

PROFESSIONAL DEVELOPMENT/SCHOLARSHIP OPPORTUNITIES FOR WASHINGTON STATE TREATMENT PROVIDERS, PEER/RECOVERY COACHES, EDUCATORS, STUDENTS

Thank you for your interest in the professional development scholarship opportunities to attend the ENGAGE Digital Mid-Month Training Workshops. The scholarships were established, with the support of Washington Healthcare Authority, to encourage and support participation by professionals who have applied to become a Washington State certified gambling counselor and hold a current certificate or license issued by the State of Washington to provide mental health or chemical dependency treatment services to the public. Scholarships are also available for Peer/Recovery Coaches and undergraduate/graduate students or professors/counselors in accredited Washington State college and university behavioral health, addictions, and counseling programs.

Applications for certification are available online at www.evergreencpg.org or by calling the Evergreen Council on Problem Gambling at 360.352.6133. Treatment providers with applications on file are eligible. A limited number of professional development scholarships are available (total value up to \$425) that will include:

- Full ENGAGE Digital Mid-Month Training Workshop registration (up to three days).
- Washington State Gambling Certification application fees (for those treatment providers who have not yet applied).

CONTINUING EDUCATION/CERTIFICATION

Evergreen Council on Problem Gambling (ECPG) workshops qualify toward the 30 hours of gambling-specific education required by the Washington State and National Problem Gambling Certification Boards. ECPG is an Approved Provider of Continuing Education by The Association for Addiction Professionals (NAADAC) and the National Council on Problem Gambling (NCPG). Our workshops have also been approved for continuing education by the Mental Health Addictions Certification Board of Oregon (MHACBO) and the American Academy of Health Care Providers in the Addictive Disorders (AAHCPAD).

Don't miss this opportunity to learn in an exciting setting and meet other treatment providers, researchers, and leaders in the field. For more information on professional development scholarship opportunities, contact ECPG at 360.352.6133 or visit www.evergreencpg.org.



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ELIGIBILITY

Professional development scholarship recipients **MUST**:

- Download registration form at www.evergreencpg.org and FAX or email to ECPG (scholarship recipients cannot complete registration form online). **Workshop registration MUST be sent in with scholarship application.**
- Be a current ECPG member. Visit www.evergreencpg.org → **Membership** or fill out the form in this application.

Treatment Providers:

- Have a completed Washington State problem gambling counselor certification application on file with ECPG which is available at <https://wp.me/Pa672H-GS> and hold a current certificate or license issued by the State of Washington to provide mental health or chemical dependency treatment services to the public. All scholarship recipients must commit to completing the Washington State problem gambling counselor certification requirements within two years of certification application.

OR

Peer/Recovery Coaches:

- Provide proof of successful completion of a Recovery Coach Academy® Training with a copy of the signed and dated Certificate or a signed and dated Certificate from another SAMHSA-approved Peer Recovery Coach Program.

OR

Students:

- Provide proof of enrollment in a Washington State college or university Behavioral Health, Addictions, or Counseling program.

DEADLINE

Completed certification application form and supporting documentation—with a completed workshop registration form—must be postmarked by 10 days prior to the start of the training. Applications received after this date will be considered only if funding is available.

AWARDS

Professional development scholarship recipients will be notified within 14 days after receipt of the application.

Submit completed application materials to:

Evergreen Council on Problem Gambling
Professional Development Scholarship Committee
1821 Fourth Avenue East
Olympia, WA 98506

Phone: 360.352.6133

FAX: 360.352.4133

Email: kbishop@evergreencpg.org

Website: www.evergreencpg.org

Washington State treatment provider professional development scholarships supported by:

Washington State
Health Care Authority

PROBLEM GAMBLING TRAINING WORKSHOPS TREATMENT PROVIDER SCHOLARSHIP

ENGAGE Digital Mid-Month Training Workshops

Treatment Provider/Counselor Name: _____

Credentials: _____ Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Day phone: _____ Cell/Alternate phone: _____

Email address: _____

Indicate the training for which you are requesting a scholarship (select one): Oct 14-16, 2020 Nov 16-18, 2020 Dec 14-16, 2020

Please briefly explain your interest in attending the ENGAGE Digital Mid-Month Training Workshops, how the training relates to your work as a treatment provider, and how you will use and share the knowledge acquired:

Please include a photocopy of all current certifications and licenses issued by the State of Washington that permit you to provide mental health or chemical dependency treatment services to the public, or other required documentation.

Signature: _____ Date: _____

By signing, I attest to the accuracy of the above information.

Submit completed application to:

Evergreen Council on Problem Gambling

Professional Development Scholarship Committee

1821 Fourth Avenue East

Olympia, WA 98506

P: 360.352.6133 | F: 360.352.4133

QUESTIONS?

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PROBLEM GAMBLING TRAINING WORKSHOPS PEER/RECOVERY COACH SCHOLARSHIP

ENGAGE Digital Mid-Month Training Workshops

Peer/Recovery Coach Name: _____

Credentials: _____ Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Day phone: _____ Cell/Alternate phone: _____

Email address: _____

Indicate the training for which you are requesting a scholarship (select one): Oct 14-16, 2020 Nov 16-18, 2020 Dec 14-16, 2020

Please briefly explain your interest in attending the ENGAGE Digital Mid-Month Training Workshops, how the training relates to your work, and how you will use and share the knowledge acquired:

Please provide proof of successful completion of a Recovery Coach Academy® Training with a copy of the signed and dated Certificate or a signed and dated Certificate from another SAMHSA-approved Peer/Recovery Coach Program.

Signature: _____ Date: _____

By signing, I attest to the accuracy of the above information.

