SCPG

Specialty Certificate in Problem Gambling Application

CCB

55 West Main Street, Box 4 Meriden, CT 06451
www.ctcertboard.org
info@ctcertboard.org

Important Information about Your SCPG Application

Submission Requirements

- All forms submitted must be original and signed without any alteration or modifications. If a change is required, please complete a new form without alterations or modifications. Any forms with white-out, scribble marks or changes will be denied.
- No photocopies or faxed forms will be accepted. Please do not fax any materials to the CCB related to a certification application
- Original and signed Letters of Recommendation should be mailed directly from the rater to the CCB.

Verification of a college degree or college course work

- If you are interested in utilizing a college degree as part of the certification process, an official transcript must be submitted from the issuing institution that verifies the degree has been awarded from an accredited institution for the US Department of Education. Only qualifying college degrees will be applicable.
- In order to document college course work, an official transcript must be submitted from the issuing institution which shows the course work has been completed (with a grade of C minus or better) from an accredited institution for the US Department of Education.

Training Documentation

- When documenting training and education for the SCPG credential, you must submit a SCPG Training Documentation Form (you can download a copy from the CCB website) with all required information completed. Attached to the form, you must include a copy of all certificates of attendance or transcripts for all training/educational events included on the SCPG Training Documentation Form with each certificate or transcript numbered according to the SCPG Training Documentation Form.

Credential Requirement for Certification Documentation by Professionals

- Several SCPG application forms require the signature of professionals that hold an active credential of BACC. Only professionals that hold this credential can document the supervised practicum and the required reference form.
- All credentials are verified to ensure the credential(s) of professional documenting requirements for certification are active at the time of submission.

Application Review Process

- In order to have your application reviewed by staff, you must pay the filing fee and submit all required application materials prior to the deadline. Incomplete applications will not be reviewed.

CCB Definition of a

SCPG – PROBLEM GAMBLING SPECIALIST

The Connecticut Certification Board defines a ***SCPG – Problem Gambling Specialist*** as a person who, by virtue of special knowledge, training, and experience, is uniquely able to inform, motivate, guide, and assist persons with problem gambling disorders and the unique problems related to problem gambling disorders. For the purpose of certification, a Problem Gambling Specialist is defined as a clinician who has demonstrated competence in performing a range of clinical activities and interventions as defined by the International Gambling Counselor Certification Board (IGCCB). In order to become certified with a SCPG, a candidate must demonstrate they have completed appropriate education, training, and supervised experience relevant to the treatment of problem gambling. A qualified clinician is considered to be performing as a problem gambling specialist when:

- the clinician has primary responsibility for providing individual and group counseling interventions specifically related to problem gambling disorders
- the problem-gambling specific interventions are identified on a written recovery/treatment plan prepared and reviewed by the clinician in collaboration with the person receiving services
- the interventions are directed toward promoting recovery from problem gambling disorders

Although a substantial portion of the clinician's work experience must be in the counseling domain, work experience must involve experience with all of the direct treatment functions identified by the IGCCB in order to be considered appropriate to meet the certification work requirement. Additionally, all functions must be conducted under appropriate clinical supervision. In all activities, the clinician must demonstrate consistent adherence to the *CCB Code of Ethical Conduct* (2010) & *CCB Code of Ethical Conduct – Disciplinary Procedures* (2010) and agree to continue their professional development with ongoing education, training and clinical supervision.

Once you have submitted your application materials… you will receive written confirmation your packet has been received. After your application has been reviewed, we will notify you in writing (via email) within approximately four weeks of the deadline about the status of your application. If changes or additional information are required, you will be notified in writing at that time. We will also notify you, by email, when your application has been accepted and you will be invited to sit for the standardized exam. If you have questions about your certification packet after submitting it to us for review, or if you have not received an electronic notification after 4 weeks, please email jquamme@ctcertboard.org for assistance. We will attempt to respond to your inquiry as soon as possible.

PLEASE DO NOT CALL THE CCB OFFICE TO INQUIRE ABOUT THE STATUS OF YOUR APPLICATION. If you have questions about the certification process, please email Jeff at jquamme@ctcertboard.org for assistance.

CCB

Do not write above line

Specialty Certificate in Problem Gambling Application Form

Submission deadline: ongoing

Type of Application: ☐ SCPG - Specialty Certificate in Problem Gambling

Full Name:_____

Candidate's Email:_____

Candidate's Phone Number:_____

CCB Registry Number:_____

Effective Sept 1, 2010, all candidates must complete a CCB Registry Application prior to applying for any CCB credential.

