

# INTERNATIONAL CERTIFICATION EXAMINATION FOR GAMBLING COUNSELORS

## Handbook for Candidates

### EXAMINATION DATES

#### Spring 2012

Application Deadline

February 15, 2012

Testing Window

Begins: April 14, 2012  
Ends: April 28, 2012

#### Summer 2012

Application Deadline

June 15, 2012

Testing Window

Begins: August 11, 2012  
Ends: August 25, 2012

#### Winter 2012

Application Deadline

October 15, 2012

Testing Window

Begins: December 1, 2012  
Ends: December 15, 2012



International Gambling Counselor  
Certification Board



PROFESSIONAL TESTING CORPORATION®

1350 BROADWAY • 17th FLOOR  
NEW YORK, NY 10018  
(212) 356-0660  
WWW.PTCNY.COM

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This handbook contains necessary information about the International Gambling Counselors (IGCCB) Examination. Please retain it for future reference. Candidates are responsible for reading these instructions carefully. This handbook is subject to change.



## International Gambling Counselor Certification Board

### CERTIFICATION

The International Gambling Counselor Certification Board (IGCCB) {formerly known as the National Gambling Counselor Certification Board (NGCCB)} supports the concept of voluntary certification by examination of gambling counselors. Certification is one part of a process called credentialing. Certification focuses specifically on the individual and is an indication of one's current level of knowledge in gambling counseling.

### PURPOSES OF CERTIFICATION

TO PROMOTE COMPETENCY IN GAMBLING COUNSELING BY:

1. Promoting high standards of training, competence, skills, and knowledge.
2. Providing a national and international standard for requisite knowledge in gambling counseling.
3. Recognizing formally those individuals who meet the standards of eligibility established by the IGCCB.
4. Encouraging continued professional growth in gambling counseling for the purpose of improving the quality of care to addicted persons and their families.
5. Establishing, measuring, and monitoring the level of knowledge required for certification in gambling counseling.

## GAMBLING COUNSELOR CERTIFICATION ELIGIBILITY REQUIREMENTS

### LEVEL I GAMBLING COUNSELOR – (NCGC-I or ICGC-I)

1. 30 hours of approved gambling specific training
2. Bachelor's degree or equivalent in behavioral health OR a NCAC-I, NCAC-II, or MAC credential
3. 100 hours of supervised experience in gambling counseling verified by Board Approved Clinical Consultant (BACC)
4. Taking and passing the International Certification Examination for Gambling Counselors

### LEVEL II GAMBLING COUNSELOR – (NCGC-II OR ICGC-II)

1. 60 hours of approved gambling specific training
2. Bachelor's degree or equivalent in behavioral health OR a NCAC-I, NCAC-II, or MAC credential
3. 2,000 hours of supervised experience in gambling counseling verified by Board Approved Clinical Consultant (BACC)
4. Taking and passing the International Certification Examination for Gambling Counselors

## ADMINISTRATION

The Certification Program is sponsored by the International Gambling Counselor Certification Board. The International Certification Examination for Gambling Counselors is administered for the IGCCB by the Professional Testing Corporation (PTC), 1350 Broadway - 17th Floor, New York, New York 10018, (212) 356-0660, [www.ptcny.com](http://www.ptcny.com). Questions concerning the examination should be referred to PTC.

## ATTAINMENT OF CERTIFICATION AND RECERTIFICATION

Eligible candidates who pass the International Certification Examination for Gambling Counselors must ALSO fulfill all other requirements as found at [www.igccb.org/criteria.html](http://www.igccb.org/criteria.html) to receive certification. Only once ALL requirements have been fulfilled AND the application has been approved will candidates receive certificates from the IGCCB and be eligible to use the appropriate registered designation NCGC-I or NCGC-II (U.S. certified gambling counselors) or ICGC-I or ICGC-II (international certified gambling counselors) after their names. A registry of Certified Gambling Counselors will be maintained by the IGCCB and may be reported in its publications. Certification is recognized for a period of three (3) years at which time the candidate must meet current eligibility requirements to maintain certification.

## REVOCATION OF CERTIFICATION

Certification will be revoked for any of the following reasons:

1. Falsification of any information, including experience data, requested in the Application.
2. Misrepresentation of certification status.
3. Revocation of current license, certification, or registration.
4. Violation of the Ethical Standards for Certified Gambling Counselors.

The Appeals Committee of the IGCCB provides the appeal mechanism for challenging revocation of certification. It is the responsibility of the individual to initiate this process with a written or documented request.

