



APPLICATION FOR INDIVIDUAL CERTIFICATION/APPROVAL

Indicate type of Approval/Certification you are applying for

(Please Print Legibly)

One Application per certification /approval

Please check if you are applying for a: Person Centered Case Management
Peer Mentor in Training Peer Mentor KS Certified Gambling Counselor Level I
KCGC Level II KCGC Provisional

My current certification expires on: _____ Date of Birth: _____

Education Level: _____

Legal Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____ Home Telephone: _____

Office/Work Address: _____ City: _____ County: _____ State: _____ Zip: _____

Office/Work Telephone: _____ Fax: _____

Name of program you work for *if applicable*: _____

Mailed Communication Information

If certificate should go to a different location other than the home address, designate the mailing address.

Address: _____

City: _____

State: _____ Zip: _____

Electronic Communication

Please provide an email address to receive emails from the State.

Email: _____

Individual services are available in the following languages:

Please check all those that apply for the Individual listed above.

- Spanish Korean American Sign Language (ASL) Other: (Please specify) _____
 Vietnamese

*Application Help Guide on next page

Please return the completed application with all required materials to:

Billie.fuller@kdads.ks.gov Or

KDADS

Community Services and Programs

SUD Behavioral Health Services / Attention: Billie Fuller

503 S. Kansas Avenue

Topeka, KS 66603-3404

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Revised April 2014

Materials Required for CERTIFICATION/APPROVAL

(For Peer Mentor, Peer Mentor in Training, Person Centered Case Management)

- Application
- A copy of Licenses and/or Credentials
- Copies of applicable training certificates
- Copy of Diploma or College transcript
- Documentation of work experience
- Applicable (KCPM,PCCM,KPMT) Signed Code of Ethics
- Merit of public trust
- Affirmation

(For Problem Gambling - Provisional Kansas Certified Gambling Counselor (KCGC P))

- Application Form
- Copy of diploma if Master's Degree; if Bachelor's Degree, attach copy of diploma and BSRB certificate as Addiction Counselor (LAC) or LCAC
- Copy of a written supervisory plan describing how the applicant will obtain supervision in problem gambling counseling, and the name of the clinical supervisor
- Copy of KDADS/BHS letter stating passage of KCGC exam
- Signed copy of certificate showing completion of 60 hour gambling specific training, and showing date of completion
- Signed *Merit of Public Trust*
- Signed *Professional Code & Ethical Agreement*

(For Problem Gambling – Kansas Certified Gambling Counselor Level I (KCGC I))

- Application Form
- For Re-Certification, a copy of a minimum of 12 hours Gambling specific CEU's are required
- Signed copy of *Documentation of Provisional KCGC Clinical Supervision*, showing a minimum of 24 hours of supervision in problem gambling counseling
- Signed *Merit of Public Trust*
- Signed *Professional Code & Ethical Agreement*
- A copy of Licenses and/or Credentials

(For Problem Gambling – Kansas Certified Gambling Counselor Level II (KCGC II))

- Application Form
- For Re-Certification, a copy of a minimum of 12 hours Gambling specific CEU's are required
- Signed copy of *Documentation of KCGC Clinical Supervision*, showing a minimum of 50 hours of supervision in problem gambling counseling
- Signed *Merit of Public Trust*
- Signed *Professional Code & Ethical Agreement*
- A copy of BSRB License to diagnose

Please return the completed application with all required materials to:

Billie.fuller@kdads.ks.gov Or

KDADS

Community Services and Programs

SUD Behavioral Health Services / Attention: Billie Fuller

503 S. Kansas Avenue

Topeka, KS 66603-3404

Gambling Specific Continuing Education Hours

Name of Applicant (Please Print)

To renew your KCGC certification, please document below the required **12 gambling specific hours** of continued education during the previous two (2) year cycle.

