directly to CCE; Attn: BCC Reviewer; P.O. Box 63223; Charlotte, NC 28263-3223. Include a brief note on the application checklist indicating that the transcript is being sent separately.

Degree Earned	Date Degree Conferred (mm/yyyy)	Institution Name and City/State	Field of Study (e.g., master's in counseling)

11. Licenses/Certifications/Registrations/Credentials/Memberships (include copy of license/certificate):

Issuing State or Organization	License/Certificate/ Membership Type	License/Certificate/ Membership Number	Issue Date (mm/dd/yyyy)	Expiration Date (mm/yyyy)

12. Special Accommodations:

Check here if you are requesting special examination accommodations. Include the Special Accommodations Request form and supporting documentation with your application.

13. Ethics Attestation:

(Please respond to each statement below)

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Have you ever been or are you currently charged with a criminal offense?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Have you ever been or are you currently a defendant in any type of legal action related to your business or occupational activities?                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Have you ever been or are you currently the subject of any complaint matter or disciplinary review by any government entity or professional organization? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Have you ever been terminated or discharged from employment for conduct reasons?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Have you ever been placed on probation or removed from any graduate program in which you were enrolled for reasons unrelated to grades?                   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If you answered "YES" to any of the above questions, you must include a complete, detailed explanation related to the response. You must also provide copies of relevant documentation, such as copies of the complaint, pleadings, and compliance with final orders.

Place these materials in a sealed envelope marked "Attention: Ethics Department" and return with your application. Failure to provide required information will delay the processing of your application.

continued on next page

All CCE applicants are required to submit written disclosures of any:

- Criminal offense. (Note: You do not need to disclose traffic charges unless they involve drugs, alcohol, or injury to person or property.)
- Legal action related to business or occupational activities in which he or she is named as a defendant.
- Complaint matter or disciplinary review by any government entity or professional organization.
- Employment terminations due to conduct.
- Probation or removal from any graduate program for reasons unrelated to grades.

I have read the reminder of the required disclosures (above) and have submitted the required written disclosures to CCE.

YES  NO

14. Applicant Agreement & Release Authorization:

*All information I provided in this application, including supporting documentation, is accurate and complete to the best of my knowledge. If I have knowledge of any changes concerning my responses in this application, including my responses in the Ethics Attestation, I agree to report this to CCE in writing within 60 days.*

*I agree that CCE has the right to contact any person or organization regarding this application, and I authorize the release of any information requested by CCE to verify the accuracy. I understand that all application materials become the property of CCE and will not be returned.*

*I understand that certification through CCE depends upon my fulfillment of all required criteria and compliance with CCE policies, which include the BCC Code of Ethics and the CCE certification mark and trademark use policy. I understand that certification does not create membership in CCE. I understand that CCE certification is personal to me and may not be transferred to another individual or group.*

*I understand that professional biographical and certification data is considered to be public information and will be made available in response to public inquiries. I agree that data related to my participation in BCC certification may be used for research and statistical purposes.*

*I recognize that any certification granted by CCE does not represent licensure or other authorization to practice business activities for a fee. I release CCE from all liability and claims arising from any professional activity.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)



# VERIFICATION OF EXPERIENCE

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FILL OUT ELECTRONICALLY OR PRINT CLEARLY**

**Include this form with your application packet.**

This form should be completed by a professional colleague, coaching professional, or supervisor who is familiar with your work performance and coaching competency. *Peer-to-peer and classroom simulation cannot be used in place of postdegree experience coaching groups or individuals.* Include this form with your application packet.

*I am applying to the Center for Credentialing & Education (CCE) for the Board Certified Coach (BCC) certification. I am required to provide documentation of my experience as a coach. Please complete the information below and return the form to me. CCE cannot process my application without this form.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

## INFORMATION BELOW TO BE COMPLETED BY EXPERIENCE VERIFIER

Please complete all information below.

*I verify that the applicant named above provided coaching from \_\_\_\_\_ (mm/yyyy) to \_\_\_\_\_ (mm/yyyy), after completing his/her highest level of education.*

*I verify that during the above-mentioned time period, the applicant completed \_\_\_\_\_ **total hours** of experience as a coach. This applicant was/is employed in the position of (job title) \_\_\_\_\_.*

Briefly identify and describe the applicant's experience as it relates to coaching. \_\_\_\_\_

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

To the person verifying experience: Please provide the following information about yourself.

