



Protecting the Citizens  
of Florida

# Certified Gambling Addiction Counselor (CGAC)

**This booklet includes:**

1. Easy to follow instructions.
2. Your personal application form.
3. Mandatory forms to collect training documents and recommendations.

*Define Yourself  
as a Professional  
through Certification.*

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*Protecting the Citizens  
of Florida*

**Certified  
Gambling  
Addiction  
Counselor  
(CGAC)**

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## Preface

The Florida Certification Board (FCB) is a nationally recognized, non-profit professional credentialing organization. In our 25+ years of experience, we have certified over 10,000 health and human services professionals performing work in the related fields of addictions, prevention, criminal justice, mental health, child welfare and behavioral health.

The Certified Gambling Addiction Counselor (CGAC) certification is an add-on credential. In order to earn the Gambling Addiction Counselor add-on credential in the State of Florida, you must:

1. Hold an active License under Chapter 458, 459, 490, or 491, F.S. OR a Certified Addiction Professional (CAP) credential;
2. Meet specific competency and ethical conduct requirements;
3. Possess minimum work and experience requirements;
4. Possess minimum education and training requirements;
5. Pass the written exam; and
6. Complete minimum continuing education credits annually to maintain a current knowledge base.

## Mission

To protect the health, safety, and welfare of the citizens of Florida by regulating our certified professionals through experience, education, and compliance with professional and ethical standards.

## Property of the Board

Materials submitted to the FCB as part of the certification process are considered property of the Florida Certification Board. Materials include but are not limited to applications, evaluations, transcripts, and certificates. Applicants are encouraged to keep copies of all materials and paperwork submitted for certification.

All certificates and certification cards are the property of the FCB and must be surrendered upon Board request.

## Board Policy and Procedures

All FCB requirements, policies and procedures are maintained on our website at [www.flcertificationboard.org](http://www.flcertificationboard.org). Applicants and certified professionals are individually responsible for ensuring they are following current FCB policy and procedures.

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## **Introduction**

Certified Gambling Addiction Counselors fill a unique role among health and human services professionals in providing quality care to consumers. The Florida Certification Board (FCB) has designed a credentialing system that will evaluate each applicant's competency and grant recognition to those professionals who meet the specified minimum standards. In creating this process, the FCB examined credentialing systems of other states, gathered input from state and national groups, and incorporated the most appropriate elements to form the basis of this system.

The FCB recognizes that Certified Gambling Addiction Counselors work in a wide range of disciplines and have diverse educational and experiential backgrounds. The FCB's certification process identifies and defines the core functions, responsibilities, knowledge, and skill areas required of Certified Gambling Addiction Counselors regardless of work setting, approach, and educational or professional training. This process does not endorse any one particular philosophy, treatment modality or service delivery approach. The FCB encourages and requires the development of professional skills and competencies for all Certified Gambling Addiction Counselors.

## **Purpose**

The purpose of a certification system for Certified Gambling Addiction Counselor is to:

1. Assure the public a minimum level of competency for quality services by Certified Gambling Addiction Counselors.
2. Give professional recognition to qualified Certified Gambling Addiction Counselors through a process that examines demonstrated work competencies.
3. Assure an opportunity for ongoing professional development for Certified Gambling Addiction Counselors.
4. Promote professional and ethical practice by enforcing adherence to a Code of Ethics.

## **Definition of a Certified Gambling Addiction Counselor (CGAC)**

A Certified Gambling Addiction Counselor is often the primary person providing direct care to persons receiving problem gambling services and their families. The role of the Gambling Addiction Counselor includes but is not limited to:

- Applying theories of addiction in assessment and treatment practices.
- Performing a comprehensive assessment with an orientation towards gambling.
- Providing gambling specific counseling, including developing treatment plans and conducting case management activities.
- Recognizing and responding to indicators of suicidal ideations and self-harm behaviors.
- Working in a professional and ethical manner.

## Certification Standards

The following certification standards are the **minimum** requirements that must be documented in order to earn the Gambling Addiction Counselor certification.

<b>CGAC Standards</b>	
<b>Credential</b>	Applicant must hold a current CAP credential OR an active license under chapter 458, 459, 490, or 491, Florida Statutes
<b>Experience</b>	2,000 hours of problem gambling specific experience
<b>Training</b>	A total of 85 hours of training divided among the performance domains: <ul style="list-style-type: none"> <li>• Addiction Theories - 10 hours</li> <li>• Basic Knowledge of Problem and Pathological Gambling - 16 hours</li> <li>• Gambling Counseling Practice - 20 hours</li> <li>• Special Issues in Gambling - 24 hours</li> <li>• Professional Issues - 15 hours</li> </ul>
<b>Supervision</b>	50 hours of direct supervision
<b>Recommendations</b>	3 professional letters of recommendation for certification, at least one of which must be from a current or former supervisor
<b>Code of Ethics</b>	Must sign statement agreeing to follow the FCB's Code of Ethics
<b>Written Exam</b>	Gambling Addiction Counselor Exam
<b>Renewal</b>	10 CEUs annually Note: If you hold a CAP credential, 10 of your 20 annual CEUs must be specific to gambling.



## Part I The Certification Process

# *Easy to follow Instructions.*

### Your Personal Road Map to Certification

The following pages give an overview of the certification process.

The certification process involves the completion of an application form and the gathering of mandatory forms such as documentation of education and work experience.

