



International Gambling Counselor
Certification Board

International Gambling Counselor Certification (ICGC)

Email: Certification@ncpgambling.org • Website: www.ncpgambling.org

Administered by the:



National Council
on Problem Gambling

National Helpline

1-800-522-4700

24 Hour Confidential

730 11th Street, NW Suite 601

WASHINGTON, DC 20001

PHONE: 202-547-9204 • FAX: 202-547-9206

Updated 8/20/2008

THE NATIONAL STANDARD

The national standard will be used by the International Gambling Counselor Certification Board (IGCCB) to judge the competencies of any applicant who applies for national certification. If an applicant's competencies meet the standard, the board will grant the designation: National Certified Gambling Counselor – I (NCGC-I) or National Certified Gambling Counselor – II (NCGC-II). Recognition of the certification is voluntary. The design of this certification system is one of quality control and assurance of clinical competency. Once achieved, this self-imposed monitoring system will make available a known and accepted level of performance by the certified counselor and consequently will encourage performance by the certified counselor and consequently will encourage recognition from other agencies.

THE STANDARD

The certification program for gambling counselors is based upon key elements of the counseling profession. The standard will be used to evaluate each applicant's qualifications. Individuals with the basic competencies to assume responsibility for counseling pathological gamblers, their families, and associates, regardless of program setting, will be eligible for certification. Gambling counseling is a service which should be rendered by those with adequate training and expertise. Such expertise will be determined through the certification process. Appropriate services will be rendered to persons with pathological or related gambling problems and to others affected by the disorder. Certification provides all practitioners with a marketable credential of comparable value but different from other credentials such as degrees, etc. It is most valuable in settings where experience is highly valued since it is based upon a standard used to judge competencies gained in a work setting in addition to training. It is not certification for a particular position, or a license to practice, although it may be accepted as an essential, preferred, or alternative credential by employers, state and local officials or accreditation bodies.

ORGANIZATIONAL GOALS OF CERTIFICATION

In order to assure a body of qualified and competent professionals working in the field of clinical treatment with pathological and problem gamblers and their families, the International Gambling Counselor Certification Board is proposing the following organizational goals to aid in the certification of gambling counselors nationally:

1. To assure that Gambling Counselors nationally possess high standards of training, competence, skills and knowledge.
2. To develop and operate a system of evaluation, screening, certification and a national registry for gambling counselors nationally and internationally.
3. To assure that this certification and registry process is available to all interested applicants.
4. To establish and endorse a professional code of ethics.
5. To maintain coordination and liaison with state officials, professional associations and educational institutions to keep current developments in the field of gambling treatment, and to periodically review, modify, update and improve current standards of competence, skills and knowledge.
6. To establish a central registry of certified gambling counselors and maintain all necessary records of applicants.

Certification and registry of gambling counselors internationally is a voluntary process conceived by professionals in both the treatment field and the professional community to endorse an independent body to conduct the certification and registration process.

The International Gambling Counselor Certification Board has members selected to represent various areas of the country as well as various professional disciplines.

CRITERIA FOR CERTIFICATION

The following is an outline of the requirements for certification as a National Certified Gambling counselor. More detailed information follows.

- Bachelors degree or equivalent in the behavioral health field
- License or certification in a recognized behavioral health field (i.e. psychology, addictions, clinical social work)
- 30 hours (NCGC-I) or 60 hours of gambling specific training and education
- 100 hours (NCGC-I) or 2,000 hours (NCGC-I) clinical experience treating gamblers and/or family members in an approved setting with a minimum number of sessions with a Board Approved Clinical Consultant.
- Signed statements from two co-workers
- Signed statement from on-site clinical supervisor
- Signed statement from Board Approved Clinical Consultant. (BACC)
- Signed application form, ethical statement form and directory authorization form
- Passing score on Certification Examination for Gambling Counselors (www.ptcny.com/clients/NGCCB/)
- Check, money order, or credit card payment in the amount of \$175

National Certified Gambling Counselor -I

NGGC-I:

EDUCATION and TRAINING:

A minimum of 30 hours of approved gambling specific training or education must be completed with appropriate supporting documentation as defined by the IGCCB. As of April 3, 2007 the International Gambling Counselor Certification Board now requires a Bachelors Degree in behavioral health field (e.g., psychology, sociology, chemical dependency, counseling, social work, etc.) or equivalent to meet the behavioral education requirement for certification. This will end and replace the previous requirement of 300 hours of education from a behavioral health field. All applications for national gambling counselor certification received after midnight of April 3, 2007, will be subject to the new Bachelors Degree or equivalent requirements.