## APPLICATION PROCEDURE

Obtain additional Handbooks for Candidates and Applications for the International Certification Examination for Gambling Counselors from:

Professional Testing Corporation  
1350 Broadway - 17th Floor  
New York, New York 10018  
(212) 356-0660  
[www.ptcny.com](http://www.ptcny.com)

Read and follow the directions on the Application and in this Handbook for Candidates.

## COMPLETION OF APPLICATION

Complete or fill in as appropriate ALL information requested on the Application. Mark only one response unless otherwise indicated.

**NOTE:** The name you enter on your Application must match exactly the name shown on your current government-issued photo ID such as driver's license or passport. Do not use nicknames or abbreviations.

**CANDIDATE INFORMATION:** Starting at the top of the Application, print your name, address, daytime phone number, evening phone number, and e-mail address in the appropriate row of empty boxes. Also, indicate your choice of examination date.

**ELIGIBILITY AND BACKGROUND INFORMATION:** All questions must be answered. Mark only one response unless otherwise indicated.

**OPTIONAL INFORMATION:** These questions are optional. The information requested is to assist in complying with equal opportunity guidelines and will be used only in statistical summaries. Such information will in no way affect your test results.

**RELEASE AUTHORIZATION:** This section should be completed by candidates authorizing release of test results to a state/commonwealth.

**BOARD APPROVED CLINICAL CONSULTANT (BACC) VERIFICATION OF EXPERIENCE:** Your BACC MUST verify your progress towards attainment of 100 (Level I) or 2,000 (Level II) hours of supervised experience in gambling counseling. Applications without verification will not be processed. Your BACC must be current and approved by the IGCCB.

**CANDIDATE SIGNATURE:** When you have completed all required information, sign and date the Application in the space provided.

**PART II:** Complete sections A through D. Complete or fill in as appropriate ALL information requested.

Fold the completed Application. Mail the Application with the appropriate fee (see FEES on page 6) in time to be received by the deadline shown on the cover of this Handbook to:

IGCCB EXAMINATION  
PROFESSIONAL TESTING CORPORATION  
1350 Broadway – 17th Floor  
New York, New York 10018

## EXAMINATION ADMINISTRATION

The International Certification Examination for Gambling Counselors is administered during an established two-week testing period on a daily basis, Monday through Saturday, excluding holidays, at computer-based testing facilities managed by PSI. PSI has several hundred testing sites in the United States, as well as Canada. Scheduling is done on a first-come, first-serve basis. To find a testing center near you, visit [www.ptcny.com/cbt/sites.htm](http://www.ptcny.com/cbt/sites.htm) or call PSI at (800) 211-2754. Please note: Hours and days of availability vary at different centers. You will not be able to schedule your examination appointment until you have received an Eligibility Notice from PTC.

### TESTING SOFTWARE DEMO

A Testing Software Demo Test can be viewed online.

- Go to [www.ptcny.com/cbt/demo.htm](http://www.ptcny.com/cbt/demo.htm)

This online Testing Software Demo can give you an idea about the features of the testing software.

## SCHEDULING YOUR EXAMINATION APPOINTMENT

Once your Application has been received and processed and your eligibility verified, you will be sent a postcard confirming receipt. Within 6 weeks prior to the first day of the testing period, you will be mailed an Eligibility Notice. The Eligibility Notice plus current government-issued photo identification must be presented in order to gain admission to the testing center. If you do not receive an Eligibility Notice or other correspondence at least three weeks before the beginning of the two-week testing period, contact the Professional Testing Corporation by telephone at (212) 356-0660 with a fax number.

The Eligibility Notice will indicate where to call to schedule your examination appointment as well as the dates during which testing is available. Appointment times are first-come, first-serve, so schedule your appointment as soon as you receive your Eligibility Notice in order to maximize your chance of testing at your preferred location and on your preferred date.

It is your responsibility as the candidate to call PSI to schedule the examination appointment.

It is highly recommended that you become familiar with the testing site.

Arrival at the testing site at the appointed time is the responsibility of the candidate. Please plan for weather, traffic, parking, and any security requirements that are specific to the testing location. Late arrival may prevent you from testing.

## SPECIAL NEEDS

Special testing arrangements may be made for special needs individuals submitting the Application, examination fee, and a completed and signed Request for Special Needs Accommodations Form, available from [www.ptcny.com](http://www.ptcny.com) or by calling PTC at (212) 356-0660. Requests for special testing needs individuals must be received at least EIGHT weeks before the testing period begins.

