National Clinical Mental Health Counseling Examination

Candidate Handbook for State Credentialing

January 2006
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# FOR MORE INFORMATION

All questions and requests for information about state licensure requirements should be directed to the state credentialing board you are applying to. (Refer to insert for state specific information.)

All questions and requests for information about the NBCC examination program should be directed to:

National Board for Certified Counselors, Inc.
3 Terrace Way, Suite D
Greensboro, NC 27403
Voice: 336/547-0607
Fax: 336/547-0017
Website: www.nbcc.org

All questions and requests for information about examination scheduling should be directed to:

Applied Measurement Professionals, Inc.
8310 Nieman Road
Lenexa, KS 66214
Voice: 913/541-0400
Fax: 913/541-0156
Website: www.goAMP.com

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INTRODUCTION
This handbook provides information about the examination and registration process for the National Clinical Mental Health Counseling Examination (NCMHCE®). It outlines the design and content of the examination and guides candidates throughout the entire examination process from registration through test taking. For your convenience, this handbook may also be downloaded from the NBCC website, located at www.nbcc.org or AMP’s website, located at www.goAMP.com.

ABOUT THE NBCC
The National Board for Certified Counselors (NBCC®) is internationally recognized as a leading provider of counselor credentialing examinations. Forty-seven states and the District of Columbia administer NBCC examinations as part of their counselor credentialing requirements. Based on its reputation for excellence in the field of examinations, NBCC has provided consultation services for examination and credential development to many other organizations in the United States and abroad.

INDEPENDENT TESTING AGENCY
The NBCC has contracted with Applied Measurement Professionals, Inc. (AMP) to assist in the administration and scoring of the NCMHCE examination. AMP, located in the greater Kansas City area, is a leading provider of licensing and certification examinations for professional organizations.

NONDISCRIMINATION POLICY
NBCC and AMP do not discriminate among candidates on the basis of race, color, creed, gender, religion, national origin, disability or marital status.

ELIGIBILITY REQUIREMENTS
Please check with your state board for specific information about application procedures and any additional requirements. If you have previously achieved a passing score on an NBCC examination, contact your state board to determine if you are exam-exempt. You may be required to apply to your state board prior to sitting for the NCMHCE. (Please refer to insert for state specific information.) Candidates may not schedule an examination until they have registered with NBCC.

EXAMINATION ADMINISTRATION
The examination is delivered by computer at over 150 AMP Assessment Centers geographically located throughout the United States. Generally, there are no application deadlines and a candidate may submit a registration form and fee at any time. Testing is normally the first full week of each month. Please refer to insert for state specific information on both application deadlines and examination scheduling. The examination is administered by appointment only Monday through Friday at 9:00 a.m. and 1:30 p.m. on dates authorized by NBCC. Available dates will be indicated when scheduling your examination. Candidates are scheduled on a first-come, first-served basis.

HOLIDAYS
The examinations are not offered on the following holidays:
- New Year’s Day
- Martin Luther King Day
- Presidents’ Day
- Good Friday
- Memorial Day
- Independence Day (July 4)
- Labor Day
- Columbus Day
- Veterans’ Day
- Thanksgiving Day (and the following Friday)
- Christmas Eve Day
- Christmas Day
- New Year’s Eve Day

REGISTERING FOR AN EXAMINATION
Candidates should ensure that the NBCC Examination Registration Form has been properly completed and that the information provided is accurate. Your careful attention will enable prompt and efficient processing. Candidates will not be able to schedule an examination appointment with AMP until the NBCC Registration Form has been processed. NBCC will send written notification to registered candidates with examination scheduling procedures.

REGISTRATION FORM EXPIRATION
A candidate who fails to schedule an appointment for examination six months after registering with NBCC forfeits the registration form and all fees paid to take the examination.
EXAMINATION REAPPLICATION

If you were unsuccessful in your examination attempt, you may reregister once every 90 days by completing another NBCC Examination Registration Form. Your state credentialing board may limit the number of times that you may retest. Please refer to insert for state specific information. Another examination fee is required.