CLINICAL EXPERIENCE:

Minimum of 100 hours as a gambling counselor delivering direct treatment to problem/pathological gamblers and significant others, in a Board approved setting with a IGCCB approved clinical consultant (BACC). This can be fulfilled by 50% or 50 hours volunteer work experience, the balance being paid experience. The Board reserves the right to assign and review a 100 hour field work practicum to applicants who are not working under a IGCCB approved clinical consultant or an individual qualified (in experience and training) to supervise gambling counseling activities. See section A below for details.

A. NCGC-I Criteria for “Clinical Experience”

Minimum guidelines for approved supervision/consultation should include at least 4 one hour sessions. NGCCB approved clinical consultation may be done in person, by phone, by email, or as arranged between consultant and applicant. Applicant may present properly documented past clinical work with gamblers and their family members for consideration by the NGCCB clinical consultant, and if accepted by the approved clinical consultant and the certification committee, these hours may be credited toward the 100 experiential hours required for NCGC-I. These should include a minimum current reviewed caseload as agreed to with the BACC.

National Certified Gambling Counselor –II

NCGC-II:

EDUCATION and TRAINING:

A minimum of 60 hours of approved gambling specific training or education must be completed with appropriate supporting documentation as defined by the certification committee. As of April 3, 2007 the National Gambling Counselor Certification Board now requires a Bachelors Degree in behavioral health field (e.g., psychology, sociology, chemical dependency, counseling, social work, etc.) or equivalent to meet the behavioral education requirement for certification. This will end and replace the previous requirement of 300 hours of education from a behavioral health field. All applications for national gambling counselor certification received after midnight of April 3, 2007, will be subject to the new Bachelors Degree or equivalent requirements.

CLINICAL EXPERIENCE:

Minimum of 2,000 hours (or one year full time equivalent) as a gambling counselor delivering direct treatment to problem/pathological gamblers and significant others, in a Board approved setting with a IGCCB approved clinical consultant. This can be fulfilled by 50% or 1000 hours volunteer work experience, the balance being paid experience. The Board reserves the right to assign and review a 100 hour field work practicum to applicants who are not working under a Board approved clinical consultant or an individual qualified (in experience and training) to supervise gambling counseling activities. See section B below for details.

B. NCGC-II Criteria for “Clinical Experience”

Minimum guidelines for approved supervision should include at least two one hour sessions per month for a minimum of 12 months (24 hrs.). IGCCB clinical consultation maybe done in person, by phone, by email, or as arranged between supervisor and applicant. Applicant may present properly documented past clinical work with gamblers and their family members for consideration by the IGCCB approved clinical consultant, and if accepted by the BACC (Board approved clinical consultant) and the IGCCB, these hours may be credited toward the 2,000 experiential hours required. These should include a minimum caseload as agreed to with the BACC. (Clinical Consultant guidelines will include reporting forms, case presentation guidelines, and suggested minimum caseloads.).

DEFINITIONS

Direct treatment to problem/pathological gamblers and significant others is defined as:

1. Face to face clock hours with gambling clients
2. Face to face clock hours with gamblers and/or their families.
3. All hours of documentation for gambling clients or family member to:
 - Patients chart
 - E.A.P./employer
 - Counselor supervisor
 - Referral agents/other mental health workers court/parole/probation officers
4. Any lengthy telephone interventions (30 min. or more, documented).
5. Assessments of clients for a gambling problem.
6. Preparation of discharge summaries, evaluations and/or aftercare plans for other agencies or care providers.
7. Review of gambling cases to medical or clinical director.
8. Case management services to managed care providers or utilization review for gambling cases.
9. Lectures/educational sessions for gamblers or their family members, in treatment on areas of addiction, or mental health and recovery.
10. Treatment planning sessions with the treatment team.

ALL APPLICATIONS

1. Applicants must have completed a supervised counseling internship at an approved site. College credit internships can be used either as educational contact hours or supervised experience but not both.
2. All applicants will be expected to abide by the Certified Gambling Counselors code of ethics.
3. Counselors must be re-certified every three years through evidence of 60 hours of approved non-repetitive continuing education, 30 of these hours must be gambling specific approved hours. 15 of the above hours should be from national or regional conferences where recent research and treatment approaches are discussed. The remaining 30 hours (nonspecific) can be obtained through a variety of methods including: college courses, conferences, seminars, training programs, etc. in the behavioral health field. All of the continuing education and training requirements **must be new and non-repetitive**, and must also be related to counselor competency areas as listed in the appropriate section.
4. Applicants must have proof of a bachelors degree in behavioral health field or equivalency* as well as their hours of experience as a gambling counselor.
5. Certification may be suspended or revoked upon the recommendation of the Board for violation of the code of ethics. (This code is meant to complement those existing codes for M. D's, Ph.D.'s, L.C.S.W.'s, and C.A.C.'s, not replace or compete.)
6. Applicants who have been denied certification by the Board may apply for re-examination without prejudice. The decision of the Board in all matters is final and irrevocable.