### **Please contact The Florida Certification Board if you have any questions along the way:**

1715 South Gadsden Street  
Tallahassee, FL 32301

(850) 222-6314 *office*

(850) 222-6247 *fax*

[www.flcertificationboard.org](http://www.flcertificationboard.org)



## TIPS *for Success!*

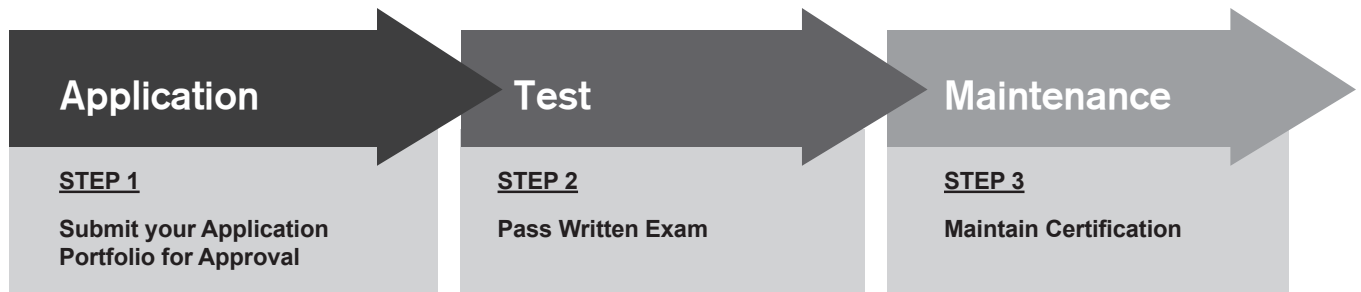
**You must gather and assemble multiple components for your application portfolio. We have provided some tips for this process.**

- Read the entire application package before you begin.
- Provide each person who completes mandatory forms on your behalf with:
  - A pre-addressed, stamped envelope (addressed to the FCB)
  - The required forms
  - A requested due date to mail the required form(s) to the FCB
- Photocopy entire completed application portfolio before submitting

## PART I *The Certification Process and Critical Timeframes*

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### The Certification Process



### Guidelines for Certification

1. **All applications must be legible.** Please type or neatly print on all required forms. If any part of the application is not legible, the applicant will be required to resubmit typed forms in order to continue the certification process.
2. All education, work experience, and training must be completed prior to applying for certification.
3. All education, experience, supervision and training must include **supporting documentation** that can be verified or it will not be counted as eligible.
4. Candidates must pay a one-time **\$50 certification fee** with the application portfolio. This fee is non-refundable and non-transferable.
5. Once the application is complete, **make a copy of the entire application packet**, including supporting documentation, in case of damage or loss. The FCB is not responsible for damage or loss of any materials submitted for the purposes of certification.
6. Applicants are encouraged to begin a file to **organize and store** all certification related correspondence, certificates, letters of verification, etc.



### CRITICAL TIMEFRAMES

**Applicants have one year in which to complete** the certification process. This includes approval of the Application Portfolio and taking and passing the written exam.

The one-year time frame begins once the **completed application is received** in the FCB office. Upon initial review, applicants will be informed of their out-of-time-date.

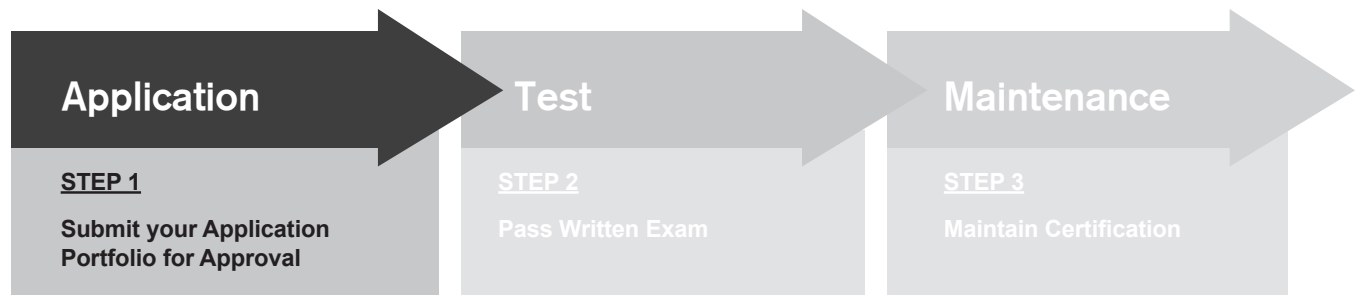
Applicants will receive a reminder that they are in danger of running out of time **three to six months prior** to their out-of-time date. Once time has run out, final notification will be sent that includes the steps necessary for continuing the process.

## PART I *Application Portfolio*

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### APPLICATION PORTFOLIO

The application portfolio consists of several documents that demonstrate the applicant's competency in the knowledge and skills specifically related to the functions of a Certified Gambling Addiction Counselor.



#### The Application Portfolio consists of:

1. Application for Certification in Gambling Addiction
2. Experience Verification Form
3. Training Verification Forms
4. Supervision Verification Form
5. Recommendation for Certification Forms

**Each form is included in this manual;** forms must be typed or neatly printed.

The FCB reserves the right to research all submitted information and associated documentation.

Additional information will be used only to further evaluate an applicant and will be held confidential.

## PART I *Application Portfolio (continued)*

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### 1) APPLICATION

Please carefully fill out each section of the Certified Gambling Addiction Counselor application form.

Section 1: Demographic Information

Section 5: Background Authorization Form

Section 2: Educational Background

Section 6: Assurance and Release

Section 3: Background Information

Section 7: Code of Ethics

Section 4: Voluntary Demographic Information

Section 8: Proof of Licensure/Certification

- This application must be completed in its entirety.
- Partial, incomplete, or illegible applications will be returned to the applicant.
- All statements made on this application are subject to verification. False statements, omissions, or alterations to this application may be grounds to disqualify an applicant from certification.
- Applications will not be reviewed until the \$50 non-refundable Certification Fee has been received.



**The FCB may refuse to issue a credential** to any applicant, may issue a reprimand, or suspend or revoke the credential of any certified individual who has been convicted of a felony, is found to have been in violation of the Code of Ethics, or falsifies any information on the application or in the Application Portfolio.

The FCB requires all certification applicants to indicate whether or not the applicant has ever been convicted of a felony or first-degree misdemeanor.

If the applicant indicates “yes” in this section of the application, the applicant must select one of the following options to provide the FCB with a current and complete background check for review and consideration.