Please notify PTC at least two weeks prior to your examination appointment if you need to bring a service dog, medicine, food, or beverages needed for a medical condition with you to the test center.

## CHANGING YOUR EXAMINATION APPOINTMENT

If you need to cancel your examination appointment or reschedule to a different date within the two-week testing period, you must contact PSI at (800) 211-2754 no later than noon, Eastern Standard Time, of the second business day PRIOR to your scheduled appointment.

## RULES FOR THE EXAMINATION

1. Electronic devices, including but not limited to cell phones, pagers, palm pilots, voice recording devices, cameras, Blackberries, Bluetooth type devices, and MP3 players (IPOD, I-Touch, etc.), cannot be operative during the examination.
2. No books or reference materials may be taken into nor any papers and other material removed from the examination room.
3. Simple, nonprogrammable calculators are permitted with the exception of calculators as part of cellular phones, blackberries, etc. A calculator is also available on screen if needed.
4. No questions concerning content of the examination may be asked during the examination session. The candidate should read carefully the directions that are provided on screen at the beginning of the examination session.

## FEES

Application fees for the International Certification Examination for Gambling Counselors:

|                                 |          |
|---------------------------------|----------|
| NCPG or NAADAC Member .....     | \$210.00 |
| Non-NCPG or NAADAC Member ..... | \$310.00 |

MAKE CHECK OR MONEY ORDER PAYABLE TO:

IGCCB EXAMINATION

Visa, MasterCard, and American Express are also accepted. Please complete and sign the credit card payment form on the Application.

## REFUNDS

There will be no refund of fees. Fees will not be transferred from one testing period to another.

## REPORT OF RESULTS

Candidates will be notified within six weeks whether they have passed or failed the examination. Scores on the major areas of the examination and on the total examination will be reported.

## REEXAMINATION

The International Certification Examination for Gambling Counselors may be taken as often as desired upon filing of a new Application and fee. There is no limit to the number of times the examination may be repeated.

## CONFIDENTIALITY

1. The IGCCB will release the individual test scores ONLY to the individual candidate.
2. Any questions concerning test results should be referred to IGCCB or the Professional Testing Corporation.

## CONTENT OF EXAMINATION

1. The International Certification Examination for Gambling Counselors is a computer-based examination composed of a maximum of 200 multiple-choice, objective questions with a total testing time of four (4) hours.
2. The content for the examination is described in the Content Outline starting on page 8.
3. The questions for the examination are obtained from individuals with expertise in gambling counseling and are reviewed for construction, accuracy, and appropriateness by the IGCCB.
4. The IGCCB, with the advice and assistance of the Professional Testing Corporation, prepares the examination.
5. The International Certification Examination for Gambling Counselors will be weighted in approximately the following manner:
  - I. Basic Knowledge of Problem and Pathological Gambling .....20%
  - II. Gambling Counseling Practice .....40%
  - III. Special Issues in Gambling Treatment .....30%
  - IV. Professional Issues..... 10%

## CONTENT OUTLINE

### I. BASIC KNOWLEDGE OF PROBLEM AND PATHOLOGICAL GAMBLING

- A. Scope of Legalized Gambling
  - 1. Prevalence of Gambling Problems
    - a. Among Adults
    - b. Among Youth
    - c. Among Treatment Populations
  - 2. Definition of Pathological Gambling
  - 3. Operationalized Definition of Problem Gambling
  - 4. The Pathological Gambling Disorder
    - a. Terminology
    - b. Progression of the Disorder
    - c. Withdrawal Symptoms from Gambling
- B. Client Evaluations
  - 1. Screening
  - 2. Intake
  - 3. Assessment
  - 4. Diagnostic Criteria

### II. GAMBLING COUNSELING PRACTICE

- A. Examination of Attitudes/Feelings
  - 1. Real Meaning of Money
  - 2. Deception and Self-Deception
  - 3. Fantasy and Dissociation
  - 4. Spirituality
  - 5. Transference and Countertransference
- B. Considerations of Alternative Solutions
- C. Skills
  - 1. Individual Counseling
  - 2. Group Counseling
  - 3. Family/Significant Others
  - 4. Interventions
  - 5. Treatment Planning
  - 6. Financial Management Issues
    - a. Restitution
    - b. Budget Preparation
    - c. Pressure Relief Group
  - 7. Legal Issues
- D. Relationship to Substance Abuse
- E. Client Care
  - 1. Case Management
  - 2. Crisis Management
    - a. Identification
    - b. Resolution
  - 3. Referral Resources
  - 4. Reports and Record Keeping
  - 5. Consultation
- F. Education
  - 1. Orientation
  - 2. Gambling Information
  - 3. Co-Occurring Disorders
    - a. Mental
    - b. Emotional
    - c. Psychological
    - d. Recreation/Leisure
  - 4. Self-Help Programs
    - a. Gamblers Anonymous
    - b. Gam-Anon
    - c. Other 12-Step Resources for Gambling Clients