BOARD APPROVED CLINICAL CONSULTANTS (BACC) CRITERIA

The Gambling Counselor Certification Board lists the following requirements for IGCCB approved clinical consultants:

1. Have obtained a graduate degree or equivalent (advanced certification in addictions or mental health including their recognition at a supervisors level by a state or national certification organization), from the human service/behavioral health field from an accredited institution of higher education.
2. Maintain a NCGC-II (National Gambling Counselor Certification) and appropriate state licensure or certification as a qualified health professional or equivalent.
3. Demonstrated experience of at least three years as a supervisor in a clinical setting with completion of a course, class, in-service education or seminar on "how to do clinical supervision" of at least 6 hours in duration; and those bachelors level supervisors must have evidence of advanced certification in addictions or mental health including their recognition at a supervisors level by a state or national certification organization.
4. Have demonstrated expertise in the content area of pathological gambling. Such evidence should include, but need not be limited to employment in a gambling treatment program/individual practice with; published papers, original research, or articles on clinical subject matter, presented at a state, national and international conference on the clinical aspects of theory, research and/or treatment of pathological gamblers and their families. Such evidence must be submitted to and be approved by the Board.

COMPETENCY REQUIREMENTS

Communication

The gambling counselor shall be able to communicate in a variety of situations to assure that the needs of pathological or problem gamblers, their families and/or significant others are met and that continuity of care is maintained through case collaboration with other health care providers. Applicants will be able to demonstrate the following:

- Speak, read and write with proficiency, to establish communication readily, and to maintain records and written reports.

- Knowledge of gambling, problem gambling and pathological gambling: treatment and rehabilitation/recovery, understanding the history, prevalence and social impact of gambling in the United States, as well as the significant literature in the field.
- Understanding the history and theoretical basis for treatment of pathological/problem gamblers, as well as familiarity with current research in the field.
- The effect of problem/pathological gambling on the gambler personally, interpersonally, financially, as well as management of the disorder, and the recovery process.
- Understanding other addictions and an ability to demonstrate a thorough knowledge of addiction, treatment, relapse and the recovery process.
- Knowledge of sociocultural values and attitude systems related to: finances; pathological/problem gambling and spiritual concerns.
- Knowledge of effective medical, psychological social service and spiritual management of pathological/problem gamblers, as well as the recovery process.
- Knowledge of sociocultural values and effective medical, psychological, social service and spiritual management of the family of the pathological/problem gambler.
- Knowledge of the effect of pathological/problem gambling on occupational and legal concerns.

Assessment and Evaluation

To insure appropriate services to meet the needs of clients, the ability to evaluate and assess the needs and problem stage of the client in therapy is a requirement.

- Knowledge of human growth and development.
- Knowledge of family dynamics and interaction.
- Knowledge of pathological and problem gambling
- Knowledge of stages of change theory with problem and pathological gamblers and families
- Knowledge of motivational enhancement
- Knowledge of the signs and symptoms of alcohol use, abuse and addiction.
- Analytical skills
- Case history methodology
- Ability to recognize appropriate treatment modalities
- Evaluation of client's progress
- Goal setting, contracting and problem solving

Treatment Planning

The gambling counselor shall be able to actively involve clients in the development of the individualized treatment plan.

- Share information and evaluation results with client and interpret material to those involved.
- Inform clients of their legal rights regarding acceptance of and participation in a treatment or recovery program.
- Assist clients in making arrangements to pay for counseling or treatment.
- Inform clients of their rights and privileges regarding confidentiality.

Information and Referrals

Clients have a multitude of needs and issues that often require a multidisciplinary approach. Appropriate agencies must be recognized and utilized by the counselor in meeting those needs through an understanding of the principles of information and referral.

- Outreach skills: ability to choose appropriate methods of recruiting clients and mobilizing community resources.
- Knowledge of referral sources most appropriate for client needs.
- Skill in interpreting referral sources and their functions to client in relationship to their needs.
- Ability to follow up and provide advocacy to insure responsiveness of service providers.
- Ability to evaluate outcome of treatment strategy and determine degree of effectiveness of treatment.

