

ABOUT REGISTRATION

- The cost to register is \$100. This examination fee is **nonrefundable and nontransferable**.
- Registration is required. Deadlines are strictly enforced.
- All exam registration materials must be received (not postmarked) by the registration deadline.
- **You will receive your admission ticket and map to the exam site approximately TWO WEEKS prior to the exam date.**
- Your admission ticket will include information regarding the date and location of the exam.

Questions about the exam administration: Tel: 336.482.2856; **E-mail:** exam@cce-global.org; **Web site:** www.cce-global.org

Street address: CCE Assessment Dept., 3 Terrace Way, Greensboro, NC 27403.

Check One	Exam	Exam Date	Registration Deadline	Site	ID
<input type="checkbox"/>	TJEPC	1/18/2020	12/6/2019	Nashville, TN	4234
<input type="checkbox"/>	TJEPC	4/18/2020	3/06/2020	Knoxville, TN	4211
<input type="checkbox"/>	TJEPC	4/18/2020	3/06/2020	Nashville, TN	4231
<input type="checkbox"/>	TJEPC	7/18/2020	6/05/2020	Nashville, TN	4233
<input type="checkbox"/>	TJEPC	10/24/2020	9/11/2020	Chattanooga, TN	4202
<input type="checkbox"/>	TJEPC	10/24/2020	9/11/2020	Memphis, TN	4222

PLEASE INCLUDE THE FOLLOWING:

- Your completed registration form.
- Your \$100 examination fee. **Please make money order payable to NBCC. NO CHECKS ACCEPTED**

SEND REGISTRATION MATERIALS TO:

CCE Assessment Dept.
P.O. Box 63105
Charlotte, NC 28263-3105
OR
Fax to: 336.482.2852

FOR OFFICE USE ONLY

REF.#1: _____

BATCH #1: _____

DATE: _____

AMOUNT: _____

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. Are you requesting special examination accommodations? Yes No

9. Have you previously taken the NCE with NBCC? Yes No

10. Have you previously taken the NCMHCE with NBCC? Yes No

I understand that I am taking the TJEPC for the purpose of fulfilling requirements for counseling license in Tennessee. A passing score does not guarantee approval of any other licensure requirements. I authorize CCE to provide the Tennessee State Board of Professional Counselors, Marital & Family Therapists with examination results. Use of the TJEPC scores for licensure in other states may not occur until licensure is granted in Tennessee.

Signature: _____ Date: _____

PAYMENT FORM

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

Enclosed is a 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: _____