SCPG Fees *(All CCB Fees are Non-Refundable)*

Initial Certification Fees for SCPG - Specialty Certificate in Problem Gambling

Application Filing Fee	$150.00

Renewal Fees for SCPG - Specialty Certificate in Problem Gambling

SCPG Annual Renewal Fee	$60.00	
SCPG Two Year Renewal Fee	$115.00	($57.50 per year)
SCPG Three Year Renewal Fee	$165.00	($55.00 per year)

CCB Fee Policy: By signing below, I acknowledge the current fees associated with the SCPG credential (listed above) and understand that all fees are non-refundable and may change at any time (for a complete list of CCB fees, please visit the CCB website). ***I understand that I am responsible for all fees associated with the certification process at the time of my initial application***. All fees must be paid by check, credit card (see CCB website) or money order. **No cash payments will be accepted.** A returned check fee will be due ($35.00) for all returned checks and a hold will be placed on my application until the original and return check fees are received by the CCB. A late fee of $100 will be charged for all SCPG renewal applications not received within 30 days of the due date.

Candidate's Signature:_____Date:_____

Requirements for the SCPG – Problem Gambling Specialist	
Standards Effective September 2010	Initial certification is issued for two-years
Counseling Experience	2000 hours of individual/group counseling (Addiction/mental health-specific) 100 Problem Gambling-specific
Training and Education	30 hours (Problem Gambling-specific) Including an Associate's Degree in a Behavioral Health Field OR CCB certification in addictions or co-occurring disorders
Supervised Practicum***	4 hours with BACC
Professional References Sent directly to the CCB	3 positive professional references: 1 from current or most recent clinical supervisor 1 from Board Approved Clinical Consultant*** 1 from co-worker/colleague
Annual Recertification Standards Must be completed per year to maintain credential	10 hours of problem gambling-specific training
***Must be signed and documented by an active BACC to be applied for certification	

I have read the above SCPG Standards and understand that I must meet ALL CURRENT STANDARS in order to become certified as a SCPG.

Candidate's Signature:_____Date:_____

SCPG Application Submission Requirements

Please make sure you complete all of the following items in order to ensure timely processing of your application. Your application will not be processed until you submit the filing fees and all of the following items have been met:

- ☐ Live or work in Connecticut full-time in order to apply for SCPG certification
- ☐ Enclose the application filing fee of $150.00 *(check or money order payable to CCB)*

  OR
- ☐ Pay online at www.ctcertboard.org Date of online payment:_____
- ☐ Complete the entire SCPG Application; fill-out, sign, and submit all 16 pages of this packet
- ☐ Work Experience Form (s) signed by a qualified professional
- ☐ Supervised Practicum Form (s) signed by a qualified professional
- ☐ Request one reference form be completed by a Board Approved Clinical Consultant (BACC) and mailed directly to the CCB using the form provided
- ☐ Request one reference form be completed by professional colleagues (CACs preferred) and mailed directly to the CCB using the form provided (make copies as needed)
- ☐ Request one reference form be completed by professional colleague and mailed directly to the CCB using the form provided
- ☐ Read, sign, and initial pages of the CCB Code of Ethical Conduct & Auth. to Obtain Information
- ☐ Submit a SCPG Training Documentation Form which lists all education and training events you wish to apply towards the SCPG that includes at minimum all the following information:
  - Training Date, Title of Training Event and Location of Event
  - Trainer/instructor and Host Organization
  - Length of event *(i.e., 6 hours, etc.)*
  - Type of event: addiction-specific or elective with addiction content

To download the training documentation form, visit the CCB website www.ctcertboard.org

- ☐ Attach a copy of certificates of attendance or transcripts for all training/educational events included on the SCPG Training Documentation Form
- ☐ Request copies of your academic transcripts be sent directly to the CCB *(if needed)*
- ☐ Make a copy of the entire packet for your records prior to submitting to the CCB

I have completed all of the above items and submitted them according to the CCB submission requirement and current SCPG standards.

Candidate's Signature:_____Date:_____

Signed Assurances and CCB Code of Ethical Conduct

A. I hereby attest that all of the information given is true and complete to the best of my knowledge and belief. I understand that falsification of any portion of this application will result in my being denied certification or revocation of same, upon discovery.

B. I acknowledge the right of CCB, Inc. to verify the information in this application or to seek further information from employers, schools, or persons mentioned within.