- (a) **If you attended** a training/workshop, please list below the training/workshops that you attended and attach verification of attendance (certificate of training, date and number of hours).
- (b) **If you presented** at a gambling workshop or training, you may count up to a maximum of 6 hours (of your total 12 required hours). Please list below the training/workshops and attach verification of presentation (agenda, your name as presenter and hours of your presentation.)

Training Date	Training Title	Trainer Name	# of Gambling Specific CEUs
		TOTAL HOURS EARNED:	

AFFIRMATION:

I certify that I voluntarily make this re-certification application, and freely submit myself to the evaluation of KDADS/BHS. I will accept the decision of KDADS/BHS and do accept full responsibility for any and all consequences of the process of seeking re-certification. To the best of my knowledge, the information contained in this re-certification application is true and correct. I authorize members or representatives of KDADS/BHS to contact and obtain information from any trainers or agencies who conducted the trainings deemed necessary in evaluation of this re-certification. I have read the KCGC Professional Code and Ethical Agreement and understand its meaning. I further understand that any violation of this code and agreement may result in suspension or revocation of my certificate. I further understand that revocation of any of my BSRB state licenses may result in suspension or revocation of my certificate. I understand I must notify KDADS/BHS of any address or name change within 30 days of occurrence.

Signature of Applicant for Re-Certification

Date

Merit of Public Trust

Kansas Certified Gambling Counselor (KCGC)

Please answer the following questions. Note: If the answer to any of the items 1 through 12 in this section is "Yes", submit as part of your application a signed, dated type-written explanation that gives specific details including disposition of the matter. A "yes" answer will not automatically exclude you from re-certification.

1. Have you ever been charged with or convicted of a felony or misdemeanor (including Driving Under the Influence convictions) other than a traffic violation? Yes ___ No___
2. Have you ever had a complaint filed with a professional association or a counselor certifying, licensing, or registering body against you for alleged unethical behavior or unprofessional conduct? Yes ___ No___
3. Have you used any alcohol, narcotic, barbiturate, other drug affecting the central nervous system, or other drug which may cause physical or psychological dependence, either to which you were addicted or upon which you were dependent within the last 2 years? Yes ___ No___
4. Have you been diagnosed or treated for any physical, emotional or mental illness or disease, including alcohol/drug addiction or dependency, which limited your ability to practice behavioral sciences with reasonable skill and safety within the past 2 years? Yes ___ No___
5. Have you gambled in a manner which would reflect adversely on the credibility and integrity of the profession in the past 2 years? Yes ___ No ___
6. Have you used controlled substances which were obtained illegally or which were not obtained pursuant to a valid prescription order or which were not taken following the direction of a licensed health care provider within the past 2 years? Yes ___ No___
7. Have you ever had disciplinary action taken against you for unethical behavior, unprofessional conduct or any other grounds? Yes ___ No ___
8. Has any state, jurisdiction, providence, or professional organization denied your application for credentials or professional membership? Yes ___ No___
9. Have you ever been sued for malpractice, or agreed to pay a settlement in a malpractice suit? Yes ___ No___
10. Has any governmental agency ever substantiated allegations made against you for physical, mental or emotional abuse or neglect, sexual abuse, or exploitation of (1) a child, (2) a resident of an adult care home, medical care facility, psychiatric hospital or state institution for the mentally retarded, or (3) an adult? Yes ___ No___
11. Has any government agency ever substantiated allegations made against you for physical, mental or emotional abuse or neglect, sexual abuse or exploitation of a (1) child, (2) a resident of an adult care home, medical care facility, psychiatric hospital or state institution for the mentally retarded, or (3) an adult? Yes ___ No___
12. Have you ever been found guilty of or liable for fraud, deceit in connection with services rendered as a behavioral health provider by a civil or criminal court of law or board of a professional organization? Yes ___ No___

Signature of Applicant for Re-Certification

Date

Professional Code and Ethical Agreement Kansas Certified Gambling Counselor (KCGC)

