

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
☐	TJEPC	1/18/2020	12/6/2019	Nashville, TN	4234
☐	TJEPC	4/18/2020	3/06/2020	Knoxville, TN	4211
☐	TJEPC	4/18/2020	3/06/2020	Nashville, TN	4231
☐	TJEPC	7/18/2020	6/05/2020	Nashville, TN	4233
☐	TJEPC	10/24/2020	9/11/2020	Chattanooga, TN	4202
☐	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

☐ Enclosed is a 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: _____