C. I have read, understand, and agree to act in accordance with the *CCB Code of Ethical Conduct* (2010) and the *CCB Code of Ethical Conduct – Disciplinary Procedures* (2010) available on the CCB's website at www.ctcertboard.org

D. I will hold CCB, Inc., its Board members, officers, agents, and staff free from any civil liability for damages or complaints by reason of any action that is within their scope and arising out of the performance of their duties which they, or any of them, may take in connection with any examination, and/or failure of the Board to bestow upon me certification with the CCB, the IC&RC, CT Department of Public Health or any other entity.

E. I understand that upon acceptance of my application, additional fees may be due and payable including exam fees, renewal fees, etc and that all CCB fees are non-refundable without exception.

Applicant's Name:_____Date:_____

Candidate's Signature:_____

Authorization to Obtain Information

I hereby authorize the CCB to request and receive all records and/or information in any way relating to my application for a CCB credential. I understand that this includes, but is not limited to, verbal or written contacts with my employer(s), colleagues, academic and training institutions, and/or other persons or organizations having pertinent information related to the review of my application. This is a waiver of my privilege that may otherwise exist in respect to the disclosure of such information. I understand that this authorization will expire one year after certification lapses or when my certification expires, once CCB is notified of my intent not to renew. I further understand that the status of any CCB credential is public record and may be shared by CCB and is available on the CCB website, including effective date, expiration date and certification type. I further understand that if my CCB credential is sanctioned in any way including revocation or suspension that this information is public.

Applicant's Name:_____Date:_____

Candidate's Signature:_____

Applicant's Name:_____Date:_____

SCPG Work Experience (Paid or Internship)

MAKE MULTIPLE COPIES OF THIS PAGE AS NEEDED. USE ONE PAGE FOR EACH EMPLOYER/AGENCY.

Employer:_____Phone Number: (____)_____

Address:_____City:_____State:_____Zip Code:_____

Job Title:_____ Was this unpaid/internship experience? ☐ YES ☐ NO

Candidate's Supervisor:_____ Average # of hours per week:_____

To be COMPLETED by candidate and VERIFIED by professional named below →			Supervisor's Initials
Status: Full time, Part Time, Per Diem, Intern, Volunteer			
Date of Hire:	Still employed? ☐ NO Date you left Agency:		
	Still employed? ☐ YES Today's Date:		
How long in this position (number of years and months)?			
Total number of hours worked in this position (Maximum of 2000 per year)			
Total number of hours providing gambling-specific individual/group counseling			
Total number of individual/group clinical supervision hours received			

To be completed and signed by candidate's IDENTIFIED CLINICAL SUPERVISOR ONLY.

Professional's Name:_____Date:_____

While in this position, this candidate:

- worked with clients with problem gambling disorders? YES ☐ NO ☐
- developed and regularly updated recovery/treatment plans with clients? YES ☐ NO ☐
- provided individual/group counseling for clients with gambling disorders? YES ☐ NO ☐
- received clinical supervision specific to counseling clients with gambling disorders? YES ☐ NO ☐

Candidate's typical number of clients:_____ How long have you supervised the Candidate:_____years_____months

Candidate's typical number of supervisees:_____Candidate's number of hours of supervision delivered:_____

Signature:_____Credentials:_____

Applicant's Name:_____Date:_____

SCPG SUPERVISED PRACTICUM

Please document the total number of hours for which you have received supervised practicum (on the job supervised training) The minimum requirement is 4 hours. ALL CANDIDATES MUST SUBMIT THIS FORM SIGNED BY THE INDIVIDUAL THAT PROVIDED THE TRAINING and identify the specific location the training was received and the dates the training was delivered.

Agency/Location of Training	# of hours	Date(s) of Practicum
		From: To:
Total Hours	0	

To the best of my knowledge, this is a true and accurate record of the supervised practicum I provided to the candidate.

Print Name:_____Date:_____

Signature:_____Credentials:_____

PLEASE NOTE: Professional must be a BACC (Board Approved Clinical Consultant) by the IGCCB (International Gambling Counselor Certification Board) in order to sign this form. No other credentials will be accepted.

To the SCPG Candidate's Board Approved Clinical Consultant:

Candidates for SCPG – Specialty Certificate in Problem Gambling are required to submit three satisfactory references, one of them from the candidate's current or most recent Clinical Supervisor. You are asked as the Clinical Supervisor of the candidate whose name appears on the attached form to complete the attached reference and mail the original form with this letter ***directly to CCB***. ***Please do not fax or send photocopies as these will not be accepted.*** The references are an integral part of the certification process. It is therefore imperative that each reference be filled out as completely as possible and returned on a timely basis.