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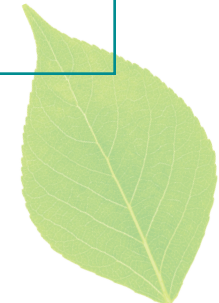
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PROBLEM GAMBLING TRAINING WORKSHOPS TEACHER/PROFESSOR/SCHOOL COUNSELOR SCHOLARSHIP

ENGAGE Digital Mid-Month Training Workshops

Teacher/Professor/Counselor Name: _____ Credentials: _____

School Name: _____ Subject(s) Currently Taught: _____

School Address: _____

City: _____ State: _____ Zip: _____

Day phone: _____ Cell/Alternate phone: _____

Email address: _____

Indicate the training for which you are requesting a scholarship (select one): Oct 14-16, 2020 Nov 16-18, 2020 Dec 14-16, 2020

Please briefly explain your interest in attending the ENGAGE Digital Mid-Month Training Workshops, how the training relates to your work, and how you will use and share the knowledge acquired:

Signature: _____ Date: _____

By signing, I attest to the accuracy of the above information.

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*It is the supreme art of the teacher to
awaken joy in creative expression and
knowledge.*

- Albert Einstein

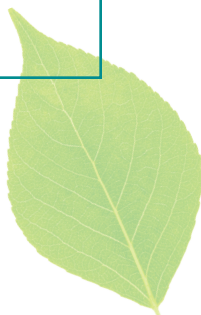
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PROBLEM GAMBLING TRAINING WORKSHOPS STUDENT SCHOLARSHIP

ENGAGE Digital Mid-Month Training Workshops

Student Name: _____

Birth Date: _____ Age (Must be 18 years or older): _____

Address: _____

City: _____ State: _____ Zip: _____

Day phone: _____ Cell/Alternate phone: _____

Email address: _____

School in which you are currently enrolled: _____

School Address: _____

Indicate the training for which you are requesting a scholarship (select one): Oct 14-16, 2020 Nov 16-18, 2020 Dec 14-16, 2020

Please briefly explain your interest in attending the ENGAGE Digital Mid-Month Training Workshops, how the training relates to your study program, and how you will use and share the knowledge acquired:

Signature: _____ Date: _____

By signing, I attest to the accuracy of the above information. I also agree to write a summary of no less than 500 words of my experience at the training workshop (within 30 days of training) for possible publication in the ECPG website and *Insights* newsletter, and participate in all designated programs as assigned at the training.

Submit completed application to:

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PROBLEM GAMBLING TRAINING WORKSHOPS STUDENT SCHOLARSHIP

ENGAGE Digital Mid-Month Training Workshops

TEACHER/PROFESSOR RECOMMENDATION FORM

Note to Students and Educators: This form should be given to a teacher/professor who knows the student's interests, skills, and abilities well. Teachers/Professors may mail this form separately from your application, but it must be received before your application can be processed.

Note to the Recommending Teacher/Professor: This form is part of the student's application for a limited number of scholarships to attend the **ENGAGE Digital Mid-Month Training Workshops**. Please mail the completed form and attachments to:

Evergreen Council on Problem Gambling

Professional Development Scholarship Committee

1821 Fourth Avenue East

Olympia, WA 98506

P: 360.352.6133 | F: 360.352.4133

Name of Student: _____

Name of Teacher/Professor: _____

Subject area taught to student: _____

Year applicant was your student: _____

School name: _____

School address: _____ State: _____ Zip: _____

Day phone: _____ Cell/Alternate phone: _____

Email address: _____

I recommend this student for a **Digital Mid-Month Training Workshop** Scholarship based on my knowledge of his/her:

Educational Goals Personal Goals Interests

Other: _____

Though not required, we would welcome any additional comments you would like to share regarding why this student should be considered for a scholarship to attend the ENGAGE Digital Mid-Month Training Workshop. Thank you for taking the time to support and encourage students who show an interest in participating in this exciting program.

It is the supreme art of the teacher to awaken joy in creative expression and knowledge.

- Albert Einstein

ECPG/NCPG JOINT MEMBERSHIP APPLICATION



Name: _____ Company: _____
Address: _____ Apt./Suite: _____
City: _____ State/Province: _____ Zip/Postal: _____
Phone: _____ Fax: _____
Email address: _____

All fields are required

MEMBERSHIP OPTIONS

- \$39** ECPG Membership—Special member discounted fees on quarterly trainings and conference registration (all offer CEUs), certification training workshops, *Insights* newsletter, and member certificate.
- \$79** ECPG & NCPG Individual Membership—Includes ECPG and NCPG Individual Membership with full National voting rights, 1-year subscription to NCPG newsletter, member certificate, bimonthly subscription to *Addiction Professional* as well as discounts on literature and conferences. This is a special offer in conjunction with ECPG Membership—a \$119 value! The cost of NCPG individual Membership alone is \$80 when purchased directly. Save \$40 through ECPG!
- \$114** ECPG & NCPG Individual Plus Member—Includes full ECPG Membership plus all the benefits of NCPG Individual Member level, with the addition of a subscription to *International Gambling Studies*, a peer-reviewed interdisciplinary journal in gambling studies. This is a special offer in conjunction with ECPG Membership—a \$164 value! The cost of NCPG Individual Plus Membership alone is \$125 when purchased directly. Save \$50 through ECPG!

MEMBERSHIP PAYMENT

Today's Date: _____ Credit Card #: _____
Method of Payment: Visa® Master Card® Expiration Date: ___/___/___ CSC #: _____ Billing Zip Code _____
(3 digits on back of credit card)
Check #: _____ Money Order Signature: _____
(Checks payable to Evergreen Council on Problem Gambling)

ECPG and NCPG are non-profit organizations. Your payment is tax deductible. Mail completed form with payment to:
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