



ICGC UPDATE FORM (A.1)

Today's Date: _____ / _____ / _____

The below requested information should be the contact information the NCGC wishes the Certification Board to use regarding all certification matters.

Please print or type all information.

Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Work Phone: _____ **Fax:** _____

Home Phone: _____ **Other:** _____

Email: _____

Recertifying for? **NCGC-I** **NCGC-II**

Are you currently licensed **Yes** **No**

Please list any current licenses or credentials. Indicate numbers and State or National level.

<u>License/Credential</u>	<u>Number</u>	<u>State/National</u>
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Please return this form along with all the required documents and a check in the amount of \$75.00 to:

**The International Gambling Counselor Certification Board
C/o NCPG, Inc.
730 11th Street, NW Suite 601
Washington DC 20001**