

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 Professional 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 Professional Counselors:

NCBLPC
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 Professional Counselors.

Signature

CRC#

Date