

Washington State Gambling Counselor Certification Committee

Directory Authorization Instructions

Certified Gambling Counselors (WSCGC-I/II or ICGC-I/II)

- Submit the Directory Authorization with your initial [Gambling Counselor Certification Application packet](#).
- Submit the Directory Authorization any time you have a change to your professional contact information that needs to be updated in the online Directory and Helpline. (ICGC-I/II providers should also update their IGCCB directory listing through IGCCB.)
- You may be asked to re-submit the Directory Authorization form at your two-year WSCGC-I/II renewal.

Provisional Providers (In-Training with 30 supervised practice hours)

- Submit the Directory Authorization with your [Provisional Provider Application packet](#).
- Submit the Directory Authorization any time you have a change to your professional contact information that needs to be updated on the online Directory and Helpline.

Gambling Counselors In-Training (and are not Provisional Providers)

- Submit this form with the additional supporting documentation:
 1. CE Certificate of completion of a 30-hour core training for gambling counselors. This may be the **Gambling Counselor Core Training** through the Evergreen Council on Problem Gambling, or a 30-hour basic training program from another state.
 2. A copy of your contract for supervision with an approved Gambling Counselor Supervisor.
- **If you work for an agency** (i.e. this is not being submitted for your own private practice as a sole provider), you must also have your agency administrative manager/supervisor co-sign the Directory Authorization form on the last page.

Washington State Gambling Counselor Certification Committee

Directory Authorization

The Certification Committee has authorized the Evergreen Council on Problem Gambling to offer a directory of WSCGC/NCGC and provisional 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 information 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. It is your responsibility to contact ECPG with any updated information.

☐ 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 (ex. SUDP, LMHC, PhD, etc.): _____

Agency: _____

If you work for a Tribe, services are provided for:

☐ Tribal members only ☐ Tribal and non-tribal members

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Agency Website: _____

You do/could provide treatment services in the following languages:

☐ English ☐ French ☐ Japanese ☐ Korean ☐ Mandarin ☐ Portuguese ☐ Spanish

☐ Vietnamese ☐ ASL ☐ Other (please specify): _____

(Optional) **Year of birth:** _____

(Optional) **Gender:** _____ **Pronouns:** _____

(Optional) **Race/Ethnicity:** _____

Services Info	
Gambling Treatment Services	<input type="checkbox"/> Assessment/Evaluation <input type="checkbox"/> Family and/or Couples Counseling <input type="checkbox"/> Financial therapy <input type="checkbox"/> Group sessions <input type="checkbox"/> Individual Sessions <input type="checkbox"/> Referrals <input type="checkbox"/> Other: _____
Telehealth Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Telehealth-only
Other Treatment Services	<input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Use Disorder <input type="checkbox"/> Gaming Disorder <input type="checkbox"/> Other: _____
Specialties	<input type="checkbox"/> Asian American/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> LGBTQIA+ <input type="checkbox"/> Military/Veterans <input type="checkbox"/> Native American/Tribal Members <input type="checkbox"/> Youth <input type="checkbox"/> Other: _____
Funding Options	<input type="checkbox"/> Tribal funding for free or low-cost services for <i>both</i> tribal and non-tribal members <input type="checkbox"/> Tribal funding for free or low-cost services for <i>tribal members and their households only</i> <input type="checkbox"/> State, grant, or other funding for free or low-cost services
Insurances Accepted	<input type="checkbox"/> None/not applicable <input type="checkbox"/> Apple Health (Medicaid) <input type="checkbox"/> Medicare <input type="checkbox"/> TriCare <input type="checkbox"/> Out-of-pocket and/or sliding scale <input type="checkbox"/> Private Insurances accepted, call for more information

Signature

Date

Please return this form to:
Washington State Gambling Counselor Certification Committee
1821 4th Avenue E Olympia, WA 98506-4629

Or email to: info@evergreencpg.org

For Agency Program Managers/Supervisors:

I understand that by signing below I acknowledge that:

- This Directory Authorization form is being submitted to Evergreen Council on Problem Gambling to include the above information on a public-facing online [Support Service Locator Directory](#) and with the [Washington State Problem Gambling Helpline](#).
- Individuals in need of Gambling Disorder screening, consultation, assessment, and treatment services may be referred to my organization from either of the above sources.
- My front desk staff, billing office, and other critical departments have been informed of this listing and have been instructed on procedures for how to respond to clients requesting help for gambling, including which counselor(s) will be involved in gambling treatment services.
- It is my agency's responsibility to ensure that the appropriate agency license for Behavioral Health and Problem Gambling Services, or Tribal Attestation, is obtained/maintained through the [Washington State Department of Health](#).
- It is my agency's responsibility to ensure that the agency is compliance with all Problem Gambling-related WAC requirements, such as [WAC 246-341-1200](#).
- The clinician listed in this Directory Authorization has completed the 30-hour basic training on gambling counseling and must be connected with a Gambling Counselor Supervisor (virtually or in-person) for their first 100-300 practice hours. **A copy of their gambling counselor supervisor contract must be submitted with this form (see page 1).** They are expected to complete of all [Gambling Counselor Certification requirements](#) within a two year period.

Mgr/Supv Printed Name

Job Title

Agency

Mgr/Supv Signature

Date