



Arkansas Board of Examiners in Counseling



Petition of take the NCMHCE

Recommendation for Board Approval to take the NCMHCE

I _____ recommend that
Supervisor's Name/License Number

_____ take the NCMHCE.
Print Supervisee's Name/License Number

Supervisor _____ Date _____
Legible Signature

Supervisee _____ Date _____
Legible Signature