

NAME: \_\_\_\_\_ DATE \_\_\_\_\_

	Received	Need
1. Application Form	_____	_____
2. 200.00 Application fee	_____	_____
3. Core Curriculum Form	_____	_____
4. <u>Official</u> transcript	_____	_____
5. Other training credential documentation (if applying for specialization)	_____	_____
6. References and Recommendations	_____	_____
7. Statement of Intent	_____	_____
8. Supervised experience documentation (if applicable)	_____	_____
9. Criminal Background Check application	_____	_____
10. Verification of State Professional license/certificate (if applicable)	_____	_____
11. NCE/NBCC Examination Scores	_____	_____
12. Specialization Application: (if Applicable)	_____	_____
13. Letter from Dean	_____	_____
14. C.2.h Plan (see code of ethics, pg.10)	_____	_____
OTHER:	_____	_____

Credentials and fees should be forwarded to the Board as soon as possible. When all the items have been received and approved, you will be notified of the date, time, and place for the oral examination.

If the licensure process has not been completed in one calendar year from the date of your application, you must reapply and submit a new application and credentials.

Arkansas Board of Examiners in Counseling  
P. O. Box 70  
Magnolia, Arkansas 71754-0070

**Fees non-refundable (Section 7, Act 593 of 1979)**  
**MAIL: R/R\_\_Code of Ethics\_\_Background check\_\_Act**  
**1317\_\_NCE Test Form\_\_**