Certified Rehabilitation Counselor Exam

Request for Verification of Exam Score

Mail to: **Commission on Rehabilitation Counselor Certification**
1699 East Woodfield Road, Suite 300
Schaumburg, IL 60173

From: _____
Name of Applicant

Address: _____

_____

_____

Telephone: _____

Date of Exam: _____ State: _____

I have applied for licensure to the North Carolina Board of Licensed Clinical Mental Health Counselors and am required to provide documentation of my Certified Rehabilitation Counselor Examination score. Please send a copy of my official score report to the North Carolina Board of Licensed Clinical Mental Health Counselors:

NCBLCMHC
P.O. Box 77819
Greensboro, NC 27417

I have enclosed a check for **$25.00** to cover the cost of sending my score report to the North Carolina Board of Licensed Clinical Mental Health Counselors.

_____ _____ _____
Signature CRC# Date