1. Submit an additional \$20 fee and the FCB will run a national background check.
2. Contact the Florida Department of Law Enforcement (FDLE), pay the required fee (at time of printing, the fee is \$24), and request that FDLE submits the completed background check directly to the FCB. **Note: The FCB can NOT accept the background check from anyone other than FDLE.**

## PART I *Criminal Background*

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3. If you work in an agency that requires a background check as a condition of employment, the employing agency may submit a statement, on agency letterhead, verifying a clean or acceptable criminal background. **Note: If you have been arrested subsequent to the date this criminal background check was run, you may not use this option.**
4. If you have completed a background check within 6 months prior to applying for certification, you may request that the company or employer who ran the background check submit a copy of the background report directly to the FCB. **Note: The FCB can NOT accept the background check from anyone other than the reporting or employing agency.**

### CRIMINAL BACKGROUND REVIEW POLICY

1. Applicants must be released from all court-ordered and/or voluntary supervision to be eligible for certification.
2. Applicants with less than 12 months of a clean background are not eligible for certification until the 12 month period has been attained.
3. Applicants with 13 to 23 months of a clean background since release from supervision may petition the Board of Directors for a waiver. Instructions will be provided to those applicants requesting a waiver.
4. If the applicant has ever been convicted of a crime against a child, the applicant is not eligible for certification.
5. If the applicant has ever been convicted of a crime against persons, the applicant's criminal background report will be submitted to the FCB Board of Directors for review and action.
6. If the applicant has ever been convicted of a crime frequently associated with the disease of addiction (i.e., possession, DUI, petit theft, etc.) and the charge is less than 5 years old, the applicant's criminal background report will be submitted to the FCB Board of Directors for review and action.
7. All other issues will be reviewed for action by the FCB Director of Certification.

### ARREST AND/OR INCARCERATION AFTER CERTIFICATION

In the event of an arrest and/or conviction of a felony or first degree misdemeanor, the certified individual must notify the FCB of such occurrence within five (5) business days of the arrest. The FCB will place the certified individual on inactive status until the charges are resolved and/or all court-ordered or voluntary supervision has been completed.

In the instance that the charge(s) are dropped, the certified individual may submit a copy of such to the FCB and request reinstatement.

In the instance of conviction, and upon completion of all court-ordered and/or voluntary sanctions, the individual may petition the Board of Directors for reinstatement.

The FCB reserves the right to run background checks on any certified individual, at any time, and for any reason. Applicants are not eligible for certification unless the **Authorization for Criminal Background Check Form** is completed and on-file with the FCB.

## PART I *Experience Verification Form*

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The next sections provide detailed information on how to complete each mandatory form.

### 2) EXPERIENCE VERIFICATION FORM

#### REQUIRED EXPERIENCE

**Experience is defined as** the hours the applicant has spent providing direct gambling counseling services to clients.

Applicants must document a **minimum of 2,000 hours** of formal work experience related to gambling counseling and/or treatment.

**ALL experience must be gained prior to applying for certification.**

#### CALCULATING EXPERIENCE HOURS

**Experience hours are calculated as follows:**

- 1-year of full-time employment at 40-hours per week equals 2,080 hours.
- If the applicant worked fewer than 40-hours per week, actual work hours must be calculated on an hour-for-hour basis.

#### DOCUMENTING EXPERIENCE

The Experience Verification Form is used to document the applicant's prior work experience in the field of gambling addiction.

**The applicant must provide the Experience Verification Form** to the employer's personnel officer, supervisor or designee for completion and signature. This form **MAY NOT** be signed by a relative or spouse. The personnel officer or supervisor must complete the form and mail it directly to the FCB. The FCB will **NOT** accept experience verification provided by the applicant.

**If multiple agencies need to verify experience**, the applicant must make copies of the Experience Verification Form for each individual employer to complete.



**The applicant must ensure that** his or her name is written on the Experience Verification Form exactly as it is written on the Application for Certification Form so that FCB staff may link up the mailed documents with the applicant's Application Portfolio.

## PART I *The Training Verification Form*

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### 3) THE TRAINING VERIFICATION FORM

#### REQUIRED TRAINING

CGAC applicants are required to complete and document 85 hours of training. The 85 hours have been divided into the topic areas listed below. Examples of eligible training content for each topic area are listed on the following page.

- 10 hours of Addiction Theories
- 16 hours of Basic Knowledge of Problem and Pathological Gambling
- 20 hours of Gambling Counseling Practice
- 24 hours of Special Issues in Gambling
- 15 hours of Professional Issues

#### DOCUMENTING TRAINING REQUIREMENTS

**Training Verification Forms are completed by the applicant.** The first line of each form provides an example of how to document training hours.

Applicants must attach supporting documentation for each entry on the verification form. Supporting documentation must contain the following information:

- Applicant's name
- Title of course/educational event
- Sponsor/provider
- Delivery date(s)
- Number of contact hours

If one course includes multiple training topics and is used to support more than one required training topic, you must make a separate and distinct entry on the appropriate training verification form and attach a copy of the supporting documentation.

If you use college coursework to meet a training requirement, you must provide a course description (photocopied from a school catalog or downloaded from the school's website) or provide a copy of the course syllabus. College coursework is credited at the rate of 45 clock hours per 3 hour semester course.

#### UNACCEPTABLE TRAINING

1. Any training that cannot be supported and/or verified by appropriate documentation will not be approved.
2. Practicums and internships are not acceptable for training requirement credit hours, but may be submitted to document minimum experience when the practicum/internship occurs on-site (not in the college classroom).

## PART I *The Training Verification Form (cont.)*

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Examples of eligible course content are listed under each required content. This list is not exhaustive; any course that builds knowledge and skill necessary to perform a job task is eligible for training credit.

### **Addiction Theories:**

#### **10 HOURS**

- Disease of Addiction
- Etiology/Causation of Addiction
- Models of Treatment
- Physical Aspects of Addiction, Brain Science
- Relationship of Addiction to Health, Crime and Other Social Problems
- Signs, Symptoms, Progression of Addiction
- Treatment Components/Modalities

### **Basic Knowledge of Problem and Pathological Gambling:**

#### **16 HOURS**

- Motivational Interviewing
- Gambling Prevalence
- Assessment Instruments, Procedures, and Techniques
- Screening Instruments, Procedures, and Techniques
- Pathological Gambling

### **Gambling Counseling Practice:**

#### **20 HOURS**

- Documentation
- Treatment Planning/Models of Treatment
- Care Coordination
- Enhancing Client Choice/Client Directed Care
- Stages of Change
- Reports/Record Keeping/Records Management
- Communication Skills
- Self-help Groups
- Referrals
- Working with Service Providers
- Advocacy/Liaison Activities
- Case Management
- DSM/Diagnosis Criteria
- Understanding Family Dynamics of Addiction

### **Special Issues in Gambling:**

#### **24 HOURS**

- Special Population Needs
- Relapse/Relapse Prevention
- Risk Factors/Risk Management
- Legal Issues
- Crisis Management
- Suicide/Self-Harm
- Financial Issues

