

**Washington State Gambling
Counselor Certification Committee**

Evergreen Council on Problem Gambling
1929 Fourth Avenue East
Olympia, WA 98506-4631
360-352-6133



WSGCC

Washington State Gambling
Counselor Certification

**Gambling
Counselor Certification**

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Organizational Goals of Certification

In order to assure a body of qualified and competent professionals working in the field of clinical treatment with pathological (and problem) gamblers and their families, the Evergreen Council on Problem Gambling (ECPG) has approved the following organizational goals proposed by the Gambling Counselor Certification Committee to aid in the certification of Gambling Counselors in Washington State.

1. To assure that Gambling Counselors in Washington State possess high standards of training, competence, skills and knowledge.
2. To develop, promote, and operate a system of evaluation, screening, and certification of Gambling Counselors in Washington State.
3. To assure that this certification process is available to all interested applicants who meet the minimum qualifications.
4. To establish and endorse a professional code of ethics.
5. To maintain coordination and liaison with state officials, professional associations and educational institutions to keep current developments in the field of gambling treatment, and to periodically review, modify, update and improve current standards of competence, skills and knowledge.
6. To establish a registry of Certified Gambling Counselors in Washington State and maintain all necessary records of applicants.

Certification and registry of Gambling Counselors is a voluntary process conceived by professionals in the professional treatment community to monitor and oversee the Certification process.

The Evergreen Council on Problem Gambling has established the Gambling Counselor Certification Committee as a standing committee and members have been selected to represent various professional disciplines.

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Criteria for Specialty Certification in Problem Gambling

This Problem Gambling Counselor Certification is designed as a specialty certification overseen by the Evergreen Council on Problem Gambling (ECPG) Gambling Counselor Certification Committee.

The minimum eligibility requirements are:

1. The applicant **must hold a current certificate or license issued by the State of Washington** to provide mental health or chemical dependency treatment services to the public.
 2. The applicant **must hold a Bachelor's Degree** or higher from an accredited college-level institution.
 3. The applicant **will provide documentation of at least 1,500 hours** of professionally supervised post-certification or post-licensure experience providing mental health or chemical dependency treatment services.
 4. The applicant **will provide three letters of reference** from professionals and/or supervisors personally familiar with the applicant's work as related to problem gambling.
 5. The applicant **will document the following** gambling specific training and experience;
 - **Level I –**
 - documentation of a minimum of **30 hours of unduplicated gambling specific training** approved by the ECPG Gambling Counselor Certification Committee.
 - documentation of a minimum of **100 hours of supervised experience working with problem gamblers and their significant others.**
 - **Level II –**
 - documentation of a minimum of **60 hours of unduplicated gambling specific training** approved by the ECPG Gambling Counselor Certification Board.
 - Documentation of a minimum of **300 hours of supervised experience working with problem gamblers and their significant others.**
- The ratio of supervision to direct work is one-hour of supervision to twenty hours of direct client service, and at least one visit per month with the supervisor.**
6. The applicant **must receive a passing score on the National Gambling Counselor Examination.**
 7. The applicant **must present a signed Problem Gambling Counselor Ethical Standards Statement.**
 8. **The applicant is required to have Liability Coverage Insurance with a minimum \$1 million/\$3 million policy in effect.**

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Recertification/Renewal

The Washington State Gambling Counselor Certification requires recertification/renewal every three years. Changes in the field require commitment to continuing education in the areas of research findings, treatment techniques, and therapeutic approaches.

- The Gambling Counselor Certification minimum 30-hour gambling-specific continuing education requirement is designed to foster professional development and ensure high standards of competency for all problem gambling treatment providers.
 - Coursework must be documented by an official certificate of attendance from the accepted training agency, listing the attendee, the approved CEU hours, and the dates of attendance.
- The Gambling Counselor Ethical Standards statement must be signed and submitted with each renewal.

Revocation of Certification

Certification will be revoked for any of the following reasons:

1. Falsification of any information, including experience data.
2. Revocation of current license, certification, or registration
3. Violation of the Gambling Counselor Ethical Standards

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Gambling Counselor Certification Applicant Check List

APPLICANT:

- Application for Certification*
- A signed Documentation of Hours statement
- Attestation
- Verification of receipt of a passing score on the National Gambling Counselor Exam.
- A signed Problem Gambling Counselor Ethical Standards statement
- Photocopy of proof of current malpractice liability insurance coverage (cover page only)
- Photocopies of all certifications, licenses, and academic diplomas.
- Photocopies of certificates of attendance from Problem Gambling training sessions attended. Proof of course content may be required. If the training was taken from anywhere other than the ECPG, please be prepared to document course content.
- Directory Authorization
- A check made payable to the ECPG in the amount of **\$125**

PROFESSIONAL COLLEAGUE'S STATEMENT (Letters of Reference – three required):

- Provide documentation of at least 1,500 hours of professionally supervised post-certification or post-licensure experience providing mental health or chemical dependency treatment services. ***Mail directly to the ECPG***

GAMBLING SUPERVISOR'S STATEMENT (Confidential Evaluation):

- Provide documentation of a minimum of at least 100 hours of supervised experience working with problem gamblers for level 1 certification and 300 hours for level 2 certification, and their significant others.
Mail directly to the ECPG

NOTE: When **all** of the above materials are received, the information will be forwarded to the Gambling Counselor Certification Committee for review.

