



**International Gambling Counselor  
Certification Board**

730 11<sup>th</sup> Street, NW Suite 601

WASHINGTON, DC 20001

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

Email: IGCCB@igccb.org ● Website: www.igccb.org

## **National Gambling Counselor Certification (NCGC) - United States -**

## **International Gambling Counselor Certification (ICGC) - International -**

**All Application materials are to be sent to:**

**Connecticut Certification Board  
100 South Turnpike Road, Suite C  
Wallingford, CT 06492**

Administered by the:



National Council  
*on* Problem Gambling

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National Helpline

**1-800-522-4700**

24 Hour Confidential

Updated April 2011

## **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) in the United States or International Certified Gambling Counselor-I (ICGC-I) or International Certified Gambling Counselor-II (ICGC-II) outside of the United States. 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:

- To assure that Gambling Counselors nationally possess high standards of training, competence, skills and knowledge.
- To develop and operate a system of evaluation, screening, certification and a national registry for gambling counselors nationally and internationally.
- To assure that this certification and registry process is available to all interested applicants.
- To establish and endorse a professional code of ethics.
- 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.
- 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 such as license or certification in a recognized behavioral health field (i.e. psychology, addictions, clinical social work)

30 hours (NCGC-I) or 60 hours (NCGC-II) of gambling specific training and education

100\* hours (NCGC-I) or 2,000\* hours (NCGC-II) clinical experience treating gamblers and/or family members in an approved setting with a minimum number of sessions with a International Gambling Counselor Board Approved Clinical Consultant (BACC)

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/IGCCB/](http://www.ptcny.com/clients/IGCCB/))

Check, money order, or credit card payment in the amount of \$175

\* Please see NCGC-I/NCGC-II Criteria for “Clinical Experience” below

## **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 requires a Bachelors Degree or equivalent in behavioral health field (e.g. license or certificate in psychology, sociology, chemical dependency, counseling, social work, etc.) 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, are 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.

### **NCGC-I Criteria for “Clinical Experience”**

Minimum guidelines for approved supervision/consultation should include at least 4 one hour sessions. 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 100 experiential hours required for NCGC-I. 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).

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**Connecticut Certification Board  
100 South Turnpike Road, Suite C  
Wallingford, CT 06492**

## **National Certified Gambling Counselor –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 IGCCB. As of April 3, 2007 the International Gambling Counselor Certification Board requires a Bachelors Degree or equivalent in behavioral health field (e.g. license or certificate in psychology, sociology, chemical dependency, counseling, social work, etc.) 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, are 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 1,000 hours volunteer work experience, the balance being paid experience. The Board reserves the right to assign and review a 2,000 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.

#### **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 for NCGC-II. 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. A maximum of 10 hours of educational sessions can be given. All must be new and non-repetitive.
10. Treatment planning sessions with the treatment team.

## **ALL APPLICANTS**

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 bachelor's degree in behavioral health field or equivalency (e.g. license or certificate in psychology, sociology, chemical dependency, counseling, social work, etc.) 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 International Gambling Counselor Certification Board lists the following requirements for Board Approved Clinical Consultants or BACC's:

Graduate Degree or equivalent, subject to IGCCB approval.

NCGC Certification: Is currently certified and maintains certification as a NCGC-II (Nationally Certified Gambling Counselor, level II) for an approved length of time.

Knowledge and Experience of Clinical Supervision: Demonstrated experience of at least three years as a clinical 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.

Experience in Gambling Treatment: Have a minimum of 2,000 documented clinical hours (in addition to the original NCGC-II requirements) in providing gambling treatment as consideration of applicant's overall experience. In support of these hours, a description is needed of work with gamblers and their families indicating depth of experience and substance of clinical work with clients, such that expertise in clinical care and supervision is demonstrated and the applicant is ready to offer the benefits of this experience and knowledge to counselors new to the gambling treatment field.

Demonstrated Expertise: Have demonstrated expertise in the area of pathological gambling. Such evidence should include, but need not be limited to: employment in a gambling treatment program/individual practice along with; published papers, original clinical research, or articles on gambling specific clinical subject matter, presented at state, national or international conference on the treatment of pathological gamblers and their families. Such evidence must be submitted to and be approved by the Board.