SCPG – Problem Gambling Specialist is a person who, by virtue of special knowledge, training, and experience, is uniquely able to inform, motivate, guide, and assist persons with problem gambling disorders and issues related to problem gambling disorders. For the purpose of certification, a Problem Gambling Specialist is defined as a clinician who has demonstrated competence in performing a range of clinical activities and interventions as defined by the ***National Council on Problem Gambling.*** A qualified clinician is considered to be performing as a problem gambling professional when:

a. the clinician has primary responsibility for providing individual and group counseling interventions specifically related to problem gambling disorders
b. the problem gambling-specific interventions are identified on a written recovery/treatment plan prepared and reviewed by the clinician in collaboration with the person receiving services
c. the interventions are directed toward promoting recovery from problem gambling disorders

TO BE COMPLETED BY THE SCPG CANDIDATE

SCPG Candidate's Name: _____

Employer: _____

Dates of Employment: _____ to: _____

Job Title: _____

I hereby attest that the SCPG candidate is working (or has worked) in a position for which I have provided clinical consultation for issues related to problem gambling.

Print Name:_____Date:_____

Rater's Signature:_____BACC Number:_____

PROBLEM GAMBLING PROFESSIONAL BOARD APPROVED CLINICAL CONSULTANT REFERENCE FORM

Name of Evaluator (Clinical Consultant): _____

Title of Evaluator: _____

Agency of Evaluator: _____

INSTRUCTIONS: Please read the description of the various skills outlined below. Using the six-point (0-5) scale shown below, determine the number which most nearly describes the candidate's ability in each category and enter this number in the blank provided to the right of the statement in the column marked Score." If you have no basis for evaluating the candidate in a particular area, please enter 0'In the scoring column.

No basis for judgment	Inadequate	Needs Improvement	Competent	Above Average	Exceptional
0	1	2	3	4	5

Problem Gambling Domains	Score
Outreach	
Assessment	
Intake	
Individual Counseling	
Family Counseling	
Group Counseling	
Client Education	
Referrals to Other Sources	
Client Record Keeping	
Aftercare Services	
Client Follow Up	
Administrative Responsibilities	
Community Activities (lectures, workshops, etc)	
Research	
Program Management	
Medical Recommendations & Treatment	
Problem Gambling Professional Overall Rating	
Other (please specify)	

Print Name:_____Date:_____

Rater's Signature:_____BACC Number:_____

PLEASE NOTE: Clinical Consultant must be a Board Approved Clinical Consultant (BACC) in order to sign

To the SCPG Candidate's Clinical Supervisor:

Candidates for SCPG – Certified Clinical Supervisor are required to submit three satisfactory references, one of them from the candidate's current or most recent Clinical Supervisor. You are asked as the Clinical Supervisor of the candidate whose name appears on the attached form to complete the attached reference and **mail the original form with this letter directly to the CCB**. **Please do not fax or send photocopies as these will not be accepted.** The references are an integral part of the certification process. It is, therefore, imperative that each reference be filled out as completely as possible and returned on a timely basis.

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- the interventions are directed toward promoting recovery from problem gambling disorders

TO BE COMPLETED BY THE SCPG CANDIDATE

SCPG Candidate's Name: _____

Employer: _____

Dates of Employment: _____ to: _____

Job Title: _____

I hereby attest that the SCPG candidate is (or has worked) in a position that provides addiction counseling and clinical supervision in a position that meets the above criteria and has worked directly under my supervision.

Print Name:_____Date:_____

Supervisor's Signature:_____Credentials:_____

SCPG Candidate's Name:	CCB Registry #:

Specialty Certificate in Problem Gambling Clinical Supervisor Reference Form

Name of Evaluator (Clinical Supervisor):_____

Title of Evaluator:_____ Credentials:_____

Agency of Evaluator:_____

Relation to Candidate: ☐ Supervisor ☐ Administrator ☐ Co-worker ☐ Other (Specify)_____

INSTRUCTIONS: Please read the description of the various skills outlined below. Using the six-point (0-5) scale shown below, determine the number which most nearly describes the candidate's ability in each category and enter this number in the blank provided to the right of the statement in the column marked "Score". If you have no basis for evaluating the candidate in a particular area, please enter "0" in the scoring column.

