



# ACCBO

2054 N Vancouver Ave, Portland, OR 97227  
(971)235-2954  
zzjohnson@msn.com  
<http://www.accbo.com>

Dear Applicant,

Enclosed is the application & information packet you requested. The 2017 test dates are as follows.

**Complete application due to ACCBO by:**

- *February 2, 2018 for the April 14-29, 2018 testing period*
- *June 1, 2018 for the August 4-18, 2018 testing period*
- *October 5, 2018 for the December 1-15, 2018 testing period*

You must have a **completed** application packet, the Test Application form, and the appropriate fees in our office **no later than** the above application due date, *regardless of postmark*, for the appropriate test date.

The Application for International Certification Examination for Gambling Counselors is now included in this packet. This form is absolutely necessary to get you into the test. Please sign in both places on the second page.

If you are sending packages overnight mail at the last minute, we suggest that you sign the waiver to allow the carrier to leave the package without a signature. Certified mail that requires a signature also can cause your package to arrive late.

The \$50 application fee is non-refundable. The \$220 test fee is **absolutely non-refundable** and **non-transferable** after the application due date. If you have submitted your applications and fees and find **prior** to the application due date that you are unable to attend the test, please notify us immediately and your fee can be refunded or applied to the next test. When you have sent us a completed application, including the test fee and the completed GCCB test registration, you will be automatically enrolled in the next available test date unless you contact us and request otherwise.

**FEE SCHEDULE:**

|   |        |
|---|--------|
| Application Fee.....  | \$ 50  |
| Objective Exam Fee (for Level I or II).....                     | \$ 220 |
| Objective Exam Retake Fee (if you did not pass previously)..... | \$ 170 |
| File Copying (moving to another state, etc.).....               | \$ 25  |

If you have any other questions, please feel free to email Richard Johnson at [zzjohnson@msn.com](mailto:zzjohnson@msn.com)

**OREGON HEALTH AUTHORITY  
ADDICTIONS & MENTAL HEALTH DIVISION  
ORS 443.004/OAR 407-007-0277 Crimes**

Public funds may not be used to support, in whole or in part, the employment in any capacity of an individual having contact with a recipient of support services or a resident of a residential facility or an adult foster home, of a mental health or substance abuse treatment provider who has been convicted of the following convictions. **ORS 443.004/OAR 407-007-0277 impacts anyone with this type of employment regardless of hire date.**

“Mental health or substance abuse treatment provider” in ORS 443.004 means:

- A peer support specialist;
- An employee of a residential treatment facility or a residential treatment home that is licensed under ORS 443.415 to provide treatment for individuals with alcohol or drug dependence;
- An individual who provides treatment or services for persons with substance use disorders; or
- An individual who provides mental health treatment or services (including any type of mental health licensed or certified facility or agency).

If the individual has been convicted of any of the crimes listed below (or **attempt, conspiracy, or solicitation** for any of the crimes) regardless of how long ago the conviction occurred, **THE INDIVIDUAL IS NOT ELIGIBLE FOR THE POSITION.**

- ORS 163.095, Aggravated murder
- ORS 163.115, Murder
- ORS 163.375, Rape I
- ORS 163.405, Sodomy I
- ORS 163.411, Unlawful sexual penetration I
- ORS 163.427, Sexual abuse I

All mental health or substance abuse treatment providers are subject to ORS 443.004 if public funds are involved in the payment of treatment or services. The Background Check Unit (BCU), serving the Department of Human Services and the Oregon Health Authority does not conduct background checks on programs or facilities which are exclusively licensed or certified as an alcohol & drug provider.

If an individual is offered employment as a mental health or substance abuse treatment provider AND the individual is subject to a background check through BCU, submit a background check request. If BCU confirms that the individual has a conviction of one or more of the crimes listed above, BCU will make a determination that of **INELIGIBLE DUE TO ORS 443.004.**

An individual found to be Ineligible Due to ORS 443.004 does not have hearing rights through BCU regarding this determination.