1. Verifier's Name: \_\_\_\_\_
2. Verifier's Agency/Institution: \_\_\_\_\_  
\_\_\_\_\_
3. Verifier's Title at Agency/Institution: \_\_\_\_\_
4. Verifier's Telephone Number (required): \_\_\_\_\_

\_\_\_\_\_  
Verifier's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Thank you. After you complete this form, please return it to the applicant.**



Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FILL OUT ELECTRONICALLY OR PRINT CLEARLY**

**Include this form with your application packet.**

This form should be completed by a professional colleague, coaching professional, or supervisor who is familiar with your work performance and coaching competency. **The same individual may complete both the Verification of Experience form and the Professional Endorsement form on your behalf.**

## INFORMATION BELOW TO BE COMPLETED BY THE ENDORSER

### ENDORSER'S INFORMATION

1. Endorser's Full Name: \_\_\_\_\_
2. Endorser's Profession: \_\_\_\_\_
3. Endorser's Business Address: \_\_\_\_\_  
\_\_\_\_\_
4. City/State/ZIP Code: \_\_\_\_\_
5. Endorser's Daytime Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_
6. Endorser Holds a Coaching Credential (Endorser is not required to hold a coaching credential.)  
 Yes             No  
 If yes, indicate name of credential: \_\_\_\_\_
7. Endorser acknowledges that the applicant is competent in coaching, including fundamental coaching skills, ethical and professional practice, screening and orientation skills, assessment skills, and the ability to work with individuals and/or businesses and organizations, and endorses the applicant for the BCC certification.

*The information I have provided is accurate. I agree to provide any additional information requested by CCE.*

\_\_\_\_\_  
Endorser's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Thank you. After you complete this form, please return it to the applicant.**



Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FILL OUT ELECTRONICALLY OR PRINT CLEARLY**

**Include this form with your application packet.**

In addition to the general eligibility requirements, applicants must have the following:

- A minimum of 30 *additional* hours of experience in executive/corporate/business/leadership coaching
- One additional professional endorsement attesting to the applicant's experience in executive/corporate/business/leadership coaching

This form should be completed by a coaching professional, supervisor, or professional colleague who is familiar with your work performance and skills in executive/corporate/business/leadership coaching. **The same individual may complete both the Designation Experience form and Designation Endorsement form on your behalf.**

**INFORMATION BELOW TO BE COMPLETED BY THE EXPERIENCE VERIFIER**

**VERIFIER'S INFORMATION**

*I verify that the applicant named above provided at least **30 hours** of executive/corporate/business/leadership coaching from \_\_\_\_\_ (mm/yyyy) to \_\_\_\_\_ (mm/yyyy), after completing his/her highest level of education.*

1. Verifier's Full Name: \_\_\_\_\_
2. Verifier's Profession: \_\_\_\_\_
3. Verifier's Business Address: \_\_\_\_\_  
\_\_\_\_\_
4. City/State/ZIP Code: \_\_\_\_\_
5. Verifier's Daytime Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_

*The information I have provided is accurate. I agree to provide any additional information requested by CCE.*

\_\_\_\_\_  
Verifier's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Thank you. After you complete this form, please return it to the applicant.**



Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FILL OUT ELECTRONICALLY OR PRINT CLEARLY**

**Include this form with your application packet.**

Applicants can add an executive/corporate/business/leadership coaching designation. In addition to the general eligibility requirements, applicants must have the following:

- A minimum of 30 *additional* hours of experience in executive/corporate/business/leadership coaching
- One additional professional endorsement attesting to the applicant's experience in executive/corporate/business/leadership coaching

This form should be completed by a coaching professional, supervisor, or professional colleague who is familiar with your work performance and skills in executive/corporate/business/leadership coaching. **The same individual may complete both the Designation Experience form and Designation Endorsement form on your behalf.**

**INFORMATION BELOW TO BE COMPLETED BY THE ENDORSER**

**ENDORSER'S INFORMATION**

1. Endorser's Full Name: \_\_\_\_\_
2. Endorser's Profession: \_\_\_\_\_
3. Endorser's Business Address: \_\_\_\_\_  
\_\_\_\_\_
4. City/State/ZIP Code: \_\_\_\_\_
5. Endorser's Daytime Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_
6. Endorser Holds a Coaching Credential (Endorser is not required to hold a coaching credential.)  Yes  No  
If yes, indicate name of credential: \_\_\_\_\_
7. Endorser acknowledges that the applicant is competent in coaching, including fundamental coaching skills, ethical and professional practice, screening and orientation skills, assessment skills, and the ability to work with individuals and/or businesses and organizations, and endorses the applicant for the BCC certification, as well as the executive/corporate/business/leadership coaching designation.