Please print or type

Applicant: _____

1. I shall support all efforts toward a primary goal of recovery for clients and families.
2. I shall conform to all rules and regulations pertaining to the confidentiality of all records, materials and communications concerning clients.
3. I shall demonstrate respect for clients by maintaining an objective, non-possessive professional relationship at all times.
4. I shall not discriminate among clients or professionals on the basis of race, color, creed, age, sex or sexual orientation.
5. I shall respect the rights and view of other gambling counselors and professionals.
6. I shall respect institutional policies and will cooperate with management functions.
7. I maintain a genuine interest in helping persons with gambling problems and will help those affected to help themselves.
8. I shall assess my own personal and vocational strengths, limitations, and biases. I will recognize when it is in the clients best interest to refer or release him/her to another counselor or program.
9. I shall take responsibility for continued professional growth through further education or training.
10. I commit 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.
11. I do not use alcohol, drugs nor gamble in a manner that will reflect adversely on the credibility and integrity of the profession.

Signature of Applicant for Re-Certification

Date



**Supervisory Plan
for
Provisional Kansas Certified Gambling Counselor**

Name: _____

Clinical Supervisor's Name: _____

Circle your clinical supervisor's credentials:

- a. Kansas Certified Gambling Counselor Level II (KCGC II), or
- b. National Board Approved Clinical Consultant (BACC), or
- c. National Certified Gambling Counselor I or II (NCGCI or NCGC II), or
- d. KDADS approved KCGC Level I, or
- e. KDADS approved individual practicing in another state as a problem gambling counselor with equivalent experience and education as either a KCGC II or BACC.

Methodology to assess and document your competencies and additional training needs. Briefly describe your clinical supervisor's method used to assess and document your competencies. Also describe how your supervisor will recommend additional training if they feel you have not met the competencies necessary. This will necessitate a conversation with your supervisor to clearly understand their methodology.

Timeline to complete 24 hours of supervision:

Note: At a minimum, the P-KCGC I must obtain at least 1 hour of clinical supervision per month and a **total of 24 hours** of documented supervision. Clinical supervision must be provided one-on-one.

The group clinical supervision calls that are available through KDADS do not qualify for Provisional clinical supervision. They can be educational but not documented as "supervised clinical hours."

Note: A Provisional Certificate is a temporary certificate that allows an individual to provide problem gambling treatment services while under clinical supervision. P-KCGC I status may be held a maximum of three (3) years.

Signature: _____

Date: _____

Provisional KCGC Level I Clinical Supervision Documentation Record

(When you complete this form, please attach it to your application packet.)

1. Complete 24 hours of supervision in problem gambling counseling (the supervised experience must be documented and include evidence of an assessment and evaluation of the counselor's KCGC I professional competencies.)
2. "Problem gambling counseling" is defined as:
 1. Face to face clock hours with gambling clients
 2. Face to face clock hours with gamblers and/or their families or significant others
 3. All hours of documentation for gambling clients or family member to:
 - a. Patient chart
 - b. EAP/employer
 - c. Counselor supervisor
 - d. Referral agents/other mental health workers/court/parole/probation officers/attorneys
 4. Telephone interventions of 30 minutes or more
 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. Presentation of problem 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 recovery, including presentations at Gambler Anonymous or Gam Anon meetings
 10. Treatment planning sessions with the treatment team in your agency or private practice
 11. Participation in problem gambling case review conference calls with NCPG Board Approved Clinical Consultant (BACC).

Date	# (1-11) Above	Type of service, from the list above	Hours
Example	#4	Phone interview with problem gambling client	30 min

		TOTAL HOURS	

I understand that falsification of any part of the application may result in my being denied certification or revocation of same upon discovery.

Signature/Credentials of Certification Holder

Date

Clinical Supervisor (Print Name)

Credential(s)

Signature of Clinical Supervisor

Date

Expiration Date of Current P-KCGC Certification Cycle:
