

Form #3: Verification of Examination [print or type]

<p>Oregon Applicant: Complete this section authorizing release of information by another state licensing program or national organization. Mail this form and any necessary fees to the agency administering examination.</p> <p>Name: _____ Lic. No. _____</p> <p><i>I hereby authorize the release of my examination scores to the Oregon Board of Licensed Professional Counselors and Therapists.</i></p> <p>_____ Signature Date</p>

To be completed by the agency releasing examination information: The above individual indicated that he/she has passed a professional counseling or marriage and family therapy examination administered by/through your organization.

Please provide us with the following information. If you have another form or format that addresses these questions, please feel free to use that form or a combination of both forms.

1. What examination did the above individual take?

2. When was the examination taken?

3. (a) What was the minimum passing score?

(b) What score did this individual receive?

4. If using an exam other than the NCE, CCMHC, CRC, or CCC counseling exams or PES marital & family therapy exam, please describe the examination -- include name, type of knowledge checked, format, and approximate duration:

Signature of Person Completing Form and Official Title

Date

Agency :

Printed or Typed Name and Title

RETURN FORM TO:

Board of Licensed Professional Counselors and Therapists
3218 Pringle Rd SE, Ste #250, Salem, OR 97302

[503] 378-5499