### **Professional Issues:**

#### **15 HOURS**

- Cultural Competence
- Boundaries/Transference
- Privacy/Confidentiality/HIPPA
- Professional Ethics
- Computer Ethics
- Ethical Decision Making/Code of Ethics
- Laws/Rules & Regulations
- Relationships/Dual Relationships
- Organizational Ethics
- Sexual Misconduct

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### **Calculating Training Credit Hours**

The required number of hours refers to actual time spent in coursework, training, conferences or other educational event. Training credit hours are calculated as follows:

1. Professional training, seminars, in-services, workshops, etc. are calculated on an hour-per-hour basis. Breaks, including lunch, are not included when calculating the number of training credit hours. For example, a one-day training that starts at 8:00 am, breaks at noon for lunch, resumes at 1:00 pm and ends at 3:00 pm is eligible for 6 training credit hours.
2. One college semester credit equals 15 training credit hours. A three credit semester course equals 45 training credit hours.
3. One college quarter credit equals 10 training credit hours. A three credit quarter course equals 30 training credit hours.

## PART I *Supervision Verification Form*

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### 4) SUPERVISION VERIFICATION FORM

The Supervision Verification Form is used to document the applicant's direct supervision hours. Clinical supervision refers to the teaching and mentoring aspects of supervision that helps counselors further develop their skills in providing treatment for gambling addiction disorders. Clinical supervision is usually based on direct observation of work or review of clinical files for the purpose of providing feedback to improve performance. Eligible clinical supervision is provided on an individual, one-on-one basis, or may be provided to small groups, such as in a staff meeting.

#### REQUIRED SUPERVISION

Applicants are required to complete a minimum of 50 hours of supervision. At least 5 hours of supervision must be documented in each performance domain. The remaining hours may be allocated among any of the performance domains.

For the purpose of the CGAC credential, supervision hours must be completed under the direction of a qualified supervisor. A qualified supervisor holds any of the following credentials:

- Certified Gambling Addiction Counselor
- National Certified Gambling Counselor I
- National Certified Gambling Counselor II
- Qualified Professional under 397.311, Florida Statute

#### DOCUMENTING SUPERVISION

The Supervision Verification Form must be completed by the applicant's qualified supervisor.

The qualified supervisor must mail the completed Supervision Verification Form to the FCB. The FCB will not accept Supervision Verification Forms from the applicant.

If multiple agencies need to verify supervision, the applicant must make copies of the Supervision Verification Form for each qualified supervisor to complete. Regardless of status, an applicant's spouse or relative may not serve as a qualified supervisor.

*Note:* Applicants must ensure that their name is written on the Supervision Verification Form exactly as it is written on the Application for Certification Form so that FCB staff can link the Supervision Verification Form with the applicant's portfolio.



#### **The Supervision Verification Form must be mailed to:**

The Florida Certification Board  
1715 South Gadsden Street  
Tallahassee, Florida 32301

## PART I *Recommendation for Certification & Examination*

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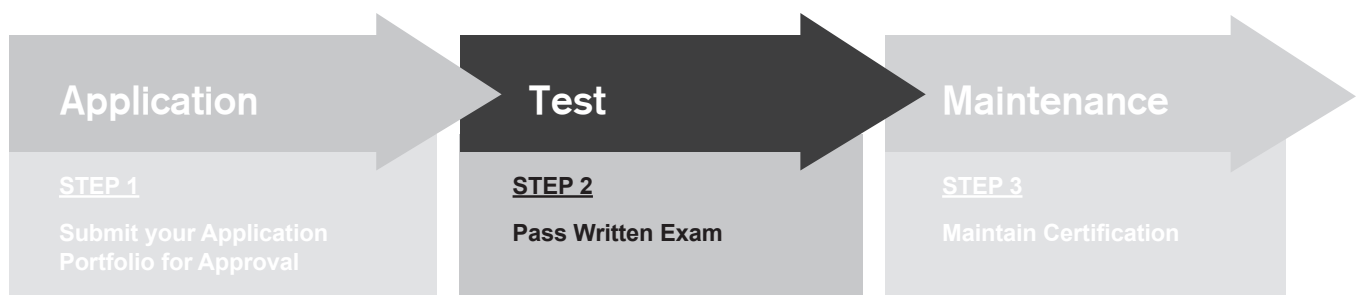
### 5) RECOMMENDATION for CERTIFICATION FORM

The Recommendation for Certification Form is completed by professional references who will attest to the applicant's appropriateness for certification. Recommendations may NOT be completed by a spouse or other relative.

1. One of the recommendations must be from a direct supervisor or program director. The applicant may select a professional reference to complete the other 2 Recommendation for Certification Forms.
2. All recommendation forms must be completed by the individual providing the recommendation and must be sent directly from that person to the FCB. The FCB will NOT accept recommendations provided by the applicant.
3. The applicant must ensure that his or her name is written on the Recommendation for Certification Form exactly as it is written on the Application for Certification Form so that FCB staff may link up the mailed documents with the applicant's Application Portfolio.
4. Provide one form to each of your selected references. Be sure to explain the urgency of completing the form and providing it to the FCB. You may want to provide the individual with a due date and a pre-addressed, stamped envelope to use when mailing the form to the FCB.
5. Please remember it is your responsibility to follow up with references to ensure the documentation reaches the FCB.

### WRITTEN EXAMINATION

The exam consists of 50 multiple-choice questions.



Applicants may only register for the written exam AFTER they have received formal notice from the FCB that their Application Portfolio has been approved.

The approval notice will include information to register for the test; test registration DOES NOT happen automatically.

In order to register for a test you must submit a written request and the appropriate test fees. You will be notified of your scheduled test date and location at least 2-weeks prior to the scheduled test date.