Counseling and Treatment

The gambling counselor shall have knowledge of and possess skills of various counseling techniques. Applicants shall be able to demonstrate their knowledge of and ability to utilize counseling and treatment skills to include:

- Ability to establish a genuine therapeutic relationship with the client.
- Knowledge and ability to use counseling techniques to educate, elicit feelings, facilitate self-understanding, and motivate the client.
- Knowledge of and ability to locate and develop basic informational support systems (materials, consultation resources etc.).
- Skill in individual and/or group counseling methods including techniques of working with spouses and families.
- Ability to coordinate a client's continuum of treatment and or services.
- Knowledge of and ability to participate in various inpatient and outpatient treatment processes; knowledge of their rationale, relation to other methods, and their limitations.
- Understand the steps, traditions and philosophy of Gamblers Anonymous, its relation to various treatments, and the programs of Gam-Anon and Gam-A-Teen, as well as other Self-Help Groups i.e., A.A., N.A. etc.
- Knowledge of long range rehabilitative processes, including awareness of needs for medical care, post treatment crisis, relapse, and problems of readjustment.

Counseling Activities

The following describes the tasks for which the gambling counselor is certified. They are identified here for the understanding of employers and learning institutions. Any clinical position in a treatment program may include gambling counseling as a major role. A gambling counselor may also be a supervisor or administrator if they are qualified in such roles. The NCPG does not certify these positions.

1. Intake
2. Develop treatment plans
3. Facilitate logistics of treatment
4. Individual, family and group counseling
5. Continuous client evaluation
6. Referral
7. Crisis intervention
8. Case management
9. Client follow-up contact
10. Work with families and significant others
11. Seek and use collateral support (employer, friends etc.)
12. Record keeping and reports
13. Coordination of treatment plan
14. Outreach
15. Case consultation
16. Identify treatment gaps and overlaps
17. Assist in program development
18. Identify and coordinate community resources
19. Education and efforts towards prevention
20. Training and education on pathological and problem gambling
21. Program evaluation and consultation
22. Assessment

EXAMINATIONS

Passing score of the International Certification Examination for Gambling Counselors is required and must be submitted to the IGCCB office with your application. Details of registration location and date for the examination can be found by writing: Professional Testing Corporation 1350 Broadway, 17th Floor, New York, NY 10018 (212) 356-0660 or visiting the PTC website at www.ptcny.com. There is an examination fee of \$210 (for NAADAC and NCPG Members) and \$310 (for non-members). Please contact the NCPG for membership information www.ncpgambling.org or 202-547-9204

INTERNATIONAL GAMBLING COUNSELOR CERTIFICATION BOARD

Below you will find instructions for completing your application for gambling counselor certification. Your file will remain active for a period of two years. If at the end of two years your file is incomplete you will be notified that you will have to reapply when your documentation is complete.

While your application is in process you may expect to receive a notice informing you of any missing documentation. Applications will be processed only after all material has been received. Please allow 4-6 weeks for processing of completed application.

NGGC-I INSTRUCTIONS

Below you will find instructions for completing your application for NCGC-I status. This designation awards recognition to the commitment made to the counseling needs of the problem gambler and family.

Candidates are required to:

- Have completed their training requirements (Bachelors degree in behavioral health, 30 hours of gambling specific training)
- Selected a board approved clinical consultant A list of such Board approved clinical consultants is available through the NCPG office at (202) 547-9204
- Be working in a clinical setting.
 1. Upon completion of the 100 hours of required clinical experience the applicant and Board Approved Clinical Consultant must then notify the IGCCB and submit (S4, S.5, and S.6 forms).
 2. Complete the APPLICATION for NCGC- I, enclose non-refundable check, credit card or money order for one hundred eighty dollars (\$180.00) and return to the IGCCB Certification Board.
 3. Read the enclosed information on "Ethical Standards (A.2) for NCGC-I / NCGC-II", and sign the statement of compliance in Section I of the APPLICATION.
 4. Documentation of approved training in gambling counseling must be submitted with your APPLICATION. Applicants must have a minimum of 30 clock hours of gambling specific training. Properly documented formal in-service training will be accepted as partial fulfillment of this requirement.
 5. A CONFIRMATION OF EMPLOYMENT LETTER must be sent to the Board by either the Director of your agency or the Personnel Department. This letter should state the dates of your employment and your official duties. For those in a private practice setting, send this letter on your official letterhead.
 6. Should this be a volunteer position the Director should indicate so in his letter. In cases where the Director and the Supervisor are one in the same, that individual must complete the EVALUATOR'S STATEMENT (S.1 & S.2), DOCUMENTATION OF EMPLOYMENT LETTER , and the DELINEATION OF RESPONSIBILITIES (S.3)
 7. For those working in a private practice setting, a previous clinical supervisor or a third peer may complete forms S.1, S.2, and S.3.
 8. The counselor will then, based upon NGCCB approval and notification of successful passing of the exam, be awarded NCGC- I status. A confirmation letter and certificate will be sent to the applicant once all requirements have been met.