*The information I have provided is accurate. I agree to provide any additional information requested by CCE.*

\_\_\_\_\_  
Endorser's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Thank you. After you complete this form, please return it to the applicant.**



Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FILL OUT ELECTRONICALLY OR PRINT CLEARLY**

**Include this form with your application packet.**

In addition to the general eligibility requirements, applicants must have the following:

- A minimum of 30 *additional* hours of experience in career coaching
- One additional professional endorsement attesting to the applicant's experience in career coaching

This form should be completed by a coaching professional, supervisor, or professional colleague who is familiar with your work performance and skills in career coaching. **The same individual may complete both the Designation Experience form and Designation Endorsement form on your behalf.**

**INFORMATION BELOW TO BE COMPLETED BY THE EXPERIENCE VERIFIER**

**VERIFIER'S INFORMATION**

*I verify that the applicant named above provided at least **30 hours** of career coaching from \_\_\_\_\_ (mm/yyyy) to \_\_\_\_\_ (mm/yyyy), after completing his/her highest level of education.*

1. Verifier's Full Name: \_\_\_\_\_
2. Verifier's Profession: \_\_\_\_\_
3. Verifier's Business Address: \_\_\_\_\_  
\_\_\_\_\_
4. City/State/ZIP Code: \_\_\_\_\_
5. Verifier's Daytime Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_

*The information I have provided is accurate. I agree to provide any additional information requested by CCE.*

\_\_\_\_\_  
Verifier's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Thank you. After you complete this form, please return it to the applicant.**



Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FILL OUT ELECTRONICALLY OR PRINT CLEARLY**

**Include this form with your application packet.**

Applicants can add a career coaching designation. In addition to the general eligibility requirements, applicants must have the following:

- A minimum of 30 *additional* hours of experience in career coaching
- One additional professional endorsement attesting to the applicant's experience in career coaching

This form should be completed by a coaching professional, supervisor, or professional colleague who is familiar with your work performance and skills in career coaching. **The same individual may complete both the Designation Experience form and Designation Endorsement form on your behalf.**

**INFORMATION BELOW TO BE COMPLETED BY THE ENDORSER**

**ENDORSER'S INFORMATION**

1. Endorser's Full Name: \_\_\_\_\_
2. Endorser's Profession: \_\_\_\_\_
3. Endorser's Business Address: \_\_\_\_\_  
\_\_\_\_\_
4. City/State/ZIP Code: \_\_\_\_\_
5. Endorser's Daytime Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_
6. Endorser Holds a Coaching Credential (Endorser is not required to hold a coaching credential.)  Yes  No  
If yes, indicate name of credential: \_\_\_\_\_
7. Endorser acknowledges that the applicant is competent in coaching, including fundamental coaching skills, ethical and professional practice, screening and orientation skills, assessment skills, and the ability to work with individuals and/or businesses and organizations, and endorses the applicant for the BCC certification, as well as the career coaching designation.

*The information I have provided is accurate. I agree to provide any additional information requested by CCE.*

\_\_\_\_\_  
Endorser's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Thank you. After you complete this form, please return it to the applicant.**





Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FILL OUT ELECTRONICALLY OR PRINT CLEARLY**

**Include this form with your application packet.**

In addition to the general eligibility requirements, applicants must have the following:

- A minimum of 30 *additional* hours of experience in health/wellness coaching
- One additional professional endorsement attesting to the applicant's experience in health/wellness coaching

This form should be completed by a coaching professional, supervisor, or professional colleague who is familiar with your work performance and skills in health/wellness coaching. **The same individual may complete both the Designation Experience form and Designation Endorsement form on your behalf.**

**INFORMATION BELOW TO BE COMPLETED BY THE EXPERIENCE VERIFIER**

**VERIFIER'S INFORMATION**

*I verify that the applicant named above provided at least **30 hours** of health/wellness coaching from \_\_\_\_\_ (mm/yyyy) to \_\_\_\_\_ (mm/yyyy), after completing his/her highest level of education.*