Recommendations: Obtain at least two letters of recommendation. One of these letters must be from an IGCCB Board Approved Clinical Consultant or BACC.

## 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 socio cultural 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 socio cultural 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.

- A. Outreach skills: ability to choose appropriate methods of recruiting clients and mobilizing community resources.
- B. Knowledge of referral sources most appropriate for client needs.
- C. Skill in interpreting referral sources and their functions to client in relationship to their needs.
- D. Ability to follow up and provide advocacy to insure responsiveness of service providers.
- E. 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:

- 1. Ability to establish a genuine therapeutic relationship with the client.
- 2. Knowledge and ability to use counseling techniques to educate, elicit feelings, facilitate self-understanding, and motivate the client.
- 3. Knowledge of and ability to locate and develop basic informational support systems (materials, consultation resources etc.).
- 4. Skill in individual and/or group counseling methods including techniques of working with spouses and families.
- 5. Ability to coordinate a client's continuum of treatment and or services.
- 6. Knowledge of and ability to participate in various inpatient and outpatient treatment processes; knowledge of their rationale, relation to other methods, and their limitations.
- 7. 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.
- 8. 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  | 12. Record keeping and reports                                  |
| 2. Develop treatment plans                                   | 13. Coordination of treatment plan                              |
| 3. Facilitate logistics of treatment                         | 14. Outreach  |
| 4. Individual, family and group counseling                   | 15. Case consultation   |
| 5. Continuous client evaluation                              | 16. Identify treatment gaps and overlaps                        |
| 6. Referral  | 17. Assist in program development                               |
| 7. Crisis intervention                                       | 18. Identify and coordinate community resources                 |
| 8. Case management   | 19. Education and efforts towards prevention                    |
| 9. Client follow-up contact                                  | 20. Training and education on pathological and problem gambling |
| 10. Work with families and significant others                | 21. Program evaluation and consultation                         |
| 11. Seek and use collateral support (employer, friends etc.) | 22. Assessment  |

## EXAMINATION

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, 17<sup>th</sup> Floor, New York, NY 10018 (212) 356-0660 or visiting the PTC website at [www.ptcny.com/clients/IGCCB](http://www.ptcny.com/clients/IGCCB). 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](http://www.ncpgambling.org) or 202-547-9204

## APPLICATION INSTRUCTIONS

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 notices informing you of any missing documentation. Applications will be processed only after all materials have been received. Please allow 4-6 weeks for processing of completed application. Applicants will have the option to check the status of their application online. Please contact the IGCCB certification administrator for log-in information.

## NCGC-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 selected a board approved clinical consultant A list is available in the counselor directory on [www.igccb.org](http://www.igccb.org) or on the CCB website [www.ctcertboard.org](http://www.ctcertboard.org)
- Have completed the training requirements. Bachelors degree in behavioral health or equivalent, (license or certificate in psychology, social work, addictions or mental health counseling and 30 hours of gambling specific training). 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.
- Complete the application for NCGC- I (A1 and A3 forms), enclose non-refundable check, credit card or money order for one hundred seventy-five dollars (\$175.00) and return to the IGCCB office.
- 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.
- Be working in a clinical setting.
  - Forms C1 and C2 are to be completed by two co-workers or peers. These forms are to be returned directly to the Board by the evaluators. Peers who complete these forms may not complete the S1, S2, S3, S4, S5 nor S6 forms.
  - Forms S1, S2 and S3 are to be completed by an on-site Clinical Director or Clinical Supervisor. In cases where the Director and the Supervisor are one in the same, that individual must complete the Evaluator's Statement (S1 & S2), Documentation Of Employment Letter, and the Delineation Of Responsibilities (S3). Supervisors who complete these forms may not complete the C1, C2, S4, S5 nor S6 forms.
  - Forms S4, S5 and S6 are to be completed by the BACC upon completion of the 100 hours of required clinical experience. BACCs who complete these forms may not complete the C1, C2, S1, S2 nor S3 forms.
  - For those working in a private practice setting, a previous clinical supervisor or a third peer may complete forms S1, S2, and S3.