NCGC- II INSTRUCTIONS

Below you will find instructions for completing your application for NCGC-II status. This designation awards recognition to the commitment made to the counseling needs of the problem gambler and family.

Candidates are required to:

- Have completed their training requirements (Bachelors degree in behavioral health, 60 hours of gambling specific training)
- Selected a board approved clinical consultant. A list of such Board approved clinical consultants is available through the NCPG office at (202) 547-9204
- Be working in a clinical setting.
 1. Upon completion of the 2,000 hours of required clinical experience the applicant and Board Approved Clinical Consultant (BACC) must then notify the IGCCB and submit all required documentation (S4, S.5, and S.6 forms).
 2. Complete the APPLICATION FOR NCGC- II, enclose non-refundable check, credit card or money order for one hundred eighty dollars (\$180.00) and return to the IGCCB Certification Board.
 3. Read the enclosed information on "Ethical Standards (A.2) for NCGC-I / NCGC-II", and sign the statement of compliance in Section I of the APPLICATION.
 4. Documentation of approved training in gambling counseling must be submitted with your APPLICATION. Applicants must have a minimum of 60 clock hours of gambling specific training. Properly documented formal in-service training will be accepted as partial fulfillment of this requirement.
 5. A CONFIRMATION OF EMPLOYMENT LETTER must be sent to the Board by either the Director of your agency or the Personnel Department. This letter should state the dates of your employment and your official duties. For those in a private practice setting, send this letter on your official letterhead.
 6. The C1 and C2 are to be completed by two of your co-workers. These forms are to be returned directly to the Board by the evaluators.
 7. Should this be a volunteer position the Director should indicate so in his letter. In cases where the Director and the Supervisor are one in the same, that individual must complete the EVALUATOR'S STATEMENT (S.1 & S.2), DOCUMENTATION OF EMPLOYMENT LETTER , and the DELINEATION OF RESPONSIBILITIES (S.3)
 8. For those working in a private practice setting, a previous clinical supervisor or a third peer may complete forms S.1, S.2, and S.3.
 9. The counselor will then, based upon NGCCB approval and notification of successful passing of the exam, be awarded NCGC- II status. A confirmation letter and certificate will be sent to the applicant once all requirements have been met

PLEASE KEEP COPIES OF ALL DOCUMENTS SUBMITTED FOR YOUR FILES. DO NOT SEND ORIGINALS, SEND COPIES. Permission is granted to reproduce these forms.

The Board reserves the right to ask for the credentials of any individual signing that they have supervised you in your gambling counseling duties. Please be sure the names listed on the application correspond to those on the forms

CHECK LIST

SUBMITTED BY *APPLICANT*

- NCGC Application (form **A.1**),
- Professional Code and Ethical Standards (form **A.2**),
- Permission form for National Directory of NCGC counselors (form **A.3**),
- Your non-refundable payment in the amount of **\$175.00**.
- Evidence of a bachelors degree or equivalent: example **Copies** of transcripts, diplomas, certificates of completion and letters as appropriate, documenting the satisfactory completion of the educational and training experience listed. Do Not Send Originals.
- For NCGC-I evidence of 30 hours Gambling specific training or for NCGC-II evidence of 60 hours Gambling specific training
- Copy of the passing test score of the National Certification Gambling Counselor Examination must be sent to IGCCB office

SUBMITTED BY *CO-WORKERS / PEERS* (one form per peer)

- Peer Evaluator's Statement (form **C.1**)
- Peer Evaluator's Statement (form **C.2**)

SUBMITTED BY *CLINICAL SUPERVISOR* *

- Clinical Supervisor Statement (form **S.1**)
- Delineation of Responsibilities (form **S.2**)
- Professional Code and Ethical Standards (form **S.3**)

** For private practitioners a previous clinical supervisor or 3rd peer may complete the S.1, S.2, and S.3 forms*

SUBMITTED BY *BOARD APPROVED CLINICAL CONSULTANT (BACC)*

- BACC Statement (form **S.4**)
- Delineation of Responsibilities (form **S.5**)
- Professional Code and Ethical Standards (form **S.6**)

APPLICATION (A.1)
To Be Completed By Applicant

Today's Date: ____/____/____

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

Please print or type all information.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (____) _____ - _____ Home: (____) _____ - _____

Fax: (____) _____ - _____ Email: _____

Current Occupation: _____

Company: _____

Work Supervisor's Name: _____

Board Approved Clinical Consultant (*Please see list*): _____

Applying for: (*circle one*) **NCGC- I** **NCGC-II**

Are you currently licensed or certified? Yes No

If yes, please list your licenses or credentials. Indicate numbers and whether they are State or National level.