1. Verifier's Full Name: \_\_\_\_\_
2. Verifier's Profession: \_\_\_\_\_
3. Verifier's Business Address: \_\_\_\_\_  
\_\_\_\_\_
4. City/State/ZIP Code: \_\_\_\_\_
5. Verifier's Daytime Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_

*The information I have provided is accurate. I agree to provide any additional information requested by CCE.*

\_\_\_\_\_  
Verifier's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Thank you. After you complete this form, please return it to the applicant.**



Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FILL OUT ELECTRONICALLY OR PRINT CLEARLY**

**Include this form with your application packet.**

Applicants can add a health/wellness coaching designation. In addition to the general eligibility requirements, applicants must have the following:

- A minimum of 30 *additional* hours of experience in health/wellness coaching
- One additional professional endorsement attesting to the applicant's experience in health/wellness coaching

This form should be completed by a coaching professional, supervisor, or professional colleague who is familiar with your work performance and skills in health/wellness coaching. **The same individual may complete both the Designation Experience form and Designation Endorsement form on your behalf.**

**INFORMATION BELOW TO BE COMPLETED BY THE ENDORSER**

**ENDORSER'S INFORMATION**

1. Endorser's Full Name: \_\_\_\_\_
2. Endorser's Profession: \_\_\_\_\_
3. Endorser's Business Address: \_\_\_\_\_  
\_\_\_\_\_
4. City/State/ZIP Code: \_\_\_\_\_
5. Endorser's Daytime Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_
6. Endorser Holds a Coaching Credential (Endorser is not required to hold a coaching credential.)  Yes  No  
If yes, indicate name of credential: \_\_\_\_\_
7. Endorser acknowledges that the applicant is competent in coaching, including fundamental coaching skills, ethical and professional practice, screening and orientation skills, assessment skills, and the ability to work with individuals and/or businesses and organizations, and endorses the applicant for the BCC certification, as well as the health/wellness coaching designation.

*The information I have provided is accurate. I agree to provide any additional information requested by CCE.*

\_\_\_\_\_  
Endorser's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Thank you. After you complete this form, please return it to the applicant.**



Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FILL OUT ELECTRONICALLY OR PRINT CLEARLY**

**Include this form with your application packet.**

In addition to the general eligibility requirements, applicants must have the following:

- A minimum of 30 *additional* hours of experience in personal/life coaching
- One additional professional endorsement attesting to the applicant's experience in personal/life coaching

This form should be completed by a coaching professional, supervisor, or professional colleague who is familiar with your work performance and skills in personal/life coaching. **The same individual may complete both the Designation Experience form and Designation Endorsement form on your behalf.**

**INFORMATION BELOW TO BE COMPLETED BY THE EXPERIENCE VERIFIER**

**VERIFIER'S INFORMATION**

*I verify that the applicant named above provided at least **30 hours** of personal/life coaching from \_\_\_\_\_ (mm/yyyy) to \_\_\_\_\_ (mm/yyyy), after completing his/her highest level of education.*

1. Verifier's Full Name: \_\_\_\_\_
2. Verifier's Profession: \_\_\_\_\_
3. Verifier's Business Address: \_\_\_\_\_  
\_\_\_\_\_
4. City/State/ZIP Code: \_\_\_\_\_
5. Verifier's Daytime Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_

*The information I have provided is accurate. I agree to provide any additional information requested by CCE.*

\_\_\_\_\_  
Verifier's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Thank you. After you complete this form, please return it to the applicant.**



Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FILL OUT ELECTRONICALLY OR PRINT CLEARLY**

**Include this form with your application packet.**

Applicants can add a personal/life coaching designation. In addition to the general eligibility requirements, applicants must have the following:

- A minimum of 30 *additional* hours of experience in personal/life coaching
- One additional professional endorsement attesting to the applicant's experience in personal/life coaching

This form should be completed by a coaching professional, supervisor, or professional colleague who is familiar with your work performance and skills in personal/life coaching. **The same individual may complete both the Designation Experience form and Designation Endorsement form on your behalf.**

**INFORMATION BELOW TO BE COMPLETED BY THE ENDORSER**

**ENDORSER'S INFORMATION**

1. Endorser's Full Name: \_\_\_\_\_
2. Endorser's Profession: \_\_\_\_\_
3. Endorser's Business Address: \_\_\_\_\_  
\_\_\_\_\_
4. City/State/ZIP Code: \_\_\_\_\_
5. Endorser's Daytime Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_
6. Endorser Holds a Coaching Credential (Endorser is not required to hold a coaching credential.)  Yes  No  
If yes, indicate name of credential: \_\_\_\_\_
7. Endorser acknowledges that the applicant is competent in coaching, including fundamental coaching skills, ethical and professional practice, screening and orientation skills, assessment skills, and the ability to work with individuals and/or businesses and organizations, and endorses the applicant for the BCC certification, as well as the personal/life coaching designation.