- 5. Research
  - a. Neurobiology
  - b. Treatment
- G. Continuing Care

### III. SPECIAL ISSUES IN GAMBLING TREATMENT

- A. Adolescence
- B. Older Adults
- C. Female Gamblers
- D. Cultural Minorities
- E. Relapse and Relapse Prevention
- F. Suicide
- G. Dual/Multiple Diagnosis
- H. Survivors Issues
- I. Chronic Illness
- J. Criminal Justice

### IV. PROFESSIONAL ISSUES

- A. Law and Regulation
  - 1. Client Rights
    - a. Confidentiality
    - b. Informed Consent
    - c. Reporting
      - 1) Child/Other Abuse
      - 2) Duty to Warn
  - 2. Discrimination
  - 3. Continuous Quality Improvement
  - 4. Managed Care
    - a. Utilization Review
    - b. Outcome Studies
- B. Ethics
  - 1. Non-Discrimination
  - 2. Counselor Responsibility
  - 3. Competence
  - 4. Legal Standards
  - 5. Media Statements
  - 6. Publication Credit
  - 7. Client Welfare
  - 8. Confidentiality
  - 9. Client Responsibility
  - 10. Interprofessional Relationships
  - 11. Remuneration
  - 12. Societal Advocacy
- C. Supervision
  - 1. Administrative
  - 2. Clinical
  - 3. Gambling Specific Consultation

## SAMPLE EXAMINATION QUESTIONS

In the following questions, choose the one best answer.

- 
1. If, during a session, a client speaks about suicide, which of the following is the most appropriate initial step?
1. Telephone the client's next-of-kin
  2. Seek a consultation with a professional colleague
  3. Make a decision about the seriousness of the situation
  4. End the session and accompany the client to the nearest hospital
- 
2. Pathological gambling should be listed on what DSM-IV Axis?
1. I
  2. II
  3. III
  4. IV
- 
3. Which of the following is a common characteristic of a gambler who plays skill games?
1. Is competitive
  2. Uses gambling as an escape
  3. Has relationship problems
  4. Experiences a later onset of gambling behavior
- 
4. The most recent federally funded national study of problems and pathological gambling was completed in
1. 1976.
  2. 1980.
  3. 1987.
  4. 1999.
- 
5. Which of the following substances are pathological gamblers most likely to abuse?
1. Alcohol
  2. Cocaine
  3. Marijuana
  4. Amphetamine
- 
6. Which of the following screening tools is used to assess for pathological gambling?
1. ASI
  2. NED
  3. DIGS
  4. NORC

### CORRECT ANSWERS TO SAMPLE QUESTIONS

1. 3 2. 1 3. 1 4. 4 5. 1 6. 3

## REFERENCES

The International Gambling Counselor Certification Board has prepared a suggested reference list to assist in preparing for the International Certification Examination for Gambling Counselors. These references contain journals and textbooks which include information of significance to gambling counseling practice. Inclusion of certain journals and textbooks on this list does not constitute an endorsement by the IGCCB of specific professional literature which, if used, would guarantee candidates' successful passing of the certification examination.

American Psychiatric Association. DSM IV: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. Washington, DC: American Psychiatric Association (1994).

Berman, L. and Siegel, M. Behind the Eight-Ball: A Guide for Families of Gamblers. New York, NY: Simon & Schuster (1992).

Ciarrocchi, J. Counseling Problem Gamblers: A Self Regulation Manual for Individual and Family Therapy. San Diego, CA: Academic Press (2002).

Custer, R. and Milt, H. When Luck Runs Out. New York, NY: Facts on File (1985).

Grant, J. and Potenza, M. Pathological Gambling. A Clinical Guide to Treatment. Washington, DC: American Psychiatric Publishing, Inc. (2004).

Heineman, M. Losing Your Shirt: Recovery for Compulsive Gamblers and Their Families. Center City, MN: Hazelden (1992).

Heineman, M. When Someone You Love Gambles. Center City, MN: Hazelden (1993).

