PROFESSIONAL DEVELOPMENT/SCHOLARSHIP OPPORTUNITIES FOR WASHINGTON STATE STUDENTS

Thank you for your interest in the professional development scholarship opportunities to attend the ECPG 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 SUD treatment services to the public. Scholarships are also available for Prevention Specialists, undergraduate/graduate students or professors/counselors in accredited Washington State college and university behavioral health, addictions, and counseling programs and Peer/Recovery Coaches with support from Recovery Cafe Network.

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 \$694) that will include:

- Full Training Workshop registration (up to four days).
- Washington State Gambling Certification application fees (for those treatment providers who have not yet applied).
- Hotel stipend of \$75/night for up to 3 nights at the training hotel
- 1-year ECPG Associate for new Associates

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 International Gambling Counselor Certification Board (IGCCB). 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.



ELIGIBILITY

Professional development Student 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**. If your scholarship application is approved, first-time registration fee is waived.
- Be a current ECPG Associate. Visit www.evergreencpg.org → ECPG Associate or fill out the form in this application. If your scholarship application is approved, first-time Associate fee is waived.
- ☐ Please provide proof of enrollment by using the attached Teacher/Professor Recommendation form.

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: info@evergreencpg.org
Website: www.evergreencpg.org

Washington State treatment provider professional development scholarships supported by:



PROBLEM GAMBLING TRAINING WORKSHOPS STUDENT SCHOLARSHIP

Student Name:			
Birth Date:	Age (Must be 18 years or older):		
Address:			
		Zip:	
Day phone:	Cell/Alternate p	phone:	
Email address:			
School in which you are currently enro	lled:		
Please briefly explain your interest in a share the knowledge acquired:	ittending the ECPG Training Workshops, how the 1	training relates to your study program, and how you will use and	
Please provide the Teacher/Profe Associate.	essor Recommendation Form, Training Regi	stration Form and ECPG Associate form if not already an	
Signature:		Date:	
		ary of no less than 500 words of my experience at the training	

Submit completed application to:

assigned at the training.

Evergreen Council on Problem Gambling

Professional Development Scholarship Committee 1821 Fourth Avenue East, Olympia, WA 98506 P: 360.352.6133 | F: 360.352.4133 info@evergreencpg.org

QUESTIONS?

For more information on professional development/scholarship opportunities for Washington State treatment providers, contact Evergreen Council on Problem Gambling at 360.352.6133 or at pshah@evergreencpg.org.

Visit our website at www.evergreencpg.org.



workshop (within 30 days of training) for possible publication in the ECPG website and *Insights* newsletter, and participate in all designated programs as

PROBLEM GAMBLING TRAINING WORKSHOPS STUDENT SCHOLARSHIP

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 **ECPG Training Workshops**. Please send 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 info@evergreencpg.org

the time to support and encourage students who show an interest in

participating in this exciting program.

Name of Student:			
Name of Teacher/Professor:			
Subject area taught to student:		Market III	
Year applicant was your student:		WALK I'M	
School name:			
School address:	State:	Zip:	
Day phone:	Cell/Alternate phone:		
Email address:			
I recommend this student for an ECPG Training		knowledge of his/her:	
☐ Educational Goals ☐ Personal Goals	☐ Interests		
□ Other:		It is the supreme art of the teacher to awaken joy in creative expression and	
Though not required, we would welcome any a would like to share regarding why this student a scholarship to attend the ECPG Training Works	knowledge Albert Einstein		

JOINT ECPG ASSOCIATE/NCPG MEMBERSHIP APPLICATION





Name:		Company:		
Address:		Apt./Suite:		
City:	State/Province:	Zip/Postal:		
Phone:		Fax:		
Email address:				
All fields are required				
ASSOCIATE OPTIONS				
discounted fees on quarterly	overed by the scholarship for the first rarainings and conference registration (a st year free with scholarship!	year of being a new ECPG Associate. Special Associate Il offer CEUs), certification training workshops, quarterly newsletter,		
voting rights, 1-year subscri	ption to NCPG newsletter, member certifi	des ECPG Associate and NCPG Individual Membership with full National cate, bimonthly subscription to Addiction Professional as well as discounts on of NCPG individual Membership alone is \$90 when purchased directly. Save		
□ \$124 Joint ECPG Associate & NCPG Individual Plus Member—Includes all the benefits of ECPG Associate and NCPG Individual Member level, with the addition of a subscription to International Gambling Studies, a peer-reviewed interdisciplinary journal in gambling studies. This special offer is a \$179 value! The cost of NCPG Individual Plus Membership alone is \$140 when purchased directly. Save \$55 through ECPG!				
MEMBERSHIP PAYMENT INFORMATION				
Today's Date:		Credit Card #:		
Method of Payment:	☐ Visa® ☐ Master Card®	Expiration Date:/ CSC #: Billing Zip Code		
Check #:		Signature:		
(Checks payable to Evergreen Council on Problem Gambling)		Jighatart.		

ECPG and NCPG are non-profit organizations. Your payment is tax deductible. Mail completed form with payment to: 1821 Fourth Avenue East | Olympia, WA 98506 | P: 360.352.6133 F: 360.352.4133