FEES AND REFUND POLICY

Candidates must submit the appropriate fee with the NBCC Registration Form. Payment may be made by credit card (VISA®, MasterCard® or American Express®), cashier’s check, money order or personal check made payable to NBCC. Examination fees are not refundable or transferable and expire in six (6) months. Checks for nonsufficient funds (NSF) will not be redeposited. If your check does not clear the bank for any reason, you will incur a fee of $20. Credit card transactions that are declined will also be subject to a $20 handling fee. You must send a certified check or money order for the amount due, including the NSF fee, to NBCC to cover returned checks or declined credit card transactions. Postdated checks are not an acceptable form of payment.

SCHEDULING AN EXAMINATION

After the candidate has received written confirmation from NBCC, there are two ways to schedule an appointment for the examination.

1. Schedule Online: The candidate may schedule an examination appointment online at any time by using AMP’s online scheduling service. To use this service, follow these easy steps:
   - Go to www.goAMP.com and select “Candidates.”
   - Follow the simple, step-by-step instructions to select your examination program and register for an examination.

   OR

2. Telephone Scheduling: Call AMP at 888/519-9901 to schedule an examination appointment. This toll-free number is answered from 7:00 a.m. to 7:00 p.m. (Central Time) Monday through Thursday, 7:00 a.m. to 5:00 p.m. on Friday and 8:30 a.m. to 5:00 p.m. on Saturday.

When scheduling an examination, be prepared to confirm a location, a preferred date and time for testing, and to provide your Social Security number as a unique identification number. AMP will use your Social Security number only as an identification number in maintaining your record. When you contact AMP to schedule an examination appointment, you will be notified of the time to report to the Assessment Center. Please make a note of it because you will NOT receive an admission letter.

<table>
<thead>
<tr>
<th>If you call AMP by 3:00 p.m. Central Time on...</th>
<th>Depending on availability, your examination may be scheduled as early as...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Thursday</td>
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<td>Tuesday</td>
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<td>Wednesday</td>
<td>Monday</td>
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<tr>
<td>Thursday</td>
<td>Tuesday</td>
</tr>
<tr>
<td>Friday</td>
<td>Wednesday</td>
</tr>
</tbody>
</table>

ASSESSMENT CENTER LOCATIONS

AMP Assessment Centers have been selected to provide accessibility to the most candidates in all states and major metropolitan areas. AMP Assessment Centers are typically located in H&R Block offices. A current listing of AMP Assessment Centers, including addresses and driving directions, may be viewed at AMP’s website located at www.goAMP.com. Specific address information will be provided when a candidate schedules an examination appointment.

SPECIAL ARRANGEMENTS FOR CANDIDATES WITH DISABILITIES

NBCC and AMP comply with the Americans with Disabilities Act and strive to ensure that no individual with a disability is deprived of the opportunity to take the examination solely by reason of that disability. NBCC and AMP will provide reasonable accommodations for candidates with disabilities.

Wheelchair access is available at all Assessment Centers. Candidates with visual, sensory or physical disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements. Please refer to insert for state specific information on special accommodations. Candidates testing with approved special accommodations should schedule their examination via AMP’s toll-free number to ensure their accommodations are confirmed. Be sure to inform AMP of your need for special accommodations when calling to schedule your examination.
TELECOMMUNICATION DEVICES FOR THE DEAF
AMP is equipped with Telecommunication Devices for the Deaf (TDD) to assist deaf and hearing-impaired candidates. TDD calling is available 8:30 a.m. to 5:00 p.m. (Central Time) Monday-Friday at 913/495-4437. This TDD phone option is for individuals equipped with compatible TDD machinery.

EXAMINATION APPOINTMENT CHANGES
A candidate may reschedule an examination appointment at no charge once by calling AMP at 888/519-9901 at least four business days prior to the scheduled testing session. (See table below.)

