



SCORE VERIFICATION REQUEST for STATE LICENSURE EXAMINEES

CCE State Agency Services Dept. • P.O. Box 96843 • Charlotte, NC 28296-6843
• 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. It is not necessary to submit a Score Verification Request for the official score report to be sent to the State Board for which the exam was taken. Please note, within 30 days of the **end** of the monthly test administration cycle, CCE will **automatically** report official scores to the candidate's state licensing agency after verifying that the candidate complied with all test administration policies, rules, procedures, and instructions during the examination administration. **There will be a \$30 processing fee deducted for any refunded Score Verification Request fee.**
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). If request is for the report to be sent to a State Board, just indicate name of the State Board. A full address is not needed.

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: _____