

**ABOUT REGISTRATION**

- The cost to register is \$185. This examination fee is **nonrefundable and nontransferable**.
- Candidates will receive an e-mail from NAADAC, the Association for Addiction Professionals, with further details for scheduling their examination.
- Special accommodations must be received by NBCC, in writing, 45 days prior to the administration of the examination. See "Special Accommodations" policy, located at [www.nbcc.org/Exam/SpecialExamAccommodations](http://www.nbcc.org/Exam/SpecialExamAccommodations).

**Questions about the exam administration:**

**Tel:** 336-217-4111; **E-mail:** [exam@cce-global.org](mailto:exam@cce-global.org); **Web site:** [www.cce-global.org](http://www.cce-global.org)  
**Street address:** CCE Assessment Dept., 3 Terrace Way, Greensboro, NC 27403.

**PLEASE INCLUDE THE FOLLOWING:**

- Your completed registration form with **original ink signature**.
- Your \$185 examination fee.
- An **official, sealed** (unopened) academic transcript identifying the conferral date of a Master's degree in counseling or a related field.

**SEND REGISTRATION MATERIALS TO:**

CCE Assessment Dept.  
P.O. Box 63105  
Charlotte, NC 28263-3105.

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

**All of the above must be received before you will be allowed to schedule an examination date.**

1. First Name/MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Previous Name(s): \_\_\_\_\_ Social Security Number: \_\_\_\_\_
2. Street Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_
4. Telephone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_
5. E-mail: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_
7. Gender:  Male  Female
9. Have you been approved by the Pennsylvania Board for special accommodations?  Yes  No
10. Have you previously taken the EMAC with the National Board for Certified Counselors?  Yes  No  
If "yes," on which date(s): \_\_\_\_\_
11. Have you previously taken the NCE or the EMAC for state licensure? If "yes", on which date(s): \_\_\_\_\_

*I understand that I am taking the EMAC as part of the Pennsylvania state licensing requirements and approval to take the EMAC or the receipt of a passing score does not demonstrate that Pennsylvania state licensure or NBCC certification requirements have been satisfied. I authorize CCE to provide the Pennsylvania Board of Professional and Occupational Affairs with examination results. Use of the EMAC scores for licensure in other states may not occur until licensure is granted in Pennsylvania. By signing this document, I hereby certify that the information and materials provided in this registration are accurate to the best of my knowledge. I agree to abide by all applicable NBCC and CCE policies.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT FORM**

- Enclosed is a check or money order payable to **NBCC**.

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

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: \_\_\_\_\_