*The information I have provided is accurate. I agree to provide any additional information requested by CCE.*

\_\_\_\_\_  
Endorser's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Thank you. After you complete this form, please return it to the applicant.**



Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

CCE will review this request after you have been approved to take the BCC Examination. Following that approval, CCE's Assessment Department will contact you regarding the special accommodation arrangements.

## CANDIDATES WITH DISABILITIES

**NOTE:** There is no extra charge for these arrangements.

Identify briefly the nature of your disability. Attach documentation from a qualified professional. Diagnosis must be included in the documentation, as well as arrangements you will need to complete the BCC Examination. Documentation may not be more than five years old.

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*I certify that this information is correct.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

## CANDIDATES FOR WHOM ENGLISH IS A SECOND LANGUAGE

*I request extended time for the BCC Examination because English is not my native language.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

## CANDIDATES FOR INTERNATIONAL TESTING

**NOTE:** Accommodations will be made for international candidates to test outside of the United States. CCE will send additional information regarding available international testing sites upon completion of the application review process.

- Please check here if you request to take the BCC Examination outside of the United States. Please indicate the city and country in which you want to test: \_\_\_\_\_

*Upon review of my application, I request more information on international examination arrangements.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)



## CURRENT APPLICATION AND EXAMINATION FEES

**Standard Fee: \$279**

**For National Certified Counselors (NCCs): \$229**

**Specialty designations** require an **additional \$30** fee per specialty.

- All fees must be paid in U.S. dollars and are nonrefundable.
- Once your payment has been processed, CCE will review your application within approximately 10 business days.
- You will be notified of your status and informed if further information is needed.
- CCE holds applications open for three years. During that time, you will have the opportunity to rectify any deficiencies concerning your application.

## DOCUMENT CHECKLIST

- |   |   |
|---|---|
| <input type="checkbox"/> Completed application forms                                    | <input type="checkbox"/> Designation Endorsement Form (optional)                          |
| <input type="checkbox"/> Official sealed transcript (enclosed)                          | <input type="checkbox"/> Special Accommodations Request (optional)                        |
| <input type="checkbox"/> Official sealed transcript will be mailed by registrars office | <input type="checkbox"/> Copy of coach training certificate of completion                 |
| <input type="checkbox"/> Verification of Experience Form                                | <input type="checkbox"/> Copy of national/regional coaching certification (if applicable) |
| <input type="checkbox"/> Professional Endorsement Form                                  | <input type="checkbox"/> Copy of NCC or professional counseling license (if applicable)   |
| <input type="checkbox"/> Designation Experience Form (optional)                         | <input type="checkbox"/> Payment voucher  |

**If you wish to submit this application via email, DO NOT complete the credit card information on this page.**

Check this box and email your application to **[credentialinfo@cce-global.org](mailto:credentialinfo@cce-global.org)**. Please note that we cannot take payment via email. We will reach out to you via email with instructions after you email your application.

## METHOD OF PAYMENT

Applicant's Name: \_\_\_\_\_  
 Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Enclosed is a check or money order payable to CCE in the amount of \$\_\_\_\_\_ (U.S. dollars).

Please charge the credit card listed below in the amount of \$\_\_\_\_\_ (U.S. dollars).

Card Type:    VISA            MasterCard            American Express

Name on Card: \_\_\_\_\_

Account Number: 

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 Expiration Date: 

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 / 

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Card Security Code (from back of card): 

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Cardholder Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

**Submit your application and payment**

- By mail: CCE; P.O. Box 63223; Charlotte, NC 28263-3223
- By fax: 336-482-2852

**If you are mailing your application, be sure to make copies of all your application materials before submitting the originals. CCE cannot return any forms or documents to you or to a third party.**