# SCORE VERIFICATION REQUEST
## for STATE LICENSURE EXAMINEES

CCE State Agency Services 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.) A processing fee of $30 will be deducted from any refunded fees. **This form is only for use by individuals who tested through the State Licensure examination process. Individuals who tested through the certification process may not use this form to request the release of examination scores. If you have questions about your score status, please contact CCE at 336.482.2856 or cce@cce-global.org.**

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 ☐ NCMHCE _____
**Important Note:** You may request multiple examination reports on this form but the fee is $65 or $110 per requested report.

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

_____

_____

**PAYMENT FORM–DO NOT DETACH**

**Delivery Options:**

**Standard: $65 Per Requested Report**
(Delivery expected four weeks after payment is processed.)

**Two-day express processing: $110 Per Requested Report**
(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: _____