

INTERNATIONAL CERTIFICATION EXAMINATION FOR GAMBLING COUNSELORS

Handbook for Candidates

EXAMINATION DATES		
Spring 2019		
Application Deadline	Testing Window	
March 15, 2019	Begins:	April 13, 2019
	Ends:	April 27, 2019
Summer 2019		
Application Deadline	Testing Window	
July 22, 2019	Begins:	August 17, 2019
	Ends:	August 31, 2019
Winter 2019		
Application Deadline	Testing Window	
November 7, 2019	Begins:	December 7, 2019
	Ends:	December 21, 2019



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This handbook contains necessary information about the International Certification Examination for Gambling Counselors (IGCCB). 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) 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.

EXAMINATION ELIGIBILITY REQUIREMENTS

LEVEL I GAMBLING COUNSELOR – (or ICGC-I)

1. 30 hours of approved gambling specific training
2. Bachelor's degree or equivalent in behavioral health **OR** a NCAC-I (Nationally Certified Addiction Counselor), NCAC-II, or MAC (Master Addiction Counselor) credential or equivalent **OR** other state or nationally recognized addiction or mental health certifications
3. Taking and passing the International Certification Examination for Gambling Counselors
4. Payment of the application fee

LEVEL II GAMBLING COUNSELOR – (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 **OR** other state or nationally recognized addiction or mental health certifications
3. Taking and passing the International Certification Examination for Gambling Counselors
4. Payment of the application fee

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 <http://www.igccb.org/certification-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 ICGC-I or ICGC-II 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.

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.

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 5) in time to be received by the deadline shown on the cover of this Handbook to:

**IGCCB EXAMINATION
PROFESSIONAL TESTING CORPORATION
1350 Broadway – Suite 800
New York, New York 10018**

EXAMINATION ADMINISTRATION

The International Certification Examination for Gambling Counselors is administered during an established 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 or call PSI at (833) 207-1288. 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 a Scheduling Authorization from PTC.**

TESTING TUTORIAL

A testing tutorial can be viewed, free of charge, online. Please visit www.ptcny.com/cbt/demo.htm. This document can give you an idea about the features of online testing.

SCHEDULING YOUR EXAMINATION APPOINTMENT

Once your application has been received and processed and your eligibility verified, you will be sent a notice from PTC confirming receipt of payment and acceptance of application. Within six weeks prior to the first day of the testing period, you will be sent a Scheduling Authorization via email from notices@ptcny.com. Please ensure you enter your correct email address on the application and add the 'ptcny.com' domain to your email safe list. If you do not receive a Scheduling Authorization at least three weeks before the beginning of the testing period, contact the Professional Testing Corporation at (212) 356-0660.

The Scheduling Authorization will indicate how 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 Scheduling Authorization in order to maximize your chance of testing at your preferred location and on your preferred date.

Your current driver's license, passport, or U.S. Military ID must be presented in order to gain admission to the testing center. Temporary, paper driver's licenses are not accepted. PTC also recommends you bring a paper copy of your Scheduling Authorization and your PSI appointment confirmation with you to the testing center.

After you make your test appointment, PSI will send you a confirmation email with the date, time and location of your exam. Please check this confirmation carefully for the correct date, time and location. Contact PSI at (833) 207-1288 if you do not receive this email confirmation or if there is a mistake with your appointment.

- **It is your responsibility as the candidates to contact PTC if you have not received your Scheduling Authorization email at least three weeks prior to the start of the testing period.**
- **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

IGCCB and PTC support the intent of and comply with the Americans with Disabilities Act (ADA). PTC will take steps reasonably necessary to make certification accessible to persons with disabilities covered under the ADA. Special testing arrangements may be made upon receipt of the Application, examination fee, and a completed and signed Request for Special Needs Accommodations Form, available from www.ptcny.com or by calling PTC at (212) 356-0660. This Form must be uploaded with the online application at least EIGHT weeks before the testing period begins. Please use this Form if you need to bring a service dog, medicine, food or beverages needed for a medical condition with you to the testing center.

Only those requests made and received on the official Request for Special Needs Accommodations Form (found at www.ptcny.com) will be reviewed. Letters from doctors and other healthcare professionals must be accompanied by the official Form and will not be accepted without the Form.

Information supplied on the Request for Special Accommodations Form will only be used to determine the need for special accommodations and will be kept confidential.

INTERNATIONAL TESTING

Candidates outside of the United States and Canada must complete and submit the Request for Special Testing Center Form found on the www.ptcny.com homepage. This form must be uploaded to your application no later than 8 weeks prior to the start of the chosen testing period. Fees for testing at an international computer test center (outside of the United States and Canada) are \$100.00 in addition to the examination fee. PTC will arrange a computer based examination at an international test center for you.

Please note that all examinations are administered in English.