<u>License/Credential</u>	<u>Number</u>	<u>State/National</u>
---------------------------	---------------	-----------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Please return this application with all the required documentation, and payment in the amount of \$175.00 to:**

The International Gambling Counselor Certification Board
C/o NCPG
730 11th Street, NW Suite 601
Washington, DC 20001
Email: certification@ncpgambling.org

All inquiries should be in writing and forwarded to the address listed above

PROFESSIONAL CODE AND ETHICAL STANDARDS (A.2)

To be read and signed by the applicant

Please print or type

Applicant: _____

1. I shall support all efforts toward a primary goal of recovery for clients and families.
2. I shall conform to all rules and regulations pertaining to the confidentiality of all records, materials and communications concerning clients.
3. I shall demonstrate respect for clients by maintaining an objective, non-possessive professional relationship at all times.
4. I shall not discriminate among clients or professionals on the basis of race, color, creed, age, sex or sexual orientation.
5. I shall respect the rights and view of other gambling counselors and professionals.
6. I shall respect institutional policies and will cooperate with management functions.
7. I maintain a genuine interest in helping persons with gambling problems and will help those affected to help themselves.
8. I shall assess my own personal and vocational strengths, limitations, and biases. I will recognize when it is in the clients best interest to refer or release him/her to another counselor or program.
9. I shall take responsibility for continued professional growth through further education or training.
10. I commit to providing the highest quality of care through both personal effort and utilization of any other health professionals or services which may assist the client in his/her recovery plan.
11. I do not use alcohol, drugs nor gamble in a manner that will reflect adversely on the credibility and integrity of the profession.

Applicant's Signature

Date

Return this form directly to:

International Gambling Counselor Certification Board
730 11th Street, NW Suite 601 ♦ Washington DC 20001

NCGC DIRECTORY AUTHORIZATION (A.3)

To be completed by applicant
Please print or type all information

The Certification Board has authorized the National Council on Problem Gambling to offer a directory of NCGC counselors. This directory will be maintained on the NCPG website. In order to ensure our records are accurate, please fill out the form below to have your name included in the directory. Please note this directory will remain property of the Certification Board and will not be used or sold without their permission.

- No*, I do not wish to be listed in the NCGC Directory.
- Yes*, please include me in the NCGC Directory.
- Please contact me with continuing education opportunities.

(Please list the information below as you wish it to appear in the directory)

Prefix _____ Name _____

Credentials _____

Agency _____

Address _____

City _____ State/Prov _____ Zip/Postal Code _____

Country (if not US) _____

Telephone _____ Fax _____

Email _____ Website _____

Signature

Date

Return this form directly to:

International Gambling Counselor Certification Board
730 11th Street, NW Suite 601 ♦ Washington DC 20001

PEER EVALUATOR'S STATEMENT (C.1)
To be completed by current co-worker (one form per peer)
CONFIDENTIAL EVALUATION

DO NOT RETURN THIS FORM TO THE APPLICANT

Applicant Name: _____

I hereby certify that I have been in a position to observe and have first hand knowledge of the above named person's work at the

(Name of Work Setting)

During the time period from _____ to _____

My relation to the person was _____
(Co-worker)

The information I am giving is my best judgment of the above named person's capabilities to be certified as a national gambling counselor. During the above time period I certify that I have knowledge of the applicant providing services as a counselor working with gamblers/families and have no reservations about the applicant meeting the standards of the NGCCB.

(Printed Name)

(Signature)

_____ _____
(Title) (Date)

(Agency)

(Address of Agency)

(Day Phone)

*Please note: If you have reservations about the applicant please indicate your reasons on the back of this form.

Return this form directly to:

International Gambling Counselor Certification Board
730 11th Street, NW Suite 601 ♦ Washington DC 20001

PEER EVALUATOR'S STATEMENT (C.2)
To be completed by current co-worker (one form per peer)
CONFIDENTIAL EVALUATION

DO NOT RETURN THIS FORM TO THE APPLICANT

Applicant Name: _____

I hereby certify that I have been in a position to observe and have first hand knowledge of the above named person's work at the

_____ (Name of Work Setting)

During the time period from _____ to _____

My relation to the person was _____ (Co-worker)

The information I am giving is my best judgment of the above named person's capabilities to be certified as a national gambling counselor. During the above time period I certify that I have knowledge of the applicant providing services as a counselor working with gamblers/families and have no reservations about the applicant meeting the standards of the NGCCB.