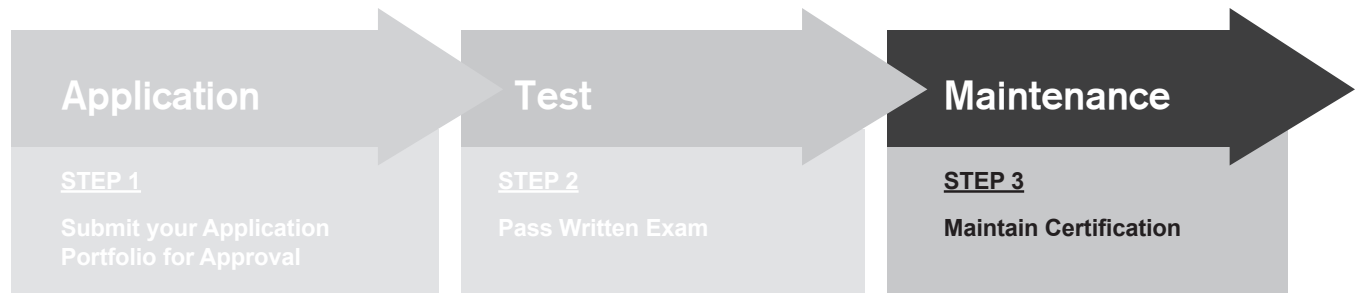
**Once you have passed the written exam you will be awarded the Certified Gambling Addiction Counselor credential.**

## PART I *Credential Maintenance*

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### CREDENTIAL MAINTENANCE

Upon award you move into the credential maintenance phase, which includes annual continuing education and renewal requirements.



#### CONTINUING EDUCATION UNITS (CEUs)

**CGACs must earn 10 Continuing Education Units (CEUs)** each year to maintain certification; please keep all CEU documentation for a minimum of two (2) years in case of a CEU audit.

**Please note:** If you hold a CAP plus a CGAC, 10 of your 20 CEUs **MUST** be specific to gambling issues. If you hold a state license plus a CGAC, you must complete 10 gambling specific CEUs each year, in addition to any state licensing continuing education requirements.

**Eligible CEU providers are approved by:**

- The FCB
- Other ICRC/AODA certification boards,
- Accredited institutions of higher learning, or
- Other licensing and member boards such as National Gambling Council on Problem Gambling, Nursing Board, Department of Children and Families, Licensed Clinical Social Workers, etc.

**CEUs do not have to be earned via face-to-face instruction.** CGACs may submit coursework completed through home study programs, distance learning or Internet courses offered by FCB approved providers.

**The FCB approved CEU providers** are listed on the FCB website at [www.flcertificationboard.org/Training\\_FCB-Approved-Providers.cfm](http://www.flcertificationboard.org/Training_FCB-Approved-Providers.cfm)

#### CEU AUDIT

**The FCB uses a random computer-generated audit system** to confirm CEU requirement compliance. Approximately 25 percent of the certified population will be audited each year. While this means that not everyone will be audited every year, each CGAC can expect to be audited at least once every four years. Once audited, an individual's name is not removed from the pool.

**When audited,** the individual must submit documentation supporting the 10 CEUs the CGAC earned during the renewal period (June through June of the previous year).

If you are audited and do not submit your CEUs, the FCB will open an ethics case against you and your certification will be suspended until the ethics case has been resolved.

## PART I *Renewal & Inactive Status*

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### RENEWAL

**Certification must be renewed no later than June 30 of each year.**

**To renew a certification, the certified individual must:**

1. Pay the renewal fee no later than June 30 of each year.
2. Complete 10 hours of continuing education throughout the renewal period.
3. Submit documentation of continuing education, if audited.

**A certification validation card** is the official documentation that the CGAC has renewed certification. The card will be mailed to the CGAC after fees have been received and CEUs validated.



### INACTIVE STATUS

**An individual is in either certified or inactive status. While on inactive status, the credential may not be used.**

A CGAC may move from certified to inactive status in several ways:

1. Failure to pay annual renewal fees will automatically result in inactive status. The certified individual must contact the FCB to reinstate a credential for non-payment of renewal fees.
2. A suspension or revocation due to ethical violation will result in inactive status. The FCB will notify the individual when he or she is eligible for reinstatement.
3. A certified individual may request inactive status, yet remain in good standing, for a maximum of three years. The certified individual must contact the FCB to reinstate a credential voluntarily placed on inactive status. If the certified individual allows more than three years to pass prior to requesting reinstatement, the FCB will close the credential and the individual must apply anew.

## PART I *Appeals Process*



### APPEALS PROCESS

**When an applicant is denied certification**, questions the result of the application portfolio review, questions examination results, or is subject to an action by the FCB or its agents that he/she deems unjustified, the applicant has the right to an inquiry and appeal.

**An inquiry** is when an applicant requests a written summary from the FCB or its agents that explains the reason for the action in question. If the applicant does not agree with the decision of the FCB, he/she may request a hearing to appeal the action.

**The applicant may appeal** the decision of the FCB within 30-days of receipt of the summary notice or any other action deemed unjustified, by sending a certified letter to the President of the FCB Board of Directors at the FCB office.

#### THE APPEAL HEARING

**All Appeal Hearings are oral, face-to-face meetings between the applicant and the Hearing Committee.**

**Within 20 business days after receipt of the applicant's request** for an appeal hearing, the President of the Board will appoint a three-person Hearing Committee consisting of individuals who have no potential or actual conflict of interest with either side.

**The FCB will send**, by certified mail, a notice of the Hearing Committee to the appealing party. The hearing will be scheduled no less than 20 business days and no more than 90 business days from the date of the hearing notice.

**The appealing party will be informed** of the results of the hearing, by certified mail, within 20 business days of the hearing. The decision of the Hearing Committee is final and cannot be appealed.



## Part II Application Portfolio

# Your Application Portfolio Forms.

The following list identifies each mandatory form for the application portfolio:

The blue forms are part of the application process and should be filled out by the applicant and mailed to the FCB. These blue forms include:

- **Application**
- **Training Verification Forms**

The beige forms must be completed by others and mailed to the FCB. These forms include:

- **Experience Verification Form**

*Provide this form to your current or previous employer and ask them to complete the form and mail it directly to the FCB.*

- **Supervision Verification Form**

*Provide this form to your current or previous supervisor and ask them to complete the form and mail it directly to the FCB.*

- **Recommendation for Certification Form**

*Provide one of these forms to each of your references and ask them to complete the form and mail it directly to the FCB.*

Florida Certification Board  
1715 S. Gadsden Street  
Tallahassee, FL 32301



## TIPS for Success!

These application forms should be completed by YOU, the applicant, and mailed to the FCB by the applicant.

