CPCE-APB Order Form:
Electronic Testing On-Campus

Testing Dates and Score Usage
Please enter up to three dates (if you are only testing on one day, you may leave ending date blank) or testing windows in which you intend to administer the CPCE. Testing windows must not exceed two weeks and must be a minimum of 30 days apart. CCE must receive this order form at least 30 days prior to your examination date or additional fees may apply. CPCE-APB exams are $75/examinee per administration.

<table>
<thead>
<tr>
<th>Testing Date(s)/Testing Window:</th>
<th>Beginning Date (Month/Day/Year)</th>
<th>Ending Date (Month/Day/Year)</th>
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</thead>
<tbody>
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<td>1. ___________________________</td>
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<td>3. ___________________________</td>
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Please select the option that best describes how students’ scores will be used.

- [ ] Exit exam (supplemental method to determine students’ readiness for program advancement)
- [ ] Study preparation tool for the NCE
- [ ] Evaluation of students’ knowledge and skills (not required to pass)
- [ ] Other (please explain) __________________________________________________________

Program Coordinator: Primary Contact
Please enter the contact information for the primary contact for CPCE communications.

Name: ____________________________  Title: ____________________________
School: ____________________________  Dept: ____________________________
Department Chair: ______________________
Address 1: ____________________________  Address 2: ____________________________
City: ____________________________  State: _______  Zip Code: ____________________________
Telephone: ____________________________  Fax: ____________________________  Email: ____________________________

Proctor(s) Contact Information
Please enter contact information for the proctor that will be responsible for overseeing each administration of the CPCE. Please note “Test Date Number” refers to the accompanying administration listed above (1, 2, and/or 3).

Name: ____________________________  Email: ____________________________  Test Date Number(s): __________
Name: ____________________________  Email: ____________________________  Test Date Number(s): __________
Name: ____________________________  Email: ____________________________  Test Date Number(s): __________

The following signatures are required:

__________________________  Date: _______  Proctor: ____________________________  Date: _______
Program Coordinator

__________________________  Date: _______  Proctor: ____________________________  Date: _______
Department Chair

Please submit all completed forms to:
CPCE Coordinator
Center for Credentialing & Education, Inc. (CCE)
3 Terrace Way, Greensboro, NC 27403

Email: cpce@cce-global.org
Phone: 336-482-2856
Fax: 336-482-2852

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