<table>
<thead>
<tr>
<th>If the Examination is scheduled on...</th>
<th>AMP must be contacted by 3:00 p.m. Central Time to reschedule the Examination by the previous...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Tuesday</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Wednesday</td>
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<tr>
<td>Wednesday</td>
<td>Thursday</td>
</tr>
<tr>
<td>Thursday</td>
<td>Friday</td>
</tr>
<tr>
<td>Friday</td>
<td>Monday</td>
</tr>
</tbody>
</table>

MISSED APPOINTMENTS AND CANCELLATIONS
A candidate will forfeit the examination registration and all fees paid to take the examination under the following circumstances.

- The candidate wishes to reschedule an examination but fails to contact AMP at least four business days prior to the scheduled examination session,
- The candidate wishes to reschedule a second time,
- The candidate appears more than 15 minutes late for an examination, or
- The candidate fails to report for an examination appointment.

A complete NBCC Examination Registration Form and examination fee are required to re-register for the examination.

INCLEMENT WEATHER, POWER FAILURE OR EMERGENCY
In the event of inclement weather or unforeseen emergencies on the day of an examination, AMP will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Assessment Center personnel are able to open the Assessment Center. If power to an Assessment Center is temporarily interrupted during an administration, your examination will restart where you left off and you may continue the examination.

Candidates may contact AMP’s Weather Hotline at 913/495-4418 (24 hours/day) prior to the examination to determine if AMP has been advised that any Assessment Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at an Assessment Center, all scheduled candidates will receive notification following the examination regarding rescheduling or reapplication procedures.

EXAMINATION CONTENT
NATIONAL CLINICAL MENTAL HEALTH COUNSELING EXAMINATION (NCMHCE)
The problems on the National Clinical Mental Health Counseling Examination (NCMHCE) are designed to sample a broad area of competencies, not the recall of isolated facts. Therefore, the problems assess clinical problem-solving ability, including identifying, analyzing, diagnosing, and treating clinical problems.

The examination will consist of 10 clinical mental health counseling cases. Each case will be divided into 5-8 sections classified as either Information Gathering (IG) or Decision Making (DM). The examination will cover the following areas:

**Evaluation and Assessment**
For example:
- Identify precipitating problems or symptoms
- Conduct mental status exam
- Identify individual and relationship functioning
- Provide other referral sources
Clinical Diagnosis and Treatment Planning

For example:
- Integrate client assessment and observational data with clinical judgment to formulate a differential diagnosis
- Develop a treatment plan in collaboration with the client
- Coordinate treatment plan with other service providers
- Monitor client progress toward goal attainment

Clinical Practice

For example:
- Determine if services meet client’s needs
- Discuss ethical and legal issues
- Understand scope of practice parameters
- Provide prevention interventions

EXAMINATION FORMAT

A clinical mental health counselor is required to make important clinical decisions regarding the well-being of clients. Therefore, a clinical simulation examination is used to more realistically assess knowledge in such decision making.

The NCMHCE is a clinical simulation examination. Each problem will consist of three components: Scenario, Information Gathering (IG) sections, and Decision Making (DM) sections. Each problem begins with a scenario. The scenario provides the setting and introductory client information (e.g., age, gender, presenting problem(s)). In Information Gathering (IG) sections you are to gather all relevant information for answering the question. This might include family background, status of physical health, previous experience in counseling, etc. Read all responses before uncovering the responses that you consider necessary for responding to the question about the client. You should select all options that are appropriate at the time. If you select more or less options than are appropriate, this will adversely impact your information gathering score.

Decision Making (DM) sections provide opportunities for making clinical judgments or decisions. These sections may be formatted in one of two ways:

1. Single Best Option – There may be more than one acceptable option, but one option is generally regarded most acceptable.
2. Multiple Options – Several options are considered appropriate. These sections address decisions in which a combination of actions is required.

In the decision making section described as “Single Best Option,” the instructions will be to “CHOOSE ONLY ONE” option. You should not assume that your response is incorrect if you are directed to make another selection. The simulation examination format sometimes uses this direction. The multiple option type of decision making described as “Multiple Options” will have instructions to “SELECT AS MANY.”

The procedure for taking the National Clinical Mental Health Counseling Examination (NCMHCE) is different from that of the more common multiple-choice examination. Each simulation problem is identified by a number and the client’s name and each section is identified by a letter.

SELECTED REFERENCES

NBCC does not endorse any particular materials as being effective in preparing for your participation in the NCMHCE. The following references are presented only with the potential to be helpful in preparing for the NCMHCE. NCMHCE performance enhancement is neither implied nor expressed.


The National Board for Certified Counselors, Inc. (NBCC) has developed a preparation guide for the NCMHCE that includes a 5-problem sample examination with directions for scoring, explanations for each choice, latent image pen, and additional references. This guide can be purchased for $34.95.

Phone: (336) 547-0607 Fax: (336) 547-0017
Address: NBCC, 3 Terrace Way, Suite D, Greensboro, NC, 27403-3660
Website: www.nbcc.org
The following is an example of an IG and a DM section as it might appear in a problem on the National Clinical Mental Health Counseling Examination (NCMHCE). Remember that in an actual problem there will be 5-8 sections and 4-14 selections per section (depending on the nature of the section). The responses in the shaded right-hand column are uncovered here. In the actual examination you will not be able to see the response unless you select it.

**Simulation 1 – Ms. Wagner:** You are a clinical mental health counselor in a small group private practice. Ms. Wagner is a 37-year-old female who has scheduled an appointment with you. She states: “My primary care physician said you probably could help me.” For the past 3 months, Ms. Wagner has been feeling stressed, had problems sleeping, and has not been able to focus on her work.

**Section A – Ms. Wagner**

During the first session, which of the following would be most important to assess in order to formulate a provisional DSM-IV diagnosis? **(SELECT AS MANY as you consider indicated in this Section.)**

<table>
<thead>
<tr>
<th>Selection</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>A-1. Mental status</td>
<td>Unremarkable **</td>
</tr>
<tr>
<td>A-2. Stressors</td>
<td>Single parent of a 10-year-old girl, elementary teacher at a new school,</td>
</tr>
<tr>
<td></td>
<td>and father had a heart attack 3 months ago **</td>
</tr>
<tr>
<td>A-3. Previous counseling</td>
<td>None **</td>
</tr>
<tr>
<td>A-4. Recreational activities</td>
<td>Not relevant at this time **</td>
</tr>
<tr>
<td>A-5. Family history of mental illness</td>
<td>None **</td>
</tr>
</tbody>
</table>

7-9 more choices would appear here on a complete problem.

When you have completed your selections in this section, **UNCOVER RESPONSE A-13**

<table>
<thead>
<tr>
<th>A-13.</th>
<th>Go to section D. **</th>
</tr>
</thead>
</table>
Based on the information obtained about Ms. Wagner, what is the provisional DSM-IV diagnosis?

(CHOOSE ONLY ONE unless you are directed to “Make another selection in this Section.”)

<table>
<thead>
<tr>
<th>D-1. Generalized Anxiety Disorder</th>
<th>D-1. Not indicated. Make another selection in this section **</th>
</tr>
</thead>
<tbody>
<tr>
<td>D-2. Major Depressive Disorder,</td>
<td>D-2. Not indicated. Make another selection in this section **</td>
</tr>
<tr>
<td>Single Episode</td>
<td></td>
</tr>
<tr>
<td>D-3. Adjustment Disorder with</td>
<td>D-3. Go to Section ____ **</td>
</tr>
<tr>
<td>Depressed Mood</td>
<td></td>
</tr>
<tr>
<td>D-4. Dysthymic Disorder</td>
<td>D-4. Not indicated. Make another selection in this section **</td>
</tr>
</tbody>
</table>

This section might have 1-2 more alternatives on a complete problem.

---

**PREPARING FOR THE EXAMINATION**

Your primary objective in preparing for the examination is to pass. Other objectives such as learning new material and reviewing old material are critical toward this objective. Begin your study by developing your strategy for success.

A good study strategy includes preparation. To prepare, determine first what you need to learn, choose your study materials, and select a quiet, comfortable place that allows you to focus. Before you begin, check to make sure you have everything you need. Try to avoid interruptions for any reason.

Developing a study plan will allow you to learn the most as you study. Include setting goals in your study plan. Review what you have studied as often as possible. The more you review, the more you will retain.

---

**TAKING THE EXAMINATION**

Your examination will be given by computer at an AMP Assessment Center. You do not need any computer experience or typing skills to take your examination. On the day of your examination appointment, report to the Assessment Center no later than your scheduled testing time. Look for the signs indicating AMP Assessment Center Check-in. A CANDIDATE WHO ARRIVES MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME WILL NOT BE ADMITTED.

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**IDENTIFICATION**

To gain admission to the Assessment Center, you must present two forms of identification, one with a current photograph. Both forms of identification must be current and include the candidate’s current name and signature. The candidate will be required to sign a roster for verification of identity.
Acceptable forms of photo identification include a current driver’s license with photograph, a current state identification card with photograph, a current passport, or a current military identification card with photograph. Employment ID cards, student ID cards and any type of temporary identification are NOT acceptable as the primary form of identification.

You must have proper identification to gain admission to the Assessment Center. Failure to provide appropriate identification at the time of the examination is considered a missed appointment. There will be no refund of your examination fee.

SECURITY

NBCC and AMP maintain examination administration and security standards that are designed to assure that all candidates are provided the same opportunity to demonstrate their abilities. The Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, Personal Digital Assistants (PDAs), pagers or cellular phones are allowed in the testing room.
- No calculators are permitted.
- No guests, visitors or family members are allowed in the testing room or reception areas.
- No personal items, valuables, or weapons should be brought to the Assessment Center. Only keys and wallets may be taken into the testing room and AMP is not responsible for items left in the reception area.

EXAMINATION RESTRICTIONS

- No personal belongings will be allowed in the Assessment Center. Pencils will be provided during check-in.
- You will be provided with scratch paper to use during the examination. You must return the scratch paper to the supervisor at the completion of testing, or you will not receive a score report. No documents or notes of any kind may be removed from the examination room.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking will not be permitted in the Assessment Center.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

MISCONDUCT

Individuals who engage in any of the following conduct may be dismissed from the examination, their scores will not be reported and examination fees will not be refunded. Examples of misconduct are when a candidate:

- creates a disturbance, is abusive, or otherwise uncooperative;
- displays and/or uses electronic communications equipment such as pagers, cellular phones, PDAs;
- gives or receives help or is suspected of doing so;
- attempts to record examination questions or make notes;
- attempts to take the examination for someone else; or
- is observed with notes, books or other aids.

COPYRIGHTED EXAMINATION QUESTIONS

All examination questions are the copyrighted property of NBCC. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties.

PRACTICE EXAMINATION

After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to enter your Social Security number. You will take your photograph which will remain on screen throughout your examination session. This photograph will also print on your score report.

Prior to attempting the examination, you will be given the opportunity to practice taking an examination on the computer. The time you use for this practice examination is NOT counted as part of your examination time or score. When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination.

TIMED EXAMINATION

Simulation Software

Three windows appear on the screen at all times during a simulation examination (see Figure 1. The Scenario Window section is displayed across the top of the screen; the candidate’s picture is displayed in the upper right-hand corner of this window. Each simulation begins with a brief paragraph in this window that provides preliminary information about the patient; subsequent sections contain information about the changing patient situation. A scroll bar is available when necessary to view all text. Each Scenario Window will also
provide the candidate with specific instructions about whether to “CHOOSE ONLY ONE” response in the section or to “SELECT AS MANY” responses as appropriate to gather information about the patient.

**Example:**

**PRACTICE SIMULATION PROBLEM**

**CARL RIVERS**

You are the respiratory therapist assigned to a 4-bed ICU on the midnight shift. On entering the unit, you find that 52-year-old Carl Rivers is being mechanically ventilated in the SIMV and pressure support mode, and appears to be resting comfortably. He is 182 cm (6 ft) tall and weighs 77 kg (170 lb).

**During your initial ventilator check, which of the following would you evaluate?**

(SELECT AS MANY as you consider indicated in this Section; after you proceed to the next Section, you will be able to correct your choices.)

- Exhaled tidal volume
- Deep tendon reflexes
- Inspiratory flow rate
- Ventilator mandatory rate
- Color of urine
- Maximum voluntary ventilation (MVV)
- FIO2
- Effective static (plateau) compliance
- Intrapulmonary shunt (Qs/Qt)
- Ventilator mandatory rate
- 8/min

**Figure 1.**

The Options Window is displayed as the lower left portion of the screen and contains all options (choices or possible responses) from which to choose in the current section. A scroll bar is also available when necessary to view all options.

The Simulation History Window is displayed as the lower right portion of the screen. This window can be displayed in two formats using the button labeled “Current Section/ Simulation History” located at the top of this window. When in the “Current Section” mode, the options chosen in the current section and the results for each choice are displayed in this window. When in the “Simulation History” mode, the scenarios from all previous sections as well as the options chosen and their results are displayed in the window. A scroll bar is available on the right side of this window to review previous scenarios and/or options and results.

Once a candidate has read the scenario for each section and determined which option(s) are appropriate for selection, he/she can simply click the box to the left of the option to “choose” it. Immediately, the option selected and the results for that option appear in the right-hand Simulation History Window. After a candidate selects or “chooses” an option, he/she cannot reconsider and “unselect” it, since the information from that option has been revealed.

In sections where a candidate is instructed to “SELECT AS MANY as you consider indicated,” the candidate should select all of the options believed appropriate at the time and then click the “Go To Next Section” button at the bottom left of the screen to continue to the next section. A dialog box will appear requesting that the candidate confirm he/she wishes to continue to the next section and warning that returning to this section to make additional choices will not be possible. By selecting “Yes,” the software automatically takes the candidate to the next section of the patient simulation.

In sections where a candidate is instructed to “CHOOSE ONLY ONE unless directed to make another selection,” the candidate should carefully review each option and then choose the one best option. A dialog box will then appear to present the results for the choice or request that the candidate select another response in the section.

A “Help Screen” will be accessible to candidates throughout the simulation examination to explain how to navigate through the examination.

**FOLLOWING THE EXAMINATION**

After completing the examination, candidates are asked to complete a short evaluation of their examination experience. Then, candidates are instructed to report to the examination proctor to receive their score report. Scores are reported in written form only, in person or by U.S. mail. Scores are not reported over the telephone, by electronic mail or by facsimile. Your score report will indicate a “pass” or “fail.”

**PASS/FAIL SCORE DETERMINATION**

The passing point for each form of the NCMHCE was set by the examination committee using a criterion-referenced method. The exact passing point may vary from one form of the examination to another, depending on the scored problems included on the examination form you attempted. The examination committee follows strict guidelines in selecting the problems for each examination form to ensure the versions of the examination are parallel in difficulty.

Each section, Information Gathering (IG) or Decision Making (DM), in a simulation was evaluated by content experts when the problem was developed, and a minimum pass level (MPL) was established for the section using the scoring weights assigned to the options in that section. The MPL for an individual problem on the examination (IG or DM) is the sum of the MPLs for both IG and DM sections contained in the problem; the MPL for the total examination is determined by summing the MPLs for both IG and DM over all scored problems on the examination form.
To assist candidates in evaluating their performance on the Simulation Examination, scores are provided for both IG and DM sections. It is the TOTAL RAW SCORE for IG and DM on the entire examination that determines whether you pass or fail the Simulation Examination. Candidates must achieve TOTAL RAW passing scores in both IG and DM to successfully complete this examination portion.

**SCORES CANCELLED BY NBCC OR AMP**

NBCC and AMP are responsible for the validity and integrity of the scores they report. On occasion, occurrences, such as computer malfunction or misconduct by a candidate, may cause a score to be suspect. NBCC and AMP reserve the right to void or withhold examination results if, upon investigation, violation of its regulations is discovered.

**IF YOU PASS THE EXAMINATION**

Candidates who pass the examination should follow their state board requirements for licensure. Please refer to insert for state specific information.

**IF YOU DO NOT PASS THE EXAMINATION**

Candidates are allowed to take the examination once every ninety days. The candidate must re-register by submitting a new NBCC Examination Registration Form with the appropriate fee. Please refer to insert for state specific information.

**FAILING TO REPORT FOR AN EXAMINATION**

A candidate who fails to report for an examination forfeits the registration and all fees paid to take the examination. A completed NBCC Registration Form and examination fee are required to reapply for examination.

**CONFIDENTIALITY**

Information about candidates for testing and their examination results are considered confidential. Studies and reports concerning candidates will contain no information identifiable with any candidate, unless authorized by the candidate.

**SCORE VERIFICATION**

Candidates may request a score verification to be sent to themselves or a third party at a cost of $15 per verification. Requests must be submitted to NBCC in writing by mail or fax. The request must include the candidate’s name (if tested under different name – include testing name), Social Security number, mailing address, telephone number, date of examination, name of examination, state the examination was taken in, and where to send the verification. Submit this information with the required fee payable to NBCC in the form of a money order or cashier’s check. Please include credit card information (card number, expiration date, name as written on card, and signature) if you are faxing the request. Score verifications will be mailed within approximately four to six weeks after receipt of the request and fee.

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The terms listed below are U.S. trademarks of the registrants listed with them: VISA® of Visa International Service Association; MasterCard® of Mastercard International Inc., American Express® of American Express Company.
Request for Special Examination Accommodations

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs on the reverse side so your examination accommodation can be processed efficiently. The information you provide and any documentation regarding your disability and your need for examination accommodation will be treated with strict confidentiality.

Candidate Information

Social Security # __________ – _______ – ____________

________________________________________________________________________________________________________

Name (Last, First, Middle Initial, Former Name)

____________________________________________________________________________________________________________________________________

Mailing Address

____________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________

City State Zip Code

____________________________________________________________________________________________________________________________________

Daytime Telephone Number

Special Accommodations

I request special accommodations for the ____________________________ examination.

Please provide (check all that apply):

_____ Special seating or other physical accommodation

_____ Reader

_____ Extended examination time (time and a half)

_____ Distraction-free room

_____ Other special accommodation(s) (Please specify.)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Comments: ________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

Signed: ______________________________ Date: ______________________________
# Documentation of Disability-Related Needs

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that we are able to provide the required examination accommodations.

## Professional Documentation

<p>| I have known ____________________________ since _____ / _____ / _____ in my capacity as a |</p>
<table>
<thead>
<tr>
<th>Examination Candidate</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________</td>
<td></td>
</tr>
<tr>
<td>Professional Title</td>
<td></td>
</tr>
</tbody>
</table>

The candidate discussed with me the nature of the examination to be administered. It is my opinion that, because of this candidate’s disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Description of Disability: _____________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

Signed: ___________________________________________ Title: _______________________________

Printed Name: _________________________________________

Address: _________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Telephone Number: _______________________________________

Date: ____________________________  License # (if applicable): ____________________________