****Your application will be held for two years from the date it is received.***

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Gambling Counselor Certification Application

Name: _____

Address: _____

City: _____ State: _____ Zip+4: _____

Office Phone: _____ Cell Phone: _____ Fax: _____

E-mail: _____

Current Occupation: _____

Agency: _____

Work Supervisor's Name: _____

Washington State Gambling Counselor Supervisor: _____
(see enclosed list)

Are you currently licensed or certified? ___ Yes ___ No

Please list your licenses or credentials, their numbers and whether they are State or National level.

<u>License/Credential</u>	<u>Number</u>	<u>State/Nat'l</u>
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Please return this application, the required documentation, and a check in the amount of \$125 to:

**Washington State Gambling Counselor Certification Committee
Evergreen Council on Problem Gambling
1929 Fourth Avenue East
Olympia, WA 98506-4631**

Your application will remain active for a period of two years. If at the end of two years your file is incomplete, you will be notified that you will have to reapply when your documentation is complete.

If you have any questions about the Certification application process, please call (360) 352-6133

For Official Use Only

Date Received: _____ *Date Forwarded for Review:* _____

Date Approved: _____ *Renewal Date:* _____

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Documentation of Hours for Problem Gambling Related Work

Applicant: _____

Please indicate the total number of hours spent on the tasks listed below related to problem gambling assessment and treatment that comprise your total documented hours.
(Level I – a minimum of 100 hours of supervised experience working with problem gamblers and their significant others; Level II – a minimum of 300 hours of supervised experience working with problem gamblers and their significant others.)

Tasks	Hours
▪ Assessment	_____
▪ Intake	_____
▪ Treatment Planning	_____
▪ Individual counseling	_____
▪ Family counseling	_____
▪ Group counseling	_____
▪ Debt management	_____
▪ Client education	_____
▪ Client record keeping	_____
▪ Aftercare services	_____
▪ Client follow-up	_____
▪ Other (please specify):	_____

Total hours spent _____

I certify that the above information accurately describes my hours spent in problem gambling related work with gamblers and their significant others.

Signature Date

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Attestation

1. Are you currently a member of a Professional Association or possess Professional Credentials? Yes No If Yes, please list all professional and occupational licenses, registrations, or other credentials that you hold. Include state, agency/board, number, effective date, and expiration date:

2. Have you ever had a professional license or certification held by you revoked, suspended, or voluntarily surrendered? Yes No
3. Has a professional credentialing body ever rejected your application because of ethical or legal considerations? Yes No
4. Have you ever been convicted or are you now under charges for any criminal convictions, civil lawsuits, administrative proceedings, court rulings, statement agreements, or judgments? Yes No
5. Have you ever used any name(s) other than the name provided in this application? Yes No If Yes, please list all other names used in the past: _____

Please mark the appropriate box for all questions. If you marked "Yes" to any of the above questions, please provide a full explanation. Use additional paper if necessary.

Explanation

(over)

- A. By signing this document, I hereby certify that I am the person identified above, and the information contained in this application is true, correct, and complete to the best of my knowledge. I understand that providing false information is grounds for denial, suspension, or revocation of certification. I understand that the Washington State Gambling Counselor Certification Committee (WSGCCC) has the right to contact any person, government agency, or organization to review or confirm any information provided in this application. I further agree to authorize the release of any information requested by WSGCCC with respect to the review of this application.
- B. I understand that if I am granted certification by the WSGCCC and practice counseling, I do so at my own risk. I hereby release the WSGCCC and the Evergreen Council on Problem Gambling (ECPG) from any and all liability and claims that may arise from any and all counseling activity in private practice and otherwise.
- C. I understand and agree that the WSGCCC certification depends upon my fulfillment of all required criteria and obligations, including compliance with the Gambling Counselor Ethical Standards. I further agree to fully inform the WSGCCC, within two (2) weeks, if I become the subject of any ethics, disciplinary, criminal, or lesser offenses, complaints, or charges.

Signature

Date

Please print your name as shown on your secure and verifiable document

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National Exam

You must receive a passing score on the National Gambling Counselor Exam. Details about the examination, registration, location and testing dates can be found by writing: Professional Testing Corporation, 1350 Broadway, 17th Floor, New York, NY 10018, by calling (212)356-0660 or by visiting their website at www.ptcny.com.

