

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 **\$45.00** to cover the cost of sending my score report to the North Carolina Board of Licensed Clinical Mental Health Counselors.

\_\_\_\_\_  
Signature CRC# Date