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 (833) 207-1288 no later than noon, Eastern Standard Time, of the second business day PRIOR to your scheduled appointment. **PSI does not have the authority to authorize refunds or transfers to another testing period.**

RULES FOR THE EXAMINATION

1. All Electronic devices that can be used to record, transmit, receive, or play back audio, photographic, text, or video content, including but not limited to, cell phones, laptop computers, tablets, Bluetooth devices; wearable technology such as smart watches; MP3 players such as iPods; pagers, cameras and voice recorders are not permitted to be used and cannot be taken in the examination room.
2. No papers, books, or reference materials may be taken into or removed from the examination room.
3. Simple, nonprogrammable calculators are permitted with the exception of calculators as part of cellular phones, 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.
5. Candidates are prohibited from leaving the testing room while their examination is in session, with the sole exception of going to the restroom.
6. Bulky clothing, such as sweatshirts (hoodies), jackets, coats and hats, except hats worn for religious reasons, may not be worn while taking the examination.
7. All watches and "Fitbit" type devices cannot be worn during the examination. It is suggested that these items are not brought to the test center.

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: **PROFESSIONAL TESTING CORPORATION**

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 7.
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
 - 6. Irrational Thinking
 - 7. Cultural Beliefs and Attitudes
- B. Considerations of Alternative Solutions
 - 1. Harm Reduction
 - 2. Natural Recovery
 - 3. Recovery Oriented Systems of Care
- 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
- 8. Multi-cultural Counseling
- D. Relationship to Substance Abuse and Mental Health
 - 1. Integration of problem gambling into substance use disorder and mental health treatment
 - 2. Impact of gambling on recovery from substance use and mental health disorders
 - 3. Impact of substance use and mental health disorders on problem gambling treatment and recovery
- E. Client Care
 - 1. Case Management
 - 2. Crisis Management
 - a. Identification
 - b. Resolution
 - 3. Referral Resources
 - 4. Reports and Record Keeping
 - 5. Consultation
 - 6. Levels of Care
 - 7. Peer Counseling and Recovery Support Systems
- F. Education
 - 1. Orientation to treatment and recovery
 - 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, medication and psychopharmacology
 - 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. Trauma and Survivors Issues
- I. Chronic Illness
- J. Criminal Justice
- K. Military

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. In DSM V Pathological Gambling has been renamed

1. Gambling Disorder.
2. Addictive Gambling.
3. Impulsive Gambling.
4. Compulsive Gambling.

3. Compared to men, women problem gamblers are likely to start gambling

1. at the same age.
2. earlier in life.
3. later in life.
4. only in response to stress.

4. Gamblers Anonymous was founded in

1. 1949.
2. 1957.
3. 1976.
4. 1980.

5. Which of the following substances are disordered 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 a gambling disorder?

1. ASI
2. NED
3. NORC
4. NODS-CLiP

CORRECT ANSWERS TO SAMPLE QUESTIONS

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

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 5: Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition. Washington, DC: American Psychiatric Association (2013).

Blaszczynski, A. *Overcoming Compulsive Gambling: A Self-Help Guide Using Cognitive Behavioral Techniques*. London: Constable & Robinson; 2010.

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).

Davis, D.R. *Taking Back Your Life: Women and Problem Gambling*. Center City, MN: Hazelden; 2009.

Federman, E.J., Drebing, C.E. & Krebs, C. *Don't Leave it to Chance: A Guide for Families of Problem Gamblers*. Oakland, CA: New Harbinger Publications; 2000.

Gamblers Anonymous. *Sharing Recovery Through Gamblers Anonymous*. Los Angeles, CA: Gamblers Anonymous; 2003.

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

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

Mee-Lee, D, Shulman, G.D., Fishman, M. J., Gastfriend, D. R., Miller, M.M., eds. *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions*. 3rd ed. Carson City, NV: The Change Companies; 2013

Marlatt, G. A., Larimer, M. E., Witkiewitz, K., eds. *Harm Reduction: Pragmatic Strategies for Managing High Risk Behaviors*. 2nd ed. New York, NY: Guilford Press; 2012

McCown, W. G. & Howatt, W. A. *Treating Gambling Problems*. Hoboken, NJ: John Wiley & Sons; 2007

Miller W. and Rollnick, S. *Motivational Interviewing*, Third Edition. New York, NY: Guilford Press (2012).

National Center for Responsible Gaming - www.ncrg.org/resources/

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).

Richard, C. S., Blaszczynski, A., Nower, L., eds. *The Wiley-Blackwell Handbook of Disordered Gambling*. Wiley-Blackwell, Oxford, UK; 2014.

Shaffer, H., Martin, R, Kleschinsky, J & Neporent, L. *Change your Gambling; Change your Life: Strategies for Managing your Gambling and Improving your Finances, Relationships, and Health*. San Francisco, CA: Jossey-Bass; 2012.

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

The Wager – www.basionline.org/

Whelan, J. P., Steenbergh, T. A., & Meyers, A. W. *Problem and Pathological Gambling*. Cambridge MA: Hogrefe & Huber; 2007

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 Summer 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 Other: _____
(State or nationally recognized addiction or mental health certifications)

AND Approved Training

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

B. LEVEL FOR WHICH YOU ARE APPLYING:

- Level - I (ICGC- I)
 Level - 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"/> Peer Counselor/Recovery Coach |
| <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.*

NCPG Membership Number

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Membership Expiration Date (month/day/year)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

L. ARE YOU A MEMBER OF NAADAC?

No Yes *NOTE: Membership is not required.*

NAADAC Membership Number

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Membership Expiration Date (month/day/year)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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:** _____

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

1050 1060

Date

Fee: _____

CC Check

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