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Directory Authorization

The Certification Committee has authorized the Evergreen Council on Problem Gambling to offer a Directory of WSCGC/NCGC treatment providers. This directory will be maintained on the ECPG website (www.evergreencpg.org). To ensure our records are accurate, please fill out the form below to have your included in the directory. Please note this directory will remain property of the Certification Committee and will not be used or sold without its permission.

No, I do not wish to be listed in the Problem Gambling Certified Treatment Provider Directory.

Yes, please include me in the Problem Gambling Certified Treatment Provider Directory.

Please list the information below as you wish it to appear in the directory.

Prefix: _____ Name: _____

Credentials: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Website: _____

Signature

Date

Please return this form to:

**Washington State Gambling Counselor Certification Committee
1929 4th Avenue
Olympia, WA 98506**

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Gambling Counselor Ethical Standards

I shall be dedicated to the concept that problem and pathological gambling is treatable and that efforts with the client shall have as a primary goal the recovery from pathological gambling.

I shall respect the confidentiality of all records, materials and communications concerning the client, as set forth in relevant WACS.

I shall not discriminate among clients, colleagues, or other professionals on the basis of race, color, creed, gender, age or sexual orientation.

I shall assess my own personal strengths and limitations, biases and effectiveness, and recognize when it is in the client's best interest to refer them to another individual or program.

I shall take personal responsibility for continued professional growth through further education and training.

I shall make a total commitment to provide the highest quality services through personal effort and the utilization of other health professionals or services which may assist the client in his/her recovery.

I shall never solicit clients, particularly at gambling establishments, Gambler's Anonymous or other self-help groups.

I shall not engage in any form of gambling, betting or wagering with clients.

I shall limit my practice to the areas of competence. Competency at a minimum must be based upon appropriate education, training and experience. I will refer to other health care resources, legal authorities or social service agencies when such referrals are in the best interest of the client.

(over)

If impaired due to a mental, emotional, physical, pharmacological, substance or gambling disorder, I shall never begin or continue a professional relationship with a client. If such a condition develops after a professional relationship begins, I shall terminate the relationship in an appropriate manner and assist the client in obtaining services from another provider. I do not use alcohol, drugs, or gamble in a matter that will reflect adversely on the credibility and integrity of the profession.

I shall never accept as clients, persons with whom there is a pre-existing or close personal relationship.

I shall respect the client by maintaining an objective, non-possessive professional relationship at all times which by neither conduct nor conversations could be construed as sexual in nature or lead to sexual allegations.

I shall never engage in any sexual contact or sexual activity with current or former clients.

I shall never engage in sexual harassing or demeaning behavior.

Problem/Pathological Gambling Treatment
Provider Signature

Date

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**Professional Colleague's Statement
Letter of Reference**

(three required)

DO NOT RETURN THIS FORM TO THE APPLICANT

Applicant's Name _____

Please describe the nature of your professional relationship with the applicant and describe her/his professional work within the area of problem gambling.

Please describe your awareness of the applicant's involvement in assessment and/or treatment with problem gamblers and their families.

(over)

Do you have any reservations about this applicant's professional or ethical performance? Yes No

If yes, please elaborate. (Attach additional pages if necessary)

I hereby certify that I have been in a position to observe and have first hand knowledge of the above named Applicant's work at the

_____ Name of Agency or Work Setting
During the time period from _____ to _____

My relation to the Applicant is/was _____

The information I am giving is my best judgment of the above named Applicant's capabilities to be certified as a Gambling Counselor in Washington State.

Please print clearly or type.

Name: _____

Title: _____

Agency: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: _____

Signature

Date

Please return this form directly to:
ECPG Gambling Counselor Certification Committee

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Supervisor's Statement Confidential Evaluation

*(To be completed by a Washington State Gambling Counselor Certification Committee
Approved Supervisor)*

DO NOT RETURN THIS FORM TO THE APPLICANT

Applicant's Name

During the above time period, I certify that I provided the Applicant with a total of _____ hours of face-to-face supervision relating to the Applicant's work as a Gambling Counselor.

Please describe your awareness of the applicant's involvement in assessment and/or treatment with problem gamblers and their families.

Do you have any reservations about this applicant's professional or ethical performance? Yes No

If yes, please elaborate. (Attach additional pages if necessary)

(over)

I hereby certify that I have been in a position to observe and have first hand knowledge of the above named Applicant's work at the _____
Name of Agency or Work Setting

During the time period from _____ to _____

The information I am giving is my best judgment of the above named Applicant's capabilities to be certified as a Gambling Counselor in Washington State.

Please print clearly or type.

Name: _____

Title: _____

Agency: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: _____

Signature

Date

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