

# EXAM & CREDENTIAL VERIFICATION



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**Name (print)** \_\_\_\_\_

**Date of Exam (for exam verification only):** \_\_\_\_\_

**Exam/Credential:**  Counselor       Advanced Counselor       Clinical Supervisor       Prevention Specialist  
 Criminal Justice       Co-Occurring Disorders       Co-Occurring Disorders Diplomate

**Address:** \_\_\_\_\_

**City/Province, State/Country, Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name of IC&RC Board:** \_\_\_\_\_

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**For Credit Card Users:**       Master Card       Visa

\_\_\_\_\_  
Name

\_\_\_\_\_  
Account Number + 3 digit security code

\_\_\_\_\_  
Billing address (if different from above)

\_\_\_\_\_  
Expiration Date (MM/YY)

\_\_\_\_\_  
City      State      Zip

\_\_\_\_\_  
Signature