- 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. Should this be a volunteer position the Director should indicate so in his letter.
- A copy of current malpractice insurance coverage.
- The counselor will then, based upon IGCCB 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 selected a board approved clinical consultant A list is available in the counselor directory on [www.igccb.org](http://www.igccb.org) or the CCB website at [www.ctcertboard.org](http://www.ctcertboard.org)

Have completed the training requirements. Bachelors degree in behavioral health or equivalent, (license or certificate in psychology, social work, addictions or mental health counseling and 30 hours of gambling specific training). 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.

Complete the application for NCGC- II (A1 and A3 forms), enclose non-refundable check, credit card or money order for one hundred seventy-five dollars (\$175.00) and return to the IGCCB office.

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.

Be working in a clinical setting.

Forms C1 and C2 are to be completed by two co-workers or peers. These forms are to be returned directly to the Board by the evaluators. Peers who complete these forms may not complete the S1, S2, S3, S4, S5 nor S6 forms.

Forms S1, S2 and S3 are to be completed by an on-site Clinical Director or Clinical Supervisor. In cases where the Director and the Supervisor are one in the same, that individual must complete the Evaluator's Statement (S1 & S2), Documentation Of Employment Letter, and the Delineation Of Responsibilities (S3). Supervisors who complete these forms may not complete the C1, C2, S4, S5 nor S6 forms.

Forms S4, S5 and S6 are to be completed by the BACC upon completion of the 2,000 hours of required clinical experience. BACCs who complete these forms may not complete the C1, C2, S1, S2 nor S3 forms.

For those working in a private practice setting, a previous clinical supervisor or a third peer may complete forms S1, S2, and S3.

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. Should this be a volunteer position the Director should indicate so in his letter.

A copy of current malpractice insurance coverage.

The counselor will then, based upon IGCCB 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 allow 4-6 weeks for the IGCCB to review each application.

**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

## APPLICATION SUBMISSION CHECK LIST

Applicants may submit documentation as soon as it becomes available. Please note: coworkers, clinical supervisors, and BACCs may only submit one set of forms per applicant (i.e. a coworker cannot complete forms C1 in addition to S1-3 etc.).

All Application materials are to be sent to:

Connecticut Certification Board  
100 South Turnpike Road, Suite C  
Wallingford, CT 06492

### Submitted by *APPLICANT*

- NCGC Application (form **A.1**),
- Code of Ethical Conduct (form **A.2**),
- Online Counselor Directory listing authorization (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.
- Evidence of 30 (NCGC-I) or 60 (NCGC-II) hours Gambling specific training
- Copy of a passing test score of the International Certification Examination for Gambling Counselor. Applicant must submit a copy directly to CCB office
- Confirmation of employment letter on company letter head stating dates of employment and official duties

### Submitted by *CO-WORKERS / PEERS* (one form per peer)

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

Peers who submit this form may not submit the S1, S2, S3 and S4, S5, S6 forms for the same applicant

### Submitted by *CLINICAL SUPERVISOR* \*

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

Supervisors who submit these forms may not submit the C1, C2, S4, S5, and S6 forms for the same applicant

\* For private practitioners a previous clinical supervisor or 3<sup>rd</sup> 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**)

BACCs who submit these forms may not submit the C1, C2, S1, S2 and S3 forms for the same applicant.

**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>
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_____		
_____		
_____		
_____		

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

**Connecticut Certification Board, Inc.**  
**100 South Turnpike Road, Suite C**  
**Wallingford, CT 06492**

## CODE OF ETHICAL CONDUCT (A.2)

*To be read and signed by the applicant*

**Please print or type**

Applicant: \_\_\_\_\_

**Principle 1: Non-Discrimination** - *The IGCCB shall affirm diversity and not discriminate against clients or professionals based on racial or ethnic background, religion/spiritual beliefs, age, gender, sexual orientation, marital status, political beliefs, treatment history, criminal justice history/status, or mental/physical disability and other cultural identities that are important to the client and:*

Avoid bringing personal or professional issues into the counseling relationship and guard the individual rights and personal dignity of clients through an awareness of the impact of stereotyping and discrimination.

Strive to treat all individuals with impartiality and objectivity based solely on their personal merits and mindful of the dignity of all human persons. As such, I shall not impose my personal values on my clients.

