NEVADA STATE BOARD OF EXAMINERS FOR MARRIAGE & FAMILY THERAPISTS AND CLINICAL PROFESSIONAL COUNSELORS

PO Box 370130
Las Vegas, Nevada 89137
Office: (702) 486-7388
FAX: (702) 486-7258
http://marriage.nv.gov

CPC TESTING REQUEST FORM

Intern's name (**PRINT**) _____ Intern license number _____ Intern License Issue Date _____

Social Security Number _____ Desired Test Window _____

Testing Attempts

( ) 1st Attempt ( ) 2nd Attempt ( ) 3rd Attempt ( ) 4+ Attempts

Pursuant to NAC 641A.156 License: Requirements; issuance.

Paragraph 1, Subparagraph (d)

(d) Pass the examination required by NRS 641A.230 or 641A.231, as applicable. An applicant must take such an examination for the first time: …

(2) If the applicant is applying for licensure as a clinical professional counselor intern, at any time during his or her final semester of graduate study and before the expiration of his or her license as a clinical professional counselor intern. …

Pursuant to NAC 641A.095 Reexamination; lapse of application.

1. A failed examination required pursuant to NRS 641A.230 may be retaken at the next scheduled offering of the examination, except that the examination may be taken only one additional time within the 12 months following the date of the original examination. Thereafter, only one examination in any calendar year may be taken. If an applicant fails the exam for a third time, the Board may require additional courses of study or may impose other conditions before allowing the applicant to retake the examination.

2. The application of an applicant who does not:

(a) Take an examination within 1 year after being notified of his or her eligibility; or

(b) Retake an examination within 1 year after failing the examination, shall be deemed lapsed. An applicant seeking to pursue licensure whose application has lapsed must fulfill all requirements at the time the new application is submitted and provide documentation concerning the lapsed application.

Email Address _____ Phone Number _____

Mailing Address (Street, City, State & Zip) _____

Signature _____ Date _____

Please mail all original correspondence to: P.O. Box 370130, Las Vegas, NV 89137

D O N O T F A X

Updated 9/15 supersedes all other forms