Ladouceur, R. & Lachance, R. Overcoming Problem Gambling: Therapist Guide and Overcoming Problem Gambling: Workbook. Oxford University Press. (2006).

Lesieur, H. Understanding Compulsive Gambling. Center City, MN: Hazelden (1993).

Miller W. and Rollnick, S. Motivational Interviewing, Second Edition. New York, NY: Guilford Press (2002).

National Council on Problem Gambling and National Endowment for Financial Education. Financial Issues for Loved Ones of Problem Gamblers. Denver, CO: National Endowment for Financial Education (2000).

National Gambling Impact Study Commission. Final Report. Washington, DC: National Gambling Impact Study Commission (1997).

National Research Council. Pathological Gambling: A Critical Review. Washington, DC: National Academy Press (1999).

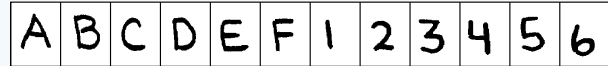
Petry, N. Pathological Gambling: Etiology, Comorbidity, and Treatment. Washington, DC: American Psychological Association (2005).

Prochaska, J., Norcross, J., DiClemente, D. Changing for Good. Avon Books (1994).

Shaffer, H., et al. Estimating the Prevalence of Disordered Gambling Behavior in the United States and Canada: A Meta-Analysis. Boston, MA: President and Fellows of Harvard College (1997).

Volberg, R. When Chips Are Down: Problem Gambling in America. New York, NY: The Century Foundation Press (2001).

**MARKING INSTRUCTIONS:** This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided. →



## Candidate Information

Please enter your Name exactly as it appears on your current Government-Issued Photo I.D.

Mr. First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
 Dr. \_\_\_\_\_  
 Last Name \_\_\_\_\_ Suffix (Jr., Sr., etc.) \_\_\_\_\_  
 Home Address - Number and Street \_\_\_\_\_ Apartment Number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Evening Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Email Address (Please enter only ONE email address. Use two lines if your email address does not fit in one line.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Examination Date  
 Spring     Fall     Winter

## Eligibility and Background Information

Darken only one choice for each question unless otherwise directed.

### A. ELIGIBILITY ROUTE: (See Handbook.)

**Credential**

- Bachelor's degree     MAC  
 NCAC - I, NCAC - II

**AND**

**Approved Training**

**AND**

**Verified Experience**

- 30 hours                       100 hours  
 60 hours                       2000 hours  
 Not applicable taking examination for approved state jurisdictions ONLY

### B. LEVEL FOR WHICH YOU ARE APPLYING:

- Level - I (NCGC- I , ICGC- I)  
 Level - II (NCGC- II , ICGC- II)

### C. IN WHAT TYPE OF SETTING DO YOU PRACTICE?

- Private outpatient               Hospital inpatient  
 Public outpatient               Governmental institution  
 Private residential               Other  
 Public residential

### D. IN WHICH OF THE FOLLOWING DO YOU SPEND AT LEAST TEN HOURS PER WEEK? (Darken all that apply.)

- Counseling clients with gambling-related problems  
 Counseling clients with alcohol/drug-related problems  
 Clinical supervision  
 Assessment and referral  
 Outreach  
 Research/evaluation  
 Other

### E. PERCENT OF WORKING TIME CURRENTLY SPENT IN GAMBLING COUNSELING:

- Less than 25%     51 to 75%  
 25 to 50%         More than 75%

### F. PROFESSIONAL BACKGROUND:

- Counselor                       Physician other than Psychiatrist  
 Therapist                       Psychiatrist  
 Administrator               Clergy  
 Social Worker               Other  
 Nurse

### G. EXPERIENCE IN GAMBLING COUNSELING:

- 50 to 99 hours               751 to 1000 hours  
 100 hours                       1001 to 2000 hours  
 101 to 750 hours               More than 2000 hours

### H. HIGHEST ACADEMIC LEVEL:

- Bachelor's degree  
 Master's degree  
 Doctoral degree  
 Other

(Continue on page 2)



## Eligibility and Background Information

### I. IN WHICH OF THE FOLLOWING ARE YOU LICENSED OR HOLD CERTIFICATION OR REGISTRATION?

(Darken all that apply.)