Relate to all clients with empathy and understanding no matter what their diagnosis or personal history and with acceptance and openness regardless of treatment history or criminal justice status or background.

Respect the right of others to hold opinions, beliefs, and values different from my own.

**Principle 2: Responsibility** - *The IGCCB shall espouse objectivity and integrity, and maintain the highest standards of service and:*

Assist in educating and helping others acquire knowledge and skills in dealing with pathological and problem gambling.

Accept the obligation, when supervising others, to facilitate professional development of these individuals by providing accurate and current information, timely evaluations, and constructive consultation.

Understand that most property in the healing professions is intellectual property and shall not present the ideas or formulations of others as if they were my own. Rather, I shall give appropriate credit to their originators both in written and spoken communication.

Regard the use of any copyrighted material without permission or the payment of royalty to be theft.

Maintain respect for institutional policies and management functions of agencies and institutions within which the services are being performed, but will take initiative toward improving such policies when it will better serve the interest of the client.

**Principle 3: Competence** - *The IGCCB shall recognize that the profession is founded on national standards of competency which promotes the best interests of society, the client, the counselor and of the profession as a whole. The IGCCB shall recognize the need for ongoing education as a component of professional competency and:*

Recognize boundaries and limitations of competencies and not offer services or use techniques outside of my professional competencies.

Maintain competence in the area of my practice through continuing education, constantly improving my knowledge and skills in those approaches most effective with my specific clients.

Recognize the effect of impairment on professional performance and be willing to seek appropriate treatment for myself or for a colleague. I shall support peer assistance programs in this respect.

**Principle 4: Legal and Moral Standards** - *The IGCCB shall uphold the legal and accepted moral codes which pertain to professional conduct; be aware of and follow those laws and regulations that are relevant both personally and professionally and:*

Make every attempt to be fully cognizant of all federal and state laws that pertain to the practice of counseling problem gamblers and their families.

**Return this form directly to:**

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***Connecticut Certification Board***

Not claim either directly or by implication, professional qualifications or affiliations that I do not possess.

Understand that the determination that a law or regulation is unjust is not a matter of preference or opinion but a matter of rational investigation, deliberation, and dispute.

Understand that justice extends beyond individual relationships to the community and society; therefore, I shall participate in activities that promote the health of my community and profession.

**Principle 5: Client Welfare** - *The IGCCB understands that the primary professional responsibility and loyalty is to the welfare of the client and holds, as a primary guide, the client's best interests with regards to public health, safety, and welfare and:*

Take all measures to safeguard the privacy and confidentiality of client information except where the client has given specific, written, informed and limited consent or when the client poses a risk to self or others.

Terminate counseling and consulting relationship when it is reasonably clear to the counselor that the client is not benefiting from the relationship.

Take care to provide services in an environment which will ensure the privacy and safety of the client at all times and ensures the appropriateness of service delivery and disclose the code of ethics, professional loyalties, and responsibilities to all clients.

Hold the welfare of the client paramount when making any decisions or recommendations concerning referral, treatment procedures or termination of treatment.

Not do for others what they can readily do for themselves but rather, facilitate and support the doing. Likewise, I shall not insist on doing what I perceive as good without reference to what the client perceives as good and necessary.

**Principle 6: Client Relationship** - *The IGCCB shall be responsible to safeguard the integrity of the counseling relationship and respect the fundamental human right of all individuals to self-determination and to make decisions that they consider in their own best interest. The counselor shall be open and clear about the nature, extent, probable effectiveness, and cost of those services to allow each individual to make an informed decision of their care and:*

Inform the client and obtain the client's agreement in areas likely to affect the client's participation including the recording of an interview, the use of interview material for training purposes, and/or observation of an interview by another person.

Not engage in professional relationships or commitments that conflict with family members, friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.

Not exploit relationships with current or former clients for personal gain, including social or business relationships.

Not, under any circumstances, engage in sexual behavior with current or former clients and not accept as a client anyone with whom I have engaged in sexual behavior.

Because a relationship begins with a power differential, I shall not exploit relationships with current or former clients for personal gain, including social or business relationships.

Not accept substantial gifts from clients, other treatment organizations, or the providers of materials or services used in my practice.

**Principle 7: Confidentiality** - *The IGCCB shall work in the best interest of the client and embrace the duty of protecting the client's rights under confidentiality and not disclose confidential information acquired in teaching, practice, or investigation without appropriately executed consent and:*

Provide the client their rights regarding confidentiality, in writing, as part of informing the client in any areas likely to affect the client's confidentiality. This includes the recording of the clinical interview, the use of material for insurance purposes, and the use of material for training or observation by another party.

**Return this form directly to:**

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***Connecticut Certification Board***

Make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. I shall ensure that the data obtained is necessary and appropriate to services being provided and secured by the available security methodology.

Adhere to all federal and state laws regarding confidentiality and the counselor's responsibility to report information in specific circumstances to the appropriate authorities.

Understand that the right of confidentiality cannot always be maintained if it serves to protect abuse, neglect, or exploitation of any person or leaves another at risk of bodily harm.

Use clinical and other material in teaching and/or writing only when there is no identifying information about the parties involved.

**Principle 8: Remuneration** - *The IGCCB shall establish financial arrangements in professional practice and in accord with the standards that safeguards the best interests of the client, of the counselor and of the profession and:*

Carefully consider the ability of the client to meet the financial cost in establishing rates for professional services.

Not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services nor will I engage in fee splitting.

Not use my personal relationship with clients to promote personal gain or profit of my agency or commercial enterprise of any kind.

**Principle 9: Preventing Harm** - *The IGCCB understands that every decision and action has ethical implication leading either to benefit or harm, and shall carefully consider whether any decisions or actions has the potential to produce harm of a physical, psychological, financial, legal, or spiritual nature before implementing them and:*

Refrain from using any methods that could be considered coercive such as threats, negative labeling, and attempts to provoke shame or humiliation.

Make no requests of clients that are not necessary as part of the agreed treatment plan.

Terminate the counseling or consulting relationship when it is reasonably clear that the client is not benefiting from the relationship.

Understand an obligation to protect individuals, institutions, and the profession from harm that might be done by others. Consequently, I am aware that the conduct of another individual is an actual or likely source of harm to clients, colleagues, institutions, or the profession, and that I have an ethical obligation to report such conduct to competent authorities.

**Principle 10: Societal Obligations** - *The IGCCB shall advocate changes in public policy and legislation to afford opportunity and choice for all persons whose lives are impaired by pathological gambling and other forms of addiction and:*

Actively engage, to the best of my ability, in the legislative processes, educational institutions, and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background whose lives are impaired by problem and pathological gambling.

---

*Applicant's Signature*

*Date*

**Return this form directly to:**

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***Connecticut Certification Board***

## 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 gambling counselors. This directory will be maintained on the NCPG website and IGCCB 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 online Counselor Directory.
- *Yes*, please include me in the online Counselor 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:**

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***Connecticut Certification Board***

**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 IGCCB.

\_\_\_\_\_  
(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:**

\_\_\_\_\_  
**Connecticut Certification Board**

**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 IGCCB.

\_\_\_\_\_  
(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:**

\_\_\_\_\_  
*Connecticut Certification Board*

**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:

\_\_\_\_\_  
***Connecticut Certification Board***

**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:

***Connecticut Certification Board***

**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:

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*Connecticut Certification Board*

**BACC STATEMENT (S.4)**

*To be completed by IGCCB Approved Clinical Consultant (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:

\_\_\_\_\_  
***Connecticut Certification Board***

**DELINEATION OF RESPONSIBILITIES (S.5)**

*To be completed by IGCCB 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>
Outreach	_____	_____
Assessment	_____	_____
Intake	_____	_____
Individual Counseling	_____	_____
Family Counseling	_____	_____
Group Counseling	_____	_____
Client Education	_____	_____
Referrals to Other Resources	_____	_____
Client Record Keeping	_____	_____
Aftercare Services	_____	_____
Client Follow-up	_____	_____
Administrative Responsibilities	_____	_____
Community Activities (lectures, workshops, etc.)	_____	_____
Research	_____	_____
Program Management	_____	_____
Medical Recommendations & Treatment	_____	_____
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:

**Connecticut Certification Board**

**PROFESSIONAL CODE AND ETHICAL STANDARDS (S.6)**

To be completed by *IGCCB 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:

*Connecticut Certification Board*