

SCPG Candidate's Name:	CCB Registry #:	<i>Please attach to this form verification (copy of a certificate of attendance or transcript) for all trainings listed on this form.</i>
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SCPG Training Documentation Form

Please number each copy of training verification (certificate or transcript) to correspond with the line number listed on this form



#	Training Date	Course/Training Title	Training location and Sponsor	Instructor	Contact hours	Documentation type	Problem Gambling Specific?
<i>EXAMPLE</i>							
		SAMPLE ONLY					
1	3/21/2011	Integration of PG in SA Agencies	DMHAS	Rugle, PhD	6	Certificate	Yes
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