- Certified Gambling Addiction Counselor Application
- Training Verification Forms

The following form must be completed by the applicant's employer's personnel officer or designee and must be mailed to the FCB by the personnel office.

- Experience Verification Form

The following form must be completed and mailed to the FCB by the supervisor.

- Supervision Verification Form

The following form must be completed and mailed to the FCB by the References.

- Recommendation for Certification Form

## *Certified Gambling Addiction Counselor Application Portfolio Checklist*

Please be sure that you have addressed each of the requirements prior to submitting your Certified Gambling Addiction Counselor Application Portfolio.

- Completely filled out and provided my signature as necessary and appropriate on sections 1 – 8 of the Certified Gambling Addiction Counselor Application, including my:
  - Statement of criminal background
  - Authorization for Criminal Background Check
  - Assurance and Release
  - Acknowledgement of the FCB Code of Ethics
- Attached a copy of my current license or CAP certification to the Certified Gambling Addiction Counselor Application.
- Provided the Experience Verification Form and a stamped envelope addressed to the FCB to my current or former employer(s) human resources officer or designee for completion.
- Provided the Supervision Verification Form and a stamped envelope addressed to the FCB to my current and/or former supervisor(s) for completion.
- Provided the Recommendation for Certification Form and a stamped envelope addressed to the FCB to my current or former supervisor for completion.
- Provided the Recommendation for Certification Form and a stamped envelope addressed to the FCB to a professional reference for completion.
- Provided the Recommendation for Certification Form and a stamped envelope addressed to the FCB to a second professional reference for completion.
- A total of 85 hours, allocated as required across the five performance domains, are documented on the Training Verification Form
- Copies of transcripts/course descriptions and/or certificates of completion have been attached to the Training Verification Form for each training hour I am claiming.

Applicants must mail the following to the FCB to begin the application process:

- Complete Certified Gambling Addiction Counselor Application, including all required signatures and a copy of my license/CAP credential.
- \$50 Certification Fee (check or money order made to the FCB).
- Complete Training Verification Form and supporting documentation.

# Certified Gambling Addiction Counselor Application

This application must be completed in its entirety. Partial, incomplete, or illegible applications will be returned to the applicant. All statements made on this application are subject to verification. False statements, omissions, or alterations to this application may be grounds to disqualify an applicant from certification. Applications will not be reviewed until the \$50 non-refundable Certification Fee has been received.

**Florida Certification Board**  
**1715 S. Gadsden Street Tallahassee, FL 32301**  
**850-222-6314 Phone 850-222-6247 Fax**

## Section 1 - Demographic Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle/Maiden Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Work Fax \_\_\_\_\_

Please use the following address for correspondence:  Home  Work

## Section 2 - Educational Background

**Postsecondary Education:** List all high school, technical or trade school, community college, college or university, or other institution from which you have received a diploma and/or degree.

School Name	Location of School (City/State)	Degree Type	Date Degree Earned

Note: Educational transcripts must be sent directly to the FCB from the educational institution to be considered official.

1. Is the name on your transcript the same as on this application?  Yes  No \_\_\_\_\_

2. Have you previously submitted an official transcript to the FCB?  Yes  No

If yes, please indicate the credential you hold: \_\_\_\_\_

## Certified Gambling Addiction Counselor Application (continued)

This application must be completed in its entirety. Partial, incomplete, or illegible applications will be returned to the applicant. All statements made on this application are subject to verification. False statements, omissions, or alterations to this application may be grounds to disqualify an applicant from certification. Applications will not be reviewed until the \$50 non-refundable Certification Fee has been received.

### Section 3 - Background Information

Have you ever been convicted, pled nolo contendere, or had adjudication of guilt withheld for a crime which is a felony or first degree misdemeanor?       No     Yes

If you have answered "yes", please indicate which method you will use to provide the FCB with a current and complete criminal history report for review and action:

- I would like the FCB to run a national background check. I have included an additional \$20 payment with my application.
- I have contacted the Florida Department of Law Enforcement and they will be sending my background report.
- I work for an agency that requires a background check as a condition of employment. My employing agency will be submitting a statement verifying a clean/acceptable criminal background.
- I have had a criminal background check within the last 6 months. The reporting agency will be submitting a copy of the background report.

### Section 4 - Voluntary Demographic Information

Although the following information is not mandatory, it is requested to assist the FCB in its commitment to equal certification opportunity and affirmative action. It is unlawful for an organization to fail or refuse certification to any individual because of race, color, religion, national origin, marital status, or handicap.

- I prefer NOT to provide the FCB with my demographic information.

#### Ethnicity:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <b>Black (non-Hispanic Origin)</b><br>Persons having origins in any of the black racial groups of Africa.         | <input type="checkbox"/> <b>Hispanic</b><br>Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin.   | <input type="checkbox"/> <b>White (non-Hispanic origin)</b><br>Persons having origins in any of the groups from Europe, North Africa, or the Middle East. |
| <input type="checkbox"/> <b>Native American</b><br>Persons having origins in any of the original native tribes of the Americas and Alaska. | <input type="checkbox"/> <b>Asian or Pacific Islander</b><br>Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. | <input type="checkbox"/> <b>Multi-racial/Multi-ethnic</b><br>Persons having any origins from any of the described races and/or ethnicities.               |

Date of Birth \_\_\_\_\_ Gender:    Female    Male

# Authorization for Criminal Background Check

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## Section 5

As a condition of my candidacy for certification with the Florida Certification Board (FCB), I understand that the FCB may conduct a criminal background check. I understand that, once certified, I may be selected for random audit to assure compliance with the FCB Code of Ethics regarding criminal activity.

By signing this Acknowledgement and Authorization, I authorize the Florida Certification Board, IntelliCorp, and/or any other company authorized by the FCB, to access such information as may be necessary to conduct a criminal background check.

I release from liability all persons and entities supplying such information. I indemnify Florida Certification Board, IntelliCorp, and/or other company authorized by the FCB, against any liability which may result from making such requests.

I believe to the best of my knowledge that all information provided below is accurate, true and correct, and that I fully understand the terms of the Acknowledgment and Authorization.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FCB USE ONLY

Certification Specialist: \_\_\_\_\_

Approved

File Number: \_\_\_\_\_

Pending BOD Approval

Certification Level: \_\_\_\_\_

Denied



## Assurance and Release Form

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### Section 6

The FCB reserves the right to request further information from all employers and other persons listed on the application form. The Board and its review committees also reserve the option of requesting an oral interview with the applicant. This information will be used strictly to evaluate the professional competence of the applicant and will be kept confidential by the FCB. Further information may also be requested to verify training, employment history, etc. This information is not available to others outside of the certification process without written consent from the applicant.

“I give my permission for the FCB and its staff to investigate my background as it relates to statements contained in this application. I understand that intentionally false or misleading statements or intentional omissions shall result in the denial or revocation of certification.”

“I consent to the release of information contained in my application, certification file or other pertinent data submitted to or collected by the FCB to officers, members and staff of the aforementioned Board.”

“I further agree to hold the FCB, its officers, Board members, employees and examiners free from any civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations and/or failure of the FCB to issue certification.”

“I hereby affirm that the information provided on this form is correct and that I believe that I am qualified for the level of certification for which I am applying.”

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

# Acknowledgement of the FCB Code of Ethics

## Section 7

The FCB Code of Ethics can be downloaded at [www.FLCertificationBoard.org/Ethics.cfm](http://www.FLCertificationBoard.org/Ethics.cfm)

By initialing and signing below, you understand that you are required to follow the professional standards of conduct detailed in the FCB Code of Ethics. You further acknowledge that the FCB Code of Ethics applies to applicants for certification and certified individuals. Your initials and signature are required in this section.

### By affixing my initials and signature below...

**"I acknowledge that** I have received a copy of FCB's most current Code of Ethics and will be responsible for obtaining all future amendments and modifications thereto."

\_\_\_\_\_  
*Initial Here*

**"I further acknowledge that** I have read and understood all of my obligations, duties and responsibilities under each principle and provision of the FCB's Code of Ethics and will read and understand all of my obligations, duties and responsibilities under all future amendments and modifications to the Code of Ethics."

\_\_\_\_\_  
*Initial Here*

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Please clearly print your name as you would like it to appear on your Certification Certificate. There is a \$15.00 reprinting fee for any error not made by the FCB office.**

## Licensure/Certification Verification

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### Section 8

Applicants must provide proof of active Qualified Professional status in the State of Florida.

A “Qualified Professional” means a physician licensed under chapter 458 or 459; a professional licensed under chapter 490 or 491; or a person who holds an active Certified Addiction Professional (CAP) credential from the Florida Certification Board.

Please indicate the license or certification you hold below and attach a copy of your license or certification to this page.

I hold licensure under Florida Statute Chapter:  458  459  490  491

OR

I hold a:  CAP

**This space intentionally left blank.**



# CGAC Training Verification Form Page 1

## Directions:

1. Use this form to document training.
2. All entries must be supported by certificates, transcripts, or other supporting documentation. Reproduce this form as necessary.
3. In the "Topic" column, write the name of the topic area you are claiming credit for (see example on first line of form).

**You must document a minimum of 85 hours** of training as prescribed.

- Addiction Theories - 10 hours
- Basic Knowledge of Problem Gambling - 16 hours
- Gambling Counseling Practice - 20 hours
- Special Issues in Gambling - 24 hours
- Professional Issues - 15 hours

Topic	Title of Training	Training Provider and Date of Trainings	Type of proof submitted (certificate, transcript, etc.)	Clock Hours	FCB Use
<i>Addiction Theories</i>	<i>Etiology of Addiction</i>	<i>FADAA 3/21/2008</i>	<i>Certificate</i>	<i>4</i>	











## Experience Verification Form

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Hello. The applicant named below is applying for certification with the Florida Certification Board. As part of the application process, the applicant must provide verification of **at least 2,000 hours of related experience** in the field of gambling addiction counseling.

Please complete this form and mail to the Florida Certification Board at 1715 South Gadsden Street, Tallahassee, FL 32301. Please call us at 850-222-6314 if you have any questions.

Thank you.

Applicant's Name: \_\_\_\_\_

Applicant's Title: \_\_\_\_\_

Employer/Agency Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Applicant's Date(s) of Employment: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Hours Worked per Week: \_\_\_\_\_

Average # of hours per week spent working with gambling issues: \_\_\_\_\_

Please provide a detailed description of the applicant's duties:

*You may attach a copy of the position description in lieu of describing the job duties, if applicable.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

*"By my signature I acknowledge that the above material is true, to the best of my knowledge."*

\_\_\_\_\_  
Personnel Officer/Volunteer Supervisor/Designee's Signature

\_\_\_\_\_  
Date



# Supervision Verification Form

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Hello, the applicant named below is applying for certification as a Certified Gambling Addiction Counselor (CGAC) with the Florida Certification Board. One of the requirements for this credential is documentation of at least 50 hours of clinical supervision. Please complete Part I and Part II of this form on behalf of the applicant and mail the completed form to the Florida Certification Board at 1715 South Gadsden Street, Tallahassee, FL 32301. Please note: do not return the form to the applicant to provide to us...we can only accept supervision verification forms from the individual completing the form on behalf of the applicant. If you have any questions, please do not hesitate to call us at 850-222-6314 and ask to speak to the applicant's (state their first and last name) certification specialist.

## Part I: Supervisor Information

**Directions:** Clinical supervision can only be offered by a qualified supervisor. Please complete this section of the form and attach proof of your license or certification for verification purposes. Please note: if you are in any way related to the applicant, you are not eligible to provide clinical supervision for the purpose of credentialing. If this is the case, please return the form to the applicant and ask them to identify another qualified supervisor.

Applicant's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

Professional license(s) or certification(s) held (attach copies):

- National Gambling Counselor Certification I
- National Gambling Counselor Certification II
- Certified Gambling Addiction Counselor
- Qualified Professional under chapter 458, 459, 490, or 491, Florida Statute

I provided supervision to this applicant from: \_\_\_\_\_ to \_\_\_\_\_

The applicant's position was:    Full Time    Part Time

If part time, hours per week: \_\_\_\_\_

*Form continued on the back of this page.*

## Supervision Verification Form (continued)

### Part II: Clinical Supervision Hours

**Directions:** Clinical supervision refers to the teaching and mentoring aspects of supervision that help counselors further develop their skills in providing treatment for gambling addiction disorders. Clinical supervision is usually based on direct observation of work or review of clinical files for the purpose of providing feedback to improve performance. Eligible clinical supervision is provided on an individual, one-on-one basis, or may be provided to small groups, such as in a staff meeting.

Please verify that you have provided the applicant with at least 50 hours of clinical supervision in the performance domains specified below. For each domain, a minimum of 5 hours of clinical supervision must be documented. All remaining hours may be allocated to any of the performance domains.

Performance Domain	# of Hours*
<b>Addiction Theories</b> – Clinical supervision in addiction theories includes feedback and discussion regarding the disease of addiction, models of treatment, signs and symptoms of addiction and/or addiction treatment modalities.	
<b>Basic Knowledge of Problem and Pathological Gambling</b> – Clinical supervision in this domain refers to feedback and discussion regarding the definition of pathological gambling; the scope/prevalence of gambling addiction in adults, youth and other treatment populations; the typical progression and withdrawal symptoms of a gambling addiction; and standards evaluation instruments used to identify a potential or actual gambling addiction.	
<b>Gambling Counseling Practice</b> – Clinical supervision in the area of gambling counseling refers to feedback and discussion regarding treatment plans, including treatment approaches; treatment implementation and monitoring; and continuing care.	
<b>Special Issues in Gambling</b> – Clinical supervision in this domain is focused on ensuring that gambling counselors understand specific issues that present when planning for relapse/ relapse prevention; and recognizing and responding to indicators of high risk, including suicide, self-harm, risk management, crisis management, and financial issues.	
<b>Professional Issues</b> – Clinical supervision related to professional issues includes discussions and feedback on issues such as cultural competence, boundaries/transference, privacy/ confidentiality/HIPAA, and professional ethics.	
<b>Total Hours**</b>	

\*must have a minimum of 5 hours of clinical supervision in each performance domain

\*\*must have a total of 50 hours of clinical supervision across all performance domains

*"I hereby certify that I have been in a position to observe and have first hand knowledge of*

\_\_\_\_\_  
(Name of Applicant)

*"By my signature I acknowledge that, to the best of my knowledge, the above material is true."*

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

## *Recommendation for Certification Form*

**Directions:** Thank you for taking the time to provide a reference and recommendation for certification to this applicant as he or she applies for the Florida Certification Board's Certified Gambling Addiction Counselor credential. Your feedback is a critical component of the application process and is greatly appreciated.

1. Please read the Description of the Role, as provided below. Based on your relationship and experiences with the applicant, carefully consider his or her appropriateness for the role. With this in mind, please complete the Recommendation for Certification Form. By your signature at the bottom of the form, you are attesting that the applicant is someone you would recommend for certification.
2. Please return the completed form to the Florida Certification Board at 1715 South Gadsden Street, Tallahassee, Florida, 32301. Please DO NOT return the completed form to the applicant.
3. If you have any questions please contact our office at 850-222-6314.

### **Description of Role:**

The Certified Gambling Addiction Counselor is a qualified professional who possesses competency in providing direct services to individuals with gambling problems. The role of the Certified Gambling Addiction Counselor includes, but is not limited to:

- Applying theories of addiction in assessment and treatment practices.
- Performing a comprehensive assessment with an orientation towards gambling.
- Providing gambling specific counseling including developing treatment plans and conducting case management activities.
- Recognizing and responding to indicators of suicidal ideations and self-harm behaviors.
- Working in a professional and ethical manner.

**Only NON-RELATIVES may provide recommendations.**

**Please do not complete this form if you are in any way related to the applicant.**

## Recommendation for Certification Form (continued)

### Section 1:

Please describe the nature of your relationship with the applicant and describe why you believe the applicant would be successful in the role of a Certified Gambling Addiction Counselor.

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### Section 2:

*"I hereby certify that I have been in a position to observe and have first hand knowledge of*

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(Name of Applicant)

*By my signature I acknowledge that the above material is true, to the best of my knowledge, and that I recommend this applicant for certification."*

Relationship to Applicant:  Professional  Supervisor  Other: \_\_\_\_\_

\_\_\_\_\_  
Printed Name (\_\_\_\_\_) Phone Number

\_\_\_\_\_  
Signature Date

## *Recommendation for Certification Form*

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## Recommendation for Certification Form (continued)

### Section 1:

Please describe the nature of your relationship with the applicant and describe why you believe the applicant would be successful in the role of a Certified Gambling Addiction Counselor.

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### Section 2:

*"I hereby certify that I have been in a position to observe and have first hand knowledge of*

\_\_\_\_\_  
(Name of Applicant)

*By my signature I acknowledge that the above material is true, to the best of my knowledge, and that I recommend this applicant for certification."*

Relationship to Applicant:  Professional  Supervisor  Other: \_\_\_\_\_

\_\_\_\_\_  
Printed Name (\_\_\_\_\_) \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature Date

## *Recommendation for Certification Form*

**Directions:** Thank you for taking the time to provide a reference and recommendation for certification to this applicant as he or she applies for the Florida Certification Board's Certified Gambling Addiction Counselor credential. Your feedback is a critical component of the application process and is greatly appreciated.

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### **Description of Role:**

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- Providing gambling specific counseling including developing treatment plans and conducting case management activities.
- Recognizing and responding to indicators of suicidal ideations and self-harm behaviors.
- Working in a professional and ethical manner.

**Only NON-RELATIVES may provide recommendations.**

**Please do not complete this form if you are in any way related to the applicant.**

## Recommendation for Certification Form (continued)

### Section 1:

Please describe the nature of your relationship with the applicant and describe why you believe the applicant would be successful in the role of a Certified Gambling Addiction Counselor.

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### Section 2:

*"I hereby certify that I have been in a position to observe and have first hand knowledge of*

\_\_\_\_\_  
(Name of Applicant)

*By my signature I acknowledge that the above material is true, to the best of my knowledge, and that I recommend this applicant for certification."*

Relationship to Applicant:  Professional  Supervisor  Other: \_\_\_\_\_

\_\_\_\_\_  
Printed Name (\_\_\_\_\_) \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature Date





*Protecting the Citizens  
of Florida*

**Certified  
Gambling  
Addiction  
Counselor  
(CGAC)**

1715 South Gadsden Street, Tallahassee, FL 32301

(850) 222-6314 | (850) 222-6247 fax

[www.flcertificationboard.org](http://www.flcertificationboard.org)