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Social work | <input type="checkbox"/> Nursing                         |
| <input type="checkbox"/> Psychology  | <input type="checkbox"/> Employee assistance programming |
| <input type="checkbox"/> Counseling  | <input type="checkbox"/> Marriage and family therapy     |
| <input type="checkbox"/> Medicine    | <input type="checkbox"/> Other                           |

### J. HAVE YOU TAKEN THIS EXAMINATION BEFORE?

No  Yes

If yes, indicate month, year, and name under which the examination was taken.

Date (month/year): \_\_\_\_\_

Name: \_\_\_\_\_

### K. ARE YOU A MEMBER OF THE NATIONAL COUNCIL ON PROBLEM GAMBLING (NCPG)?

No  Yes *NOTE: Membership is not required.*

### L. ARE YOU A MEMBER OF NAADAC?

No  Yes *NOTE: Membership is not required.*

### OPTIONAL INFORMATION

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your certification.

#### Race:

- African American  
 Asian  
 Hispanic  
 Native American  
 White  
 Other

#### Age Range:

- Under 25  
 25 to 29  
 30 to 39  
 40 to 49  
 50 to 59  
 60+

#### Gender:

- Male  
 Female

## Release Authorization

**Must be completed by all candidates authorizing release of test results to a state/commonwealth.**

State/Commonwealth

|  |  |
|--|--|
|  |  |
|--|--|

**Please print the two letter state/commonwealth abbreviation in the boxes provided.**

I hereby authorize the International Gambling Counselor Certification Board (IGCCB) to release the results of my certification examination to the state/commonwealth indicated. I understand that these test results will be used only for state/commonwealth certification at this time.

**CANDIDATE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## Board Approved Clinical Consultant Verification of Experience

To be completed by candidate's Board Approved Clinical Consultant. BACC must be approved and current as per IGCCB.

|              |        |              |
|--------------|--------|--------------|
| Print Name   | Title  | Organization |
| Signature    | Date   |              |
| Phone Number | E-mail |              |

## Candidate Signature

I have read the Handbook for Candidates and understand I am responsible for knowing its contents. I certify that the information given in this Application is accurate, correct, and complete.

**CANDIDATE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### CREDIT CARD PAYMENT *If you want to charge your application fee on your credit card provide all of the following information.*

Name (as it appears on your card): \_\_\_\_\_

Address (as it appears on your statement): \_\_\_\_\_

Charge my credit card for the total fee of: \$ \_\_\_\_\_

Expiration date (month/year): \_\_\_\_\_ / \_\_\_\_\_

Card type:  Visa  MasterCard  American Express

Card Number: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date \_\_\_\_\_ 1050 1060

Date

Fee: \_\_\_\_\_

CC  Check

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

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## PART II

# APPLICATION FOR NATIONAL CERTIFICATION EXAMINATION FOR GAMBLING COUNSELORS

**DIRECTIONS:** Candidates for the National Certification Examination for Gambling Counselors – Level I must have at least 30 hours of gambling specific training with a NCAC-I, NCAC-II, or MAC credential **OR** 30 hours of gambling specific training with 300 hours of education in behavioral health or social service plus 2000 hours of supervised experience in gambling counseling verified by supervisor. Level II candidates must have at least 60 hours of gambling specific training with a NCAC-I, NCAC-II or MAC credential **OR** 60 hours of gambling training with 300 hours of education in behavioral health or social service plus 500 hours of supervised experience in gambling counseling verified by supervisor. **NOTE: Please complete all the information requested below.**

**SECTION A. PERSONAL DATA**

Name: \_\_\_\_\_  
(Print) Last First Middle

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip + 4

E-mail: \_\_\_\_\_

Telephone: Work: (\_\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_\_) \_\_\_\_\_

Level for which you are applying: \_\_\_\_\_ NCGC - I \_\_\_\_\_ NCGC - II

**SECTION B. NAADAC CREDENTIAL HELD**

| <u>Credential</u> | <u>Date Received</u> |
|-------------------|----------------------|
| _____             | _____                |

**SECTION C. GAMBLING SPECIFIC TRAINING HOURS (minimum of 30 hours needed for Level I OR minimum of 60 hours needed for Level II)**

(1) Institution/Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Total Hours: \_\_\_\_\_

(2) Institution/Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Total Hours: \_\_\_\_\_

(3) Institution/Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Total Hours: \_\_\_\_\_

**SECTION D. CANDIDATE AFFIRMATION**

I certify that the information on this Application is accurate, correct and complete. The National Gambling Counselor Certification Board (NGCCB) is authorized to contact any institution or agency listed on this application for verification of my gambling specific training hours, NAADAC credentials and/or 300 hours education in behavioral health and social services.

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_