



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS, SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS  
 237 Coliseum Drive, Macon, Georgia 31217-3858  
 (478) 207-2440 (Telephone) \* [www.sos.state.ga.us/plb/counselors](http://www.sos.state.ga.us/plb/counselors)

PROFESSIONAL COUNSELOR  
 REQUEST FOR RE-EXAMINATION

**INSTRUCTIONS** NO FAXED FORMS ACCEPTED.

- Please print or type.
- Complete this form and Indicate date of the examination you wish to take the Exam.
- Make \$185.00 examination fee payable to, and mail to NBCC. The Board does not require a fee for re-examination. DO NOT MAIL FEE TO BOARD.
- Return this form to the address above.

NAME: \_\_\_\_\_  
                     First                                    Middle                                    Last                                    Maiden

ADDRESS: \_\_\_\_\_  
                                     Street                                    City                                    State                                    Zip Code

- Yes  No Have you previously applied to take an examination?
- Yes  No Have you changed your **name** since your last application for examination was filed?  
 If "Yes," please attach a copy of your marriage certificate, divorce degree, court order, etc., so that your record can be corrected.
- Yes  No Have you changed your **address** since your last application for examination?
- Yes  No Since your initial application for licensure, have you ever been arrested, charged, or sentenced for the commission of a felony, misdemeanor (other than minor traffic or parking violations) or any crime of moral turpitude, including the entry of a plea of nolo contendere or a plea entered pursuant to the provisions of the "Georgia First Offenders Act"? You must respond "yes" if you plead and completed probation as a First Offender. If yes, provide certified copies of the court disposition and letter of explanation.

HOME PHONE: (    )

OTHER PHONE: (    )

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\*This information is authorized to be obtained & disclosed to State & Federal agencies pursuant to O.C.G.A. §19-11-1 & O.C.G.A. §20-3-295, 42 U.S.C.A. §551 & 20 U.S.C.A. § 1001.

**E-Mail Address:** \_\_\_\_\_ (Acknowledgement of your application will be sent by e-mail. Also, if any additional information is needed, e-mail is the most efficient way for the Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any e-mail address change. YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.)

\_\_\_\_\_ I am a U.S. citizen.

\_\_\_\_\_ I am not a U.S. citizen, but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States.

I WISH TO TAKE THE: PROFESSIONAL COUNSELOR EXAMINATION [NBCC EXAMINATION]

on: \_\_\_\_\_ LAST EXAMINATION DATE: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant