

Link to new portal: my.cce-global.org

The screenshot shows a web browser window with the URL my.cce-global.org. The page header includes logos for nbcc, CCE, and nbcc FOUNDATION, along with the text "CREDENTIALING GATEWAY". The main content area is titled "Welcome to the Credentialing Gateway!" and contains a brief description of the portal's purpose. Below this, there are "IMPORTANT INSTRUCTIONS" and a list of links for "Forgot username?" and "Forgot password?". On the right side, there is a login form with fields for "Username" and "Password", a "Login" button, and a "Create Gateway Account" button. A security notice is located at the bottom of the page.

nbcc CCE nbcc FOUNDATION CREDENTIALING GATEWAY

Welcome to the Credentialing Gateway!

The Credentialing Gateway provides credential holders and applicants with a single, secure portal to manage their certificates/credentials and applications. It grants access to change of address, name change, online applications, printable documents and many more features.

IMPORTANT INSTRUCTIONS:
If this is your first visit to the Credentialing Gateway, you must click the [Create Gateway Account](#) button. If you have previously registered, enter your Username and Password to Login.

- [Forgot username?](#)
- [Forgot password?](#)

* Username
* Password

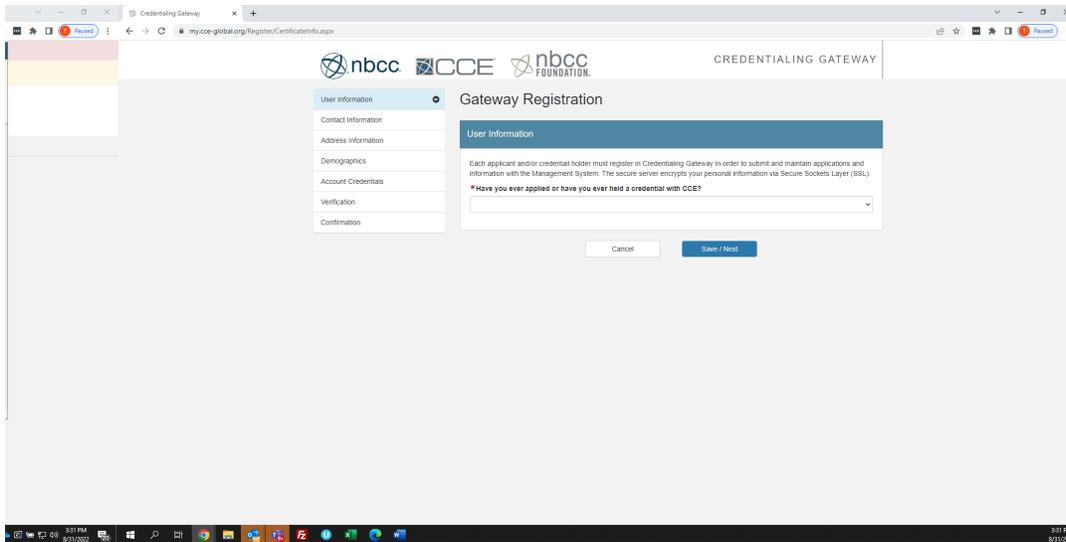
Login

Create Gateway Account

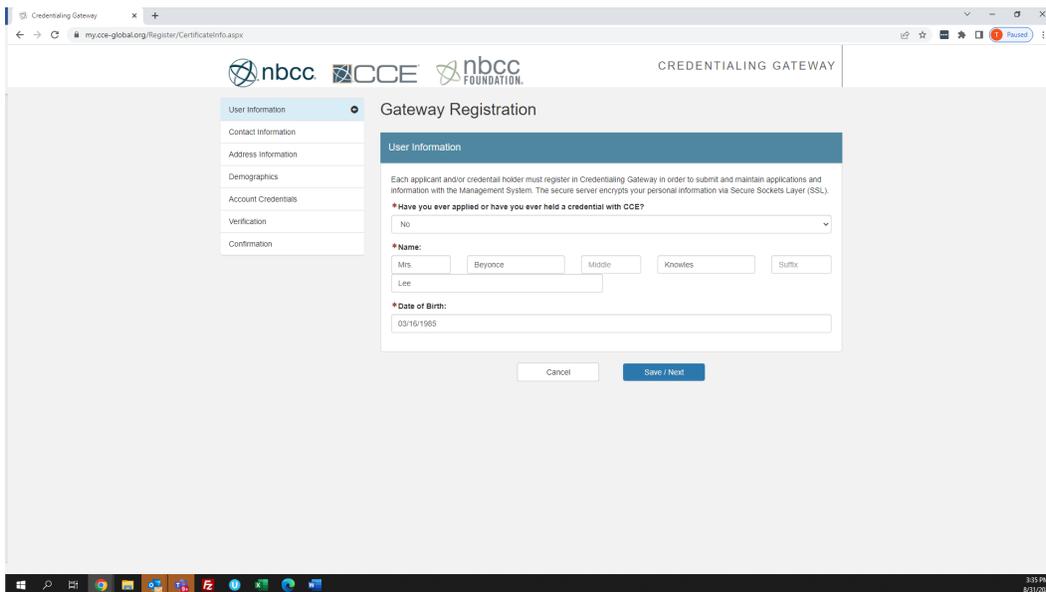
For security reasons, be sure to close your browser once you are done using this system. The National Board for Certified Counselors cannot be held responsible for unauthorized access to the information you have entered in the browser.

If first time accessing portal, select the “Create Gateway Account” tab and create your account

If candidate already has an account, enter username and password.



If account has to be created, candidate must answer the next series of questions.



Credentiaing Gateway

my.cce-global.org/Register/contactinfo.aspx

nbcc CCE nbcc FOUNDATION. CREDENTIALING GATEWAY

Gateway Registration

User Information ✓
Contact Information ○
Address Information
Demographics
Account Credentials
Verification
Confirmation

Contact Information

* Home Phone:
135-458-1923

Work Phone:
334-809-7845

Cell Phone:
135-458-1923

* Email Address:
lee@cce-global.org

Previous Cancel Save / Next

3:18 PM 8/1/2018

Credentiaing Gateway

my.cce-global.org/Register/addressinfo.aspx

nbcc CCE nbcc FOUNDATION. CREDENTIALING GATEWAY

Gateway Registration

User Information ✓
Contact Information ✓
Address Information ○
Demographics
Account Credentials
Verification
Confirmation

Address Information

* Country:
United States of America (the)

Address 1:
1234 1st Rich Street

Address 2:

* Zip/Postal Code: 12348 * City: New York * State (Territory): New York

Previous Cancel Save / Next

3:43 PM 8/1/2018

my.cce-global.org/Register/Demographics.aspx

nbcc CCE nbcc FOUNDATION. CREDENTIALING GATEWAY

User Information ✓
Contact Information ✓
Address Information ✓
Demographics ○
Account Credentials
Verification
Confirmation

Gateway Registration

Demographics

The information requested below is for research purposes and will be kept confidential.

Gender:
Female

Race:
African American

Ethnicity:
Not-Hispanic or Latino

Previous Exit Save / Next

3:44 PM 8/31/2021

my.cce-global.org/Register/createaccount.aspx

nbcc CCE nbcc FOUNDATION. CREDENTIALING GATEWAY

User Information ✓
Contact Information ✓
Address Information ✓
Demographics ✓
Account Credentials ○
Verification
Confirmation

Gateway Registration

Account Credentials

Please create a username and password to access your gateway. **This information is not maintained by the NBCC.** Keep this information in a secure place.

- **Username** - Must be a minimum of 8 characters, maximum of 20 characters. Username is not case sensitive. Special characters are not allowed.
- **Password** - Must be a minimum of 8 characters, maximum of 20 characters. You may use any combination of letters (upper case and lower case) and numbers. Please limit special characters to @, \$, !, #, &, *, %.

* Username:

* Password:

* Verify Password:

Previous Cancel Save / Next

3:45 PM 8/31/2021

Credentiaing Gateway x +
my.cce-global.org/Register/verification.aspx

   CREDENTIALING GATEWAY

User Information ✓
Contact Information ✓
Address Information ✓
Demographics ✓
Account Credentials ✓
Verification ○
Confirmation

Gateway Registration

Verification

Please review the information below. If any changes need to be made, navigate to the applicable page and make changes. Once all information is correct, continue to create your account.

User Information

Name:
Mrs. Beyonce Knowles

Date of Birth:
03/16/1983

Maiden/Previous Name(s):
Lee

Contact Information

Home Phone:
135-458-1923

Work Phone:
334-809-7845

Cell Phone:
135-458-1923

Email Address:
lee@cce-global.org

Address Information

Primary/Physical Address:

3:47 PM
8/31/2022

Credentiaing Gateway x +
my.cce-global.org/Register/verification.aspx

Contact Information

Home Phone:
135-458-1923

Work Phone:
334-809-7845

Cell Phone:
135-458-1923

Email Address:
lee@cce-global.org

Address Information

Primary/Physical Address:
1234 1st Road Street
New York, NY 12345

Demographics

Gender:
Female

Race:
African American

Ethnicity:
Not Hispanic or Latino

Account Credentials

Username:
Scorp067

Previous Cancel Finish

3:48 PM
8/31/2022

Credentiaing Gateway

my.cce-global.org/Register/Confirmation.aspx

nbcc CCE nbcc FOUNDATION. CREDENTIALING GATEWAY

Success! Your profile has been successfully completed.

- User Information ✓
- Contact Information ✓
- Address Information ✓
- Demographics ✓
- Account Credentials ✓
- Verification ✓
- Confirmation ●

Gateway Registration

Confirmation

User Information

Name:
Beyonce Knowles

Date of Birth:
03/16/1985

Maiden/Previous Name(s):
Lee

Contact Information

Home Phone:
135-458-1923

Work Phone:
334-809-7845

Cell Phone:
135-458-1923

Email Address:
lee@cce-global.org

Address Information

Primary Physical Address:

1234 Im Rich Street
New York, NY 12348

Demographics

Gender:
Female

Race:
African American

Ethnicity:
Not-Hispanic or Latino

Account Credentials

Username:
Scorpio67

Exit

3:51 PM
8/31/2022

Credentiaing Gateway

my.cce-global.org/Register/Confirmation.aspx

Home Phone:
135-458-1923

Work Phone:
334-809-7845

Cell Phone:
135-458-1923

Email Address:
lee@cce-global.org

Address Information

Primary Physical Address:
1234 Im Rich Street
New York, NY 12348

Demographics

Gender:
Female

Race:
African American

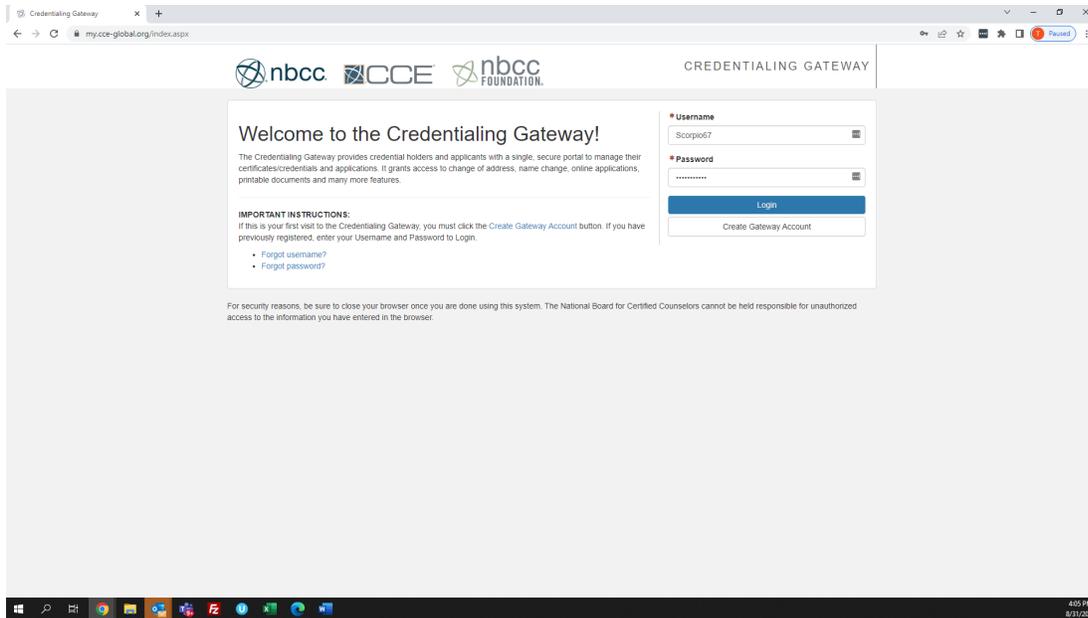
Ethnicity:
Not-Hispanic or Latino

Account Credentials

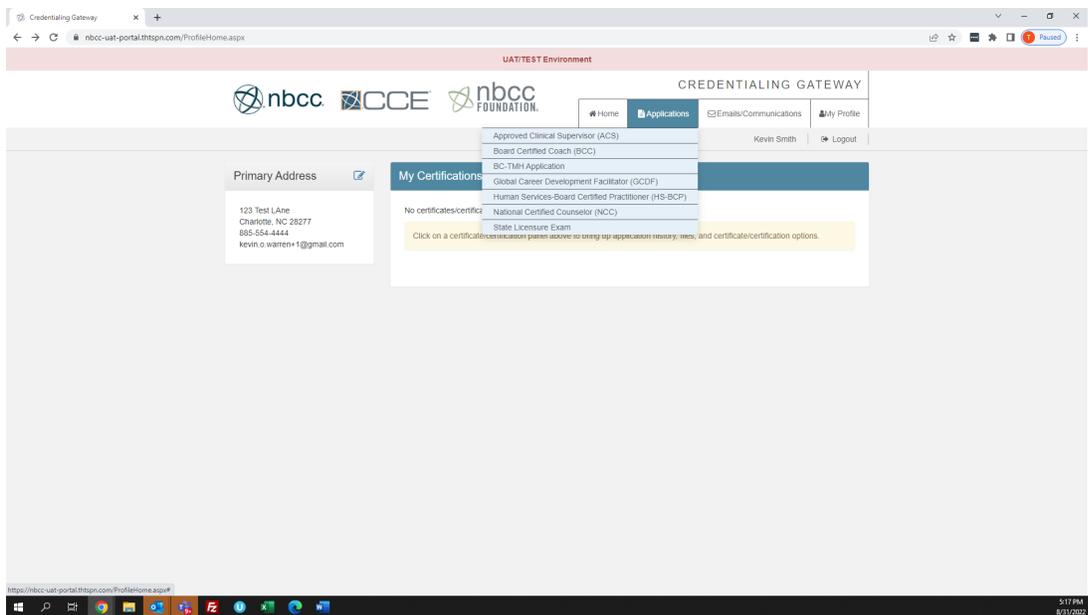
Username:
Scorpio67

Exit

3:54 PM
8/31/2022



On the “Application” tab, select “State Licensure Exam”



Select the “State” from the drop down menu and follow the instructions to select the appropriate exam and delivery format.

Credentiaing Gateway

nbcc-uat-portal.tbtpn.com/Applications/StateLicensure/Initial/begin.aspx

UAT/TEST Environment

nbcc CCE nbcc FOUNDATION

CREDENTIALING GATEWAY

Home Applications Emails/Communications My Profile

Kevin Smith Logout

Application Start

- Address Changes
- Education/Degree
- Accommodations
- Verification
- Payment
- Confirmation

State Licensure Application

Application Start

* Select the state you are testing for State Licensure.

Exit Save / Next

5:15 PM 8/31/2022

Credentiaing Gateway

nbcc-uat-portal.tbtpn.com/Applications/StateLicensure/Initial/begin.aspx

UAT/TEST Environment

nbcc CCE nbcc FOUNDATION

CREDENTIALING GATEWAY

Home Applications Emails/Communications My Profile

Kevin Smith Logout

Application Start

- Address Changes
- Education/Degree
- Accommodations
- Verification
- Payment
- Confirmation

State Licensure Application

Application Start

* Select the state you are testing for State Licensure.

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia**
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana

5:18 PM 8/31/2022

nbcc CCE nbcc FOUNDATION. CREDENTIALING GATEWAY

Home Applications Emails/Communications My Profile Kevin Smith Logout

Application Start

- Address Changes
- Education/Degree
- Accommodations
- Verification
- Payment
- Confirmation

State Licensure Application

Application Start

* Select the state you are testing for State Licensure.

Georgia

Board Name:
Composite Board of Professional Counselors, Social Workers & Marriage & Fam

Address:
237 Coliseum Dr
Macon, GA 31217-3858

Email:

Phone:
(478)207-2440

* Please select the exam you wish to register for.

Please choose an exam delivery method?

Exit Save / Next

5:18 PM 8/17/2022

nbcc CCE nbcc FOUNDATION. CREDENTIALING GATEWAY

Home Applications Emails/Communications My Profile Kevin Smith Logout

Application Start

- Address Changes
- Education/Degree
- Accommodations
- Verification
- Payment
- Confirmation

State Licensure Application

Application Start

* Select the state you are testing for State Licensure.

Georgia

Board Name:
Composite Board of Professional Counselors, Social Workers & Marriage & Fam

Address:
237 Coliseum Dr
Macon, GA 31217-3858

Email:

Phone:
(478)207-2440

* Please select the exam you wish to register for.

- NCC: National Counselor Examination
- NCMHCE: National Clinical Mental Health Counselor Examination

Exit Save / Next

5:20 PM 8/17/2022

UAT/TEST Environment

nbcc. CCE nbcc FOUNDATION. CREDENTIALING GATEWAY

Home Applications Emails/Communications My Profile Kevin Smith Logout

Application Start

- Address Changes
- Education/Degree
- Accommodations
- Verification
- Payment
- Confirmation

State Licensure Application

Application Start

* Select the state you are testing for State Licensure.

Georgia

Board Name:
Composite Board of Professional Counselors, Social Workers & Marriage & Fam

Address:
237 Coliseum Dr
Macon, GA 31217-3858

Email:

Phone:
(478)207-2440

* Please select the exam you wish to register for.

NCMHCE: National Clinical Mental Health Counselor Examination

Please choose an exam delivery method?

In-person administration at a Pearson VUE test center
ABC (need description/specs)
Standard Setting Cohort

5:21 PM 8/31/2022

Address Changes

Education/Degree

- Accommodations
- Verification
- Payment
- Confirmation

Preferred Mailing Address

Name:
Kevin Smith

* Date of Birth:
03/14/1975

* Country:
United States of America (the)

* Address 1:
123 Test Lane

Address 2:

* Zip/Postal: 28277 * City: Charlotte * State (Territory): North Carolina

Primary Phone:
885-554-4444
e.g., 123-456-7890

Alternate Phone:
e.g., 123-456-7890

* Email:
kevin.o.warren+1@gmail.com

Check here if you do NOT want your contact information shared with continuing education providers.

Previous Exit Save / Next

5:23 PM 8/31/2022

Enter educational information.

nbcc CCE FOUNDATION. CREDENTIALING GATEWAY

Home Applications Emails/Communications My Profile Kevin Smith Logout

Registration for Licensure Exam for Georgia

- Application Start ✓
- Address Changes ✓
- Education/Degree ○
- Accommodations
- Verification
- Payment
- Confirmation

Education/Degree

Education + Add

None Reported

Previous Exit Save / Next

5:44 PM 8/31/2022

nbcc CCE FOUNDATION. CREDENTIALING GATEWAY

Home Applications Emails/Communications My Profile Kevin Smith Logout

Registration for Licensure Exam for Georgia

- Application Start ✓
- Address Changes ✓
- Education/Degree ○
- Accommodations
- Verification
- Payment
- Confirmation

Education

* Institution Name: Harvard University

* Degree: Doctoral Degree

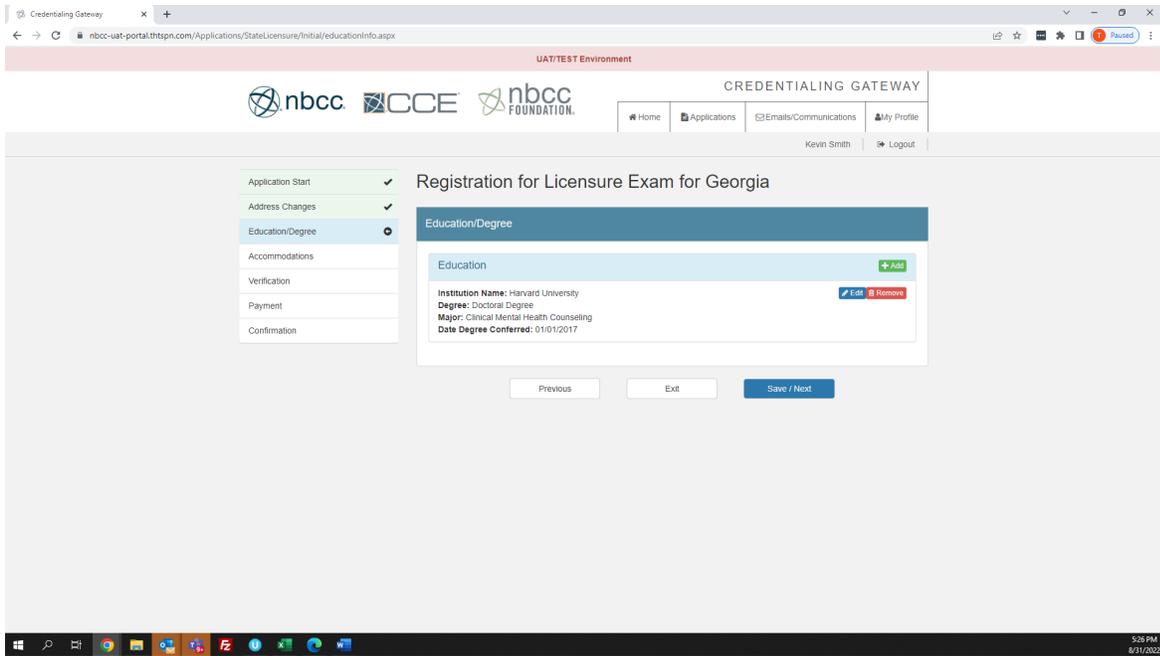
* Major: Clinical Mental Health Counseling

* Date Degree Conferred: 01/2017

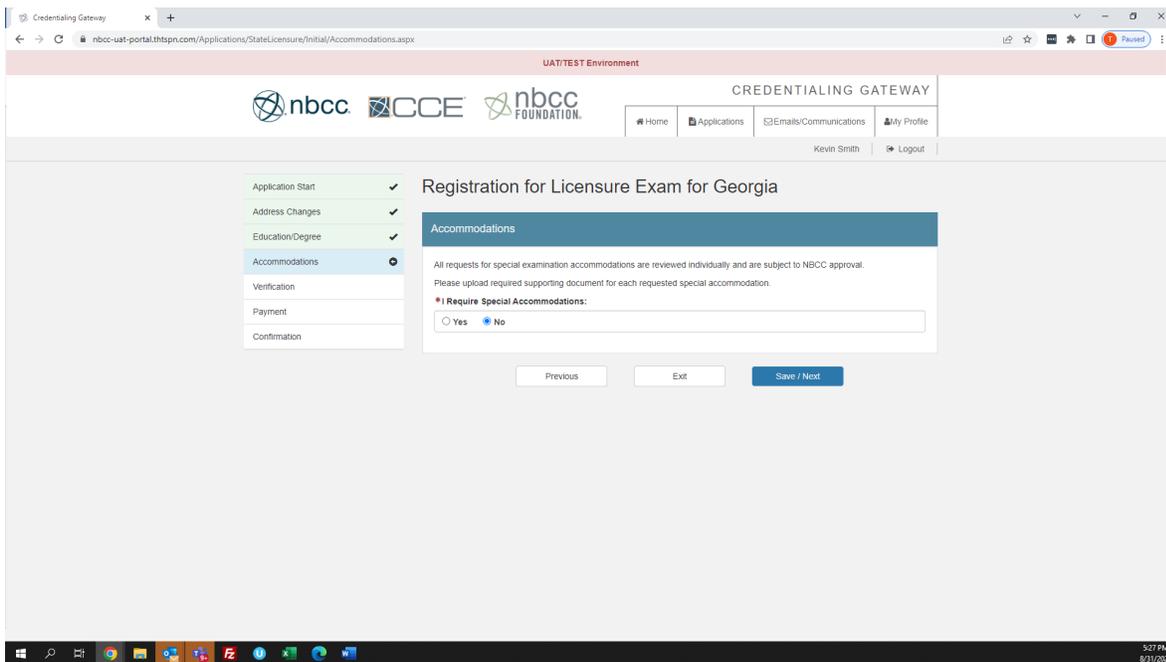
Submit

Previous Exit Save / Next

5:25 PM 8/31/2022



Make accommodation request selection(s), if applicable, and upload required documentation