No basis for judgment	Inadequate	Needs improvement	Competent	Above Average	Exceptional
0	1	2	3	4	5

Problem Gambling Specialist	Score
Outreach	
Assessment	
Intake	
Individual Counseling	
Family Counseling	
Group Counseling	
Client Education	
Referrals to Other Sources	
Client Record Keeping	
Aftercare Services	
Client Follow Up	
Administrative Responsibilities	
Community Activities (lectures, workshops, etc)	
Research	
Program Management	
Medical Recommendations & Treatment	
Problem Gambling Professional Overall Rating	
Other (please specify)	

Name of Rater:_____ Date:_____

Rater's Signature:_____

Credentials:_____

Dear Professional Colleague:

You have been selected as one of three professional references by a candidate seeking a Specialty Certificate in Problem Gambling with the Connecticut Certification Board. The name of that candidate appears at the top of the attached reference form. ***Please complete the enclosed reference form and mail the completed form directly to CCB. Please do not fax or send photocopies as these will not be accepted.*** Your professional reference is an integral part of the application, therefore, it is imperative that each reference be filled out as completely as possible and returned to us in a timely basis.

The Connecticut Certification Board (CCB) is an independent, non-governmental, non-profit, incorporated body, established to credential behavioral health professionals in the State of Connecticut. Certification in Problem Gambling is based upon professional experience, training requirements and references. Certified counselors are dedicated to the highest standards of training, competence, knowledge, and skills in the treatment of persons who have problems related to gambling.

Because the references are so important to the application, the Board requests, in all fairness to each candidate, if you are unable to accurately complete at least thirteen of the seventeen domains, that you please return the reference form to the named candidate so s/he can forward it to an alternative reference source.

Thank you for your time and consideration for this important task. If you have any questions about the certification or evaluation process, please contact the CCB offices.

Sincerely,

Connecticut Certification Board, Inc.

SCPG Candidate's Name:	CCB Registry #:

Specialty Certificate in Problem Gambling Professional Colleague Reference Form

Name of Evaluator:_____

Title of Evaluator:_____ Credentials:_____

Agency of Evaluator:_____

Relation to Candidate: ☐ Supervisor ☐ Administrator ☐ Co-worker ☐ Other (Specify)_____

INSTRUCTIONS: Please read the description of the various skills outlined below. Using the six-point (0-5) scale shown below, determine the number which most nearly describes the candidate's ability in each category and enter this number in the blank provided to the right of the statement in the column marked "Score". If you have no basis for evaluating the candidate in a particular area, please enter "0" in the scoring column.

No basis for judgment	Inadequate	Needs improvement	Competent	Above Average	Exceptional
0	1	2	3	4	5

Problem Gambling Specialist	Score
Outreach	
Assessment	
Intake	
Individual Counseling	
Family Counseling	
Group Counseling	
Client Education	
Referrals to Other Sources	
Client Record Keeping	
Aftercare Services	
Client Follow Up	
Administrative Responsibilities	
Community Activities (lectures, workshops, etc)	
Research	
Program Management	
Medical Recommendations & Treatment	
Problem Gambling Professional Overall Rating	
Other (please specify)	

Name of Rater:_____ Date:_____

Rater's Signature:_____

Credentials:_____

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Sincerely,

Connecticut Certification Board, Inc.

SCPG Candidate's Name:	CCB Registry #:

Specialty Certificate in Problem Gambling Professional Colleague Reference Form

Name of Evaluator:_____

Title of Evaluator:_____Credentials:_____

Agency of Evaluator:_____

Relation to Candidate: ☐ Supervisor ☐ Administrator ☐ Co-worker ☐ Other (Specify)_____

INSTRUCTIONS: Please read the description of the various skills outlined below. Using the six-point (0-5) scale shown below, determine the number which most nearly describes the candidate's ability in each category and enter this number in the blank provided to the right of the statement in the column marked "Score". If you have no basis for evaluating the candidate in a particular area, please enter "0" in the scoring column.

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Client Education	
Referrals to Other Sources	
Client Record Keeping	
Aftercare Services	
Client Follow Up	
Administrative Responsibilities	
Community Activities (lectures, workshops, etc)	
Research	
Program Management	
Medical Recommendations & Treatment	
Problem Gambling Professional Overall Rating	
Other (please specify)	

Name of Rater:_____ Date:_____

Rater's Signature:_____

Credentials:_____

SCPG Candidate's Name:	CCB Registry #:	*Please attach to this form verification (copy of a certificate of attendance or transcript) for all trainings listed on this form.*

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	Addiction Specific	Elective with Addiction Content
			EXAMPLE					
1	Fall 2009	Intro to Psychology	Tunxis CC/DARC	Freud	45	Transcript	No	YES
2	April/22/2009	Ethics in Behavioral Health	Mountainside	Quamme	3	Certificate	YES	YES
1								
2								
3								
4								
5								
6								
7								
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9								
10								
11								
12								
13								
14								
15								
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