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):
________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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: ____________________________________________

Verification Code Numbers (from back of card): ____________

Expiration Date: ____________

Cardholder Signature: ____________________________

Daytime Telephone: ____________________________

Evening Telephone: ____________________________