UAT/TEST Environment

nbcc CCE FOUNDATION

CRECREDENTIALING GATEWAY

Home Applications Emails/Communications My Profile

Kevin Smith Logout

Application Start ✓
 Address Changes ✓
 Education/Degree ✓
 Accommodations ●
 Verification
 Payment
 Confirmation

Registration for Licensure Exam for Georgia

Accommodations

All requests for special examination accommodations are reviewed individually and are subject to NBCC approval. Please upload required supporting document for each requested special accommodation.

I Require Special Accommodations:
 Yes No

Accommodation Needed:

- Extra Time
- Human Reader
- Human Scribe
- Paper and pencil examination
- Separate Room
- ZoomText screen magnification
- Other

Uploaded Files:
 Drag files anywhere on the page or click [here](#) to upload supporting documentation.

Previous Exit Save / Next

5:38 PM 8/31/2022

nbcc-uat-portal.thstspn.com/Applications/StateLicensure/Initial/verification.aspx

Application Start ✓
 Address Changes ✓
 Education/Degree ✓
 Accommodations ✓
 Verification ●
 Payment
 Confirmation

Registration for Licensure Exam for Georgia

Verification

Please take a moment to verify all information below. If you see any errors, use the previous button to correct information. Once all information is correct, use the save and continue button to submit.

General

Certification:
 State Licensure

Select the state you are testing for State Licensure.
 Georgia

Address Changes

Date of Birth:
 03/14/1975

Home Address:
 123 Test LAne
 Charlotte, NC 28277

Phone:
 885-554-4444

Email:
 ke@cce-global.org

Education/Degree

Education

Institution Name: Harvard University
Degree: Doctoral Degree
Major: Clinical Mental Health Counseling
Date Degree Conferred: 01/01/2017

5:38 PM 8/31/2022

Credentiaing Gateway

nbcc-uat-portal.thspn.com/Applications/StateLicensure/Initial/verification.aspx

Exam Registration

Examination:
NCMHCE: National Clinical Mental Health Counselor Examination

Exam Type:
ABE (need description/specs)

Accommodations

I Require Special Accommodations:
No

Uploaded Files

No files uploaded during the application.

Attestation

I understand that I am taking the NCE or NCMHCE as part of the Georgia state licensing requirements and approval to take the NCE or NCMHCE or the receipt of a passing score does not demonstrate that Georgia state licensure or NBCC certification requirements have been satisfied. I authorize CCE to provide the Georgia Professional Licensing Boards with examination results. Use of the NCE or NCMHCE scores for licensure in other states cannot occur until licensure is granted in Georgia. By signing this document, I certify that the information provided in this application is accurate to the best of my knowledge. I agree to abide by all NBCC and CCE policies concerning the NCE or NCMHCE.

I agree that the information above is correct

Attestation Date: 08/31/2022

Signature: (Type your name exactly as it appears at the top of this page, including any spaces and dashes.)

Signature

Signature Date: 08/31/2022

Previous Exit Save / Next

5:29 PM
8/31/2022

Pay exam registration fee and receive confirmation of payment.

Credentiaing Gateway

nbcc-uat-portal.thspn.com/Applications/StateLicensure/Initial/payment.aspx

nbcc CCE nbcc FOUNDATION

Home Applications Emails/Communications My Profile

Kevin Smith Logout

Registration for Licensure Exam for Georgia

- Application Start ✓
- Address Changes ✓
- Education/Degree ✓
- Accommodations ✓
- Verification ✓
- Payment **○**
- Confirmation

Payment

By clicking the Submit Payment button, you will be submitting your application and will no longer be able to alter your information.

Billing Information

* First Name: Kevin

* Last Name: Smith

* Address 1: 123 Test Lane

Address 2:

* Country: United States of America (the)

* City: Charlotte

* State (Territory): North Car

* Zip: 28277

Payment Details

* Payment Type:

Description	Item Total
Examination Fee	\$275.00
Total:	\$275.00

Previous Exit Submit

5:30 PM
8/31/2022