

INTERNATIONAL CERTIFICATION EXAMINATION FOR GAMBLING COUNSELORS

Handbook for Candidates

| EXAMINATION DATES | | |
|----------------------|----------------|-------------------|
| Spring 2015 | | |
| Application Deadline | Testing Window | |
| March 2, 2015 | Begins: | April 11, 2015 |
| | Ends: | April 25, 2015 |
| Summer 2015 | | |
| Application Deadline | Testing Window | |
| July 1, 2015 | Begins: | August 8, 2015 |
| | Ends: | August 22, 2015 |
| Winter 2015 | | |
| Application Deadline | Testing Window | |
| November 2, 2015 | Begins: | December 5, 2015 |
| | Ends: | December 19, 2015 |



International Gambling Counselor
Certification Board



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 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) {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 (Nationally Certified Addiction Counselor), NCAC-II, or MAC (Master Addiction Counselor) credential or equivalent
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
5. Payment of the application fee

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
5. 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 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.

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 5) 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 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 (800) 733-9267. 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 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 postcard confirming receipt. Within 6 weeks prior to the first day of the testing period, you will be mailed an Eligibility Notice. **A paper copy of your Eligibility Notice plus current government-issued photo identification, such as a driver's license or passport, 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.

The Eligibility Notice 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 Eligibility Notice in order to maximize your chance of testing at your preferred location and on your preferred date.

After you make your test appointment, PSI will send you a confirmation email with the date, time, and location of your examination. Please check this confirmation carefully for the correct date, time, and location. Contact PSI at (800) 733-9267 if you do not receive this email confirmation or if there is a mistake with your appointment.

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 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) 733-9267 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. Electronic devices, including but not limited to cell phones, pagers, voice recording devices, cameras, Bluetooth type devices, MP3 players such as iPods, laptop computers and tablets cannot be operative during the examination.
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.

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).

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).

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*, 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).

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

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. →

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| A | B | C | D | E | F | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|---|---|---|---|---|

Candidate Information

Last Name

First Name

Middle Initial

Number and Street

Apartment Number

City

State

Zip/Postal Code

Daytime Phone
 - -

Evening Phone
 - -

E-mail Address

Examination Date
 Spring Summer Winter

Eligibility and Background Information

Darken only one choice for each question unless otherwise directed.

A. ELIGIBILITY ROUTE: (See Handbook.)

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

B. LEVEL FOR WHICH YOU ARE APPLYING:

- Level - I
- Level - 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?

- 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

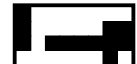
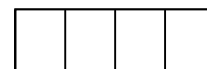
G. EXPERIENCE IN GAMBLING COUNSELING:

- 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.)

- Social work Nursing
 Psychology Employee assistance programming
 Counseling Marriage and family therapy
 Medicine 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. For Bureau of Prisons print "BP".

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.

By my signature below, I verify that I have been in a position to observe the above-named candidate for the International Certification Examination for Gambling Counselors and have first hand knowledge of the candidate's work as indicated on this Application.

| | | |
|--------------|--------|--------------|
| 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: _____

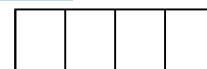
FOR OFFICE USE ONLY

Date

Fee: _____

CC Check

64961





PART II

APPLICATION FOR INTERNATIONAL CERTIFICATION EXAMINATION FOR GAMBLING COUNSELORS

DIRECTIONS: Candidates for the International Certification Examination for Gambling Counselors – Level I must have at least 30 approved hours of gambling specific training, a current NCAC-I, NCAC-II, or MAC credential OR a Bachelor’s degree or equivalent in behavioral health, and 100 hours of supervised experience in gambling counseling verified by Board Approved Clinical Consultant (BACC). Level II candidates must have at least 60 approved hours of gambling specific training, a NCAC-I, NCAC-II or MAC credential OR a Bachelor’s degree or equivalent in behavioral health, and 2000 hours of supervised experience in gambling counseling verified by Board Approved Clinical Consultant (BACC). **NOTE: Please complete all the information requested below.**

SECTION A. PERSONAL DATA

Name: _____
(Print) Last First Middle

Mailing Address: _____

City State/Province Zip + 4/postal code

E-mail: _____

Telephone: Work: (_____) _____ Home: (_____) _____

Level for which you are applying: _____ Level I _____ Level II

SECTION B. NAADAC CREDENTIAL HELD (if applicable)

| Credential | Date Received |
|------------|---------------|
| _____ | _____ |

SECTION C. GAMBLING SPECIFIC TRAINING HOURS (minimum of 30 approved hours needed for Level I OR minimum of 60 approved 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 International Gambling Counselor Certification Board (IGCCB) is authorized to contact any individual, institution, or agency listed on this Application for verification of my gambling specific training hours, NAADAC credentials, and/or Bachelor’s degree or equivalent in behavioral health.

Signature of Candidate _____

Date _____