_____ (Printed Name)

_____ (Signature)

_____ (Title) _____ (Date)

_____ (Agency)

_____ (Address of Agency)

_____ (Day Phone)

*Please note: If you have reservations about the applicant please indicate your reasons on the back of this form.

Return this form directly to:

International Gambling Counselor Certification Board
730 11th Street, NW Suite 601 ♦ Washington DC 20001

CLINICAL SUPERVISOR STATEMENT (S.1)

To be completed by clinical supervisor

CONFIDENTIAL EVALUATION

Please print or type all information

DO NOT RETURN THIS FORM TO THE APPLICANT

Applicant Name: _____

I hereby certify that I have been in a position to observe and have first hand knowledge of the above named person's work at the

(Name of Company/Work Setting)

During the time period from _____ to _____

My relation to the person was _____
(Supervisor)

During the above time period I certify that I provided the applicant with a total of _____ hours of face to face supervisor relating to the applicant's work as a counselor.

The information I am giving is my best judgment of the above named person's capabilities to be certified as a national gambling counselor.

(Printed Name)

(Signature)

_____ _____
(Title) (Date)

(Agency)

(Address of Agency)

(Day Phone)

Return this form (S.1) along with the S.2 and S.3 forms DIRECTLY to:

International Gambling Counselor Certification Board
730 11th Street, NW Suite 601 ♦ Washington DC 20001

DELINEATION OF RESPONSIBILITIES (S.2)

To be completed by clinical supervisor

DO NOT RETURN THIS FORM TO THE APPLICANT

Applicant Name: _____

Supervisors - Please indicate the percent of employee/volunteer times spent on the duties listed below as completed by the applicant during an average 40 hour work week. Please rank, in the performance column, the applicant's ability to perform the following duties, using the following scale:

0 - Don't Know, **1** - Poor, **2** - Average, and **3** - Above Average

<u>Duties</u>	<u>% of Time</u>	<u>Performance</u>
1. Outreach	_____	_____
2. Assessment	_____	_____
3. Intake	_____	_____
4. Individual Counseling	_____	_____
5. Family Counseling	_____	_____
6. Group Counseling	_____	_____
7. Client Education	_____	_____
8. Referrals to Other Resources	_____	_____
9. Client Record Keeping	_____	_____
10. Aftercare Services	_____	_____
11. Client Follow-up	_____	_____
12. Administrative Responsibilities	_____	_____
13. Community Activities (<i>lectures, workshops, etc.</i>)	_____	_____
14. Research	_____	_____
15. Program Management	_____	_____
16. Medical Recommendations & Treatment	_____	_____
17. Other (specify)_____	_____	_____

Total time spent, weekly on duties: _____

___ I have reservations of applicant meeting NCGC standards, state reasons on the back of this form

Name and title of supervisor (please print): _____

Signature: _____ Date: ____/____/____

Return this form (S.2) along with the S.1 and S.3 forms DIRECTLY to:

International Gambling Counselor Certification Board
730 11th Street, NW Suite 601 ♦ Washington DC 20001

PROFESSIONAL CODE AND ETHICAL STANDARDS (S.3)

To be completed by Clinical Supervisor

DO NOT RETURN THIS FORM TO THE APPLICANT

Applicant Name: _____

In your judgment, is the applicant's professional performance consistent with the standards listed below? Circle the appropriate response. If you circle any "No" answer, please explain below.

- | | | |
|---|-----|----|
| 1. Orientation in all efforts toward a primary goal of recovery for client and family. | Yes | No |
| 2. Respect for the confidentiality of all records, materials and communications concerning clients. | Yes | No |
| 3. Respect for client evidenced by an objective, non-possessive professional relationship at all times. | Yes | No |
| 4. No discrimination among clients or professionals on the basis of race, color, creed, age, sex, or sexual orientation. | Yes | No |
| 5. Respect for the rights and views of other gambling counselors and professionals. | Yes | No |
| 6. Respect for institutional policies and cooperation with management functions. | Yes | No |
| 7. Evidence of genuine interest in helping persons with gambling problems and dedication to helping them to help themselves. | Yes | No |
| 8. Willingness to assess his/her own personal and vocational strengths, limitations, and biases. Ability and willingness to recognize when it is to the clients best interest to refer or release him/her to another counselor or program | Yes | No |
| 9. Willingness to take personal responsibility for continued professional growth through further education or training. | Yes | No |
| 10. Total commitment to providing the highest quality of care through both personal effort and utilization of any other health professionals or services which may assist the client in his/her recovery plan. | Yes | No |
| 11. Does not use alcohol, drugs nor gamble in a manner that will reflect adversely on the credibility and integrity of the profession. | Yes | No |

Comments:

Name and title of clinical consultant _____

Signature: _____

Return this form (S.3) along with the S.1 and S.2 forms DIRECTLY to:

International Gambling Counselor Certification Board
730 11th Street, NW Suite 601 ♦ Washington DC 20001

BACC STATEMENT (S.4)

To be completed by NGCCB Approved Clinical Consultants (BACC)

CONFIDENTIAL EVALUATION

Please print or type all information

DO NOT RETURN THIS FORM TO THE APPLICANT

Applicant Name: _____

I hereby certify that I have been in a position to oversee and have consulted with the above named person from

(Name of Work Setting)

During the time period from _____ to _____

My relation to the person was _____
(Clinical Consultant)

During the above time period I certify that I provided the applicant with a total of _____ hours of clinical consultation relating to the applicant's work as a gambling counselor.

The information I am giving is my best judgment of the above named person's capabilities to be certified as a national gambling counselor.

(Printed Name)

(Signature)

_____ (Title) _____ (Date)

(Agency)

(Address of Agency)

(Day Phone)

Return this form (S.4) along with the S.5 and S.6 forms DIRECTLY to:

International Gambling Counselor Certification Board
730 11th Street, NW Suite 601 ♦ Washington DC 20001

DELINEATION OF RESPONSIBILITIES (S.5)

To be completed by NGCCB Clinical Consultant

DO NOT RETURN THIS FORM TO THE APPLICANT

Applicant Name: _____

BACC- Please indicate the percent of employee/volunteer times spent on the duties listed below as completed by the applicant during an average 40 hour work week. Please rank, in the performance column, the applicant's ability to perform the following duties, using the following scale:

0 - Don't Know, **1** - Poor, **2** - Average, and **3** - Above Average

<u>Duties</u>	<u>% of Time</u>	<u>Performance</u>
1. Outreach	_____	_____
2. Assessment	_____	_____
3. Intake	_____	_____
4. Individual Counseling	_____	_____
5. Family Counseling	_____	_____
6. Group Counseling	_____	_____
7. Client Education	_____	_____
8. Referrals to Other Resources	_____	_____
9. Client Record Keeping	_____	_____
10. Aftercare Services	_____	_____
11. Client Follow-up	_____	_____
12. Administrative Responsibilities	_____	_____
13. Community Activities (lectures, workshops, etc.)	_____	_____
14. Research	_____	_____
15. Program Management	_____	_____
16. Medical Recommendations & Treatment	_____	_____
17. Other (specify)_____	_____	_____

Total time spent, weekly on duties: _____

___ I have reservations of applicant meeting NCGC standards, state reasons on the back of this form

Name and title of clinical consultant (*please print*): _____

Signature: _____ Date: ____/____/____

Return this form (S.5) along with the S.4 and S.6 forms DIRECTLY to:

International Gambling Counselor Certification Board
730 11th Street, NW Suite 601 ♦ Washington DC 20001

PROFESSIONAL CODE AND ETHICAL STANDARDS (S.6)

To be completed by *NGCCB Approved Clinical Consultant*

DO NOT RETURN THIS FORM TO THE APPLICANT

Applicant Name: _____

In your judgment, is the applicant's professional performance consistent with the standards listed below? Circle the appropriate response. If you circle any "No" answer, please explain below.

- 1. Orientation in all efforts toward a primary goal of recovery for client and family. Yes No
- 2. Respect for the confidentiality of all records, materials and communications concerning clients. Yes No
- 3. Respect for client evidenced by an objective, non-possessive professional relationship at all times. Yes No
- 4. No discrimination among clients or professionals on the basis of race, color, creed, age, sex, or sexual orientation. Yes No
- 5. Respect for the rights and views of other gambling counselors and professionals. Yes No
- 6. Respect for institutional policies and cooperation with management functions. Yes No
- 7. Evidence of genuine interest in helping persons with gambling problems and dedication to helping them to help themselves. Yes No
- 8. Willingness to assess his/her own personal and vocational strengths, limitations, and biases. Ability and willingness to recognize when it is to the clients best interest to refer or release him/her to another counselor or program. Yes No
- 9. Willingness to take personal responsibility for continued professional growth through further education or training. Yes No
- 10. Total commitment to providing the highest quality of care through both personal effort and utilization of any other health professionals or services which may assist the client in his/her recovery plan. Yes No
- 11. Does not use alcohol, drugs nor gamble in a manner that will reflect adversely on the credibility and integrity of the profession. Yes No

Comments:

Name and title of clinical consultant _____

Signature: _____

Return this form (S.6) along with the S.4 and S.5 forms DIRECTLY to:

International Gambling Counselor Certification Board
730 11th Street, NW Suite 601 ♦ Washington DC 20001