**Gambling Counselor  
Certification  
Board of Oregon**

**Gambling Addiction  
Counselor Certification  
Application Packet**

**Director of Gambling Addiction  
Counselor Certification**

**Richard Johnson, M.A.**

CADC III, CGAC II, NCGC II, BACC  
(National Council on Problem Gambling Board  
Approved Clinical Consultant)

*2054 N Vancouver Ave  
Portland, Oregon 97227-1917*

**Contact Information**

971-235-2954  
zzjohnson@msn.com

Form Revised April 24, 2015

# Contents

Certification Overview-Checklist

Applicant Registration Form

Ethics Statement

Education Log Form

Supervised Experience Form

Board Approved Clinical Consultant  
Supervision Form for CGAC I & II

**Certified Gambling Addictions Counselor Level I Entry Level Certification and Level II**

**Overview and Applicant Checklist**

**Applicant Registration**

Complete the applicant registration form with identifying information and candidate statement. Enclose appropriate fees: \$50 application fee and \$220 testing fee.

**Education and/or Credentialing Requirements**

You must submit proof of credentialing in a mental health or addictions discipline demonstrating basic human service competencies (a CADC I or greater, QMHA/QMHP, etc.)

**Experience Requirements**

**500 Hours for Level I, or 2000 Hours for Level II, of Supervised Experience in the Gambling Addiction Counselor Domains** Experience may include any gambling specific counseling services rendered in the Four Domains; Clinical, Documentation, Administrative and Client Advocacy. (1 Full Time Month = 160 experience hours).

**24 hours of face-to-face, telephone, email, or other electronic communication clinical supervision** from a qualified problem gambling treatment certification clinical supervisor.

**"Gambling" Educational Requirements**

**60 Hours Problem/Compulsive Gambling Education** (a minimum of 2 hours in each category), including a minimum of:

- .. Gambling Client Assessment/Intake
- .. Gambling Financial Planning & Budgeting
- .. Gambling Counseling (Individual, Group, Family)
- .. Gambling Case Management
- .. Professional Responsibility and Ethics
- .. Crisis Intervention
- .. Co-occurring Disorders

**Gambling Counselor Ethics Agreement**

Sign/date the Ethics Agreement.

**Exam Registration**

Complete the exam registration form in order to register for the exam. You must successfully pass the examination.

**NOTE**

You must submit a completed registration packet by the application deadline in order to be registered for the National Exam.

Questions: email [zzjohnson@msn.com](mailto:zzjohnson@msn.com)

## Applicant Registration

|  |
|--|
| <b>Name:</b> Last                      First                      M.I.                   |
| <b>Date of Application</b>   |
| <b>Home Address:</b> Street Number   |
| City                                      State                                      Zip |
| <b>Work Address:</b> Agency Name   |
| Street Address   |
| City                                      State                                      Zip |
| <b>Home Phone</b>  |
| <b>Work Phone</b>  |
| <b>Message Phone</b>   |
| <b>Personal Email</b>  |
| <b>Business Email</b>  |
| <b>Title of Current Certification/License &amp; Expiration Date</b>                      |
| <b>Certification/License Number</b>  |
| <b>Name of Certification/Licensing Board</b>   |
| <b>Level of Education</b><br>(AA/AS, BA/BS, MA/MS,..) and Major.                         |

## Statement of Abstinence

*Only for those who are recovering from problem/compulsive gambling behavior.*

I hereby attest that I have been abstinent from gambling for the 2 years immediately preceding this application.

Applicant Signature:  
 \_\_\_\_\_

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

## Candidate Statement

I hereby apply for certification in Oregon as a Gambling Addictions Counselor. I understand that the application and examination fee is non-refundable & non-transferable from one examination date to another.

Furthermore, I attest that the information I have given in this application and all supporting documentation is correct and true. I give ACCBO permission to verify any statements given in any part of this application.

Applicant Signature:  
 \_\_\_\_\_

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

|   |
|---|
| What Level of Gambling Certification are you applying for? Check one of the following.<br><br><input type="checkbox"/> CGAC I<br><br><input type="checkbox"/> CGAC II |
|---|

Questions: email zzjohnson@msn.com

# Ethics Statement

## Professional Code and Ethical Standards

1. Orientation in all efforts toward goal of recovery for client and family.
2. Respect confidentiality of all records, materials and communications concerning clients.
3. Respect for client evidenced by an objective, non-possessive professional relationship at all times.
4. No discrimination among clients or professionals on the basis of race, color, creed, age, sex, or sexual orientation.
5. Respect for the rights and views of other gambling counselors and professionals.
6. Respect for institutional policies and cooperation with management functions.
7. Evidence of genuine interest in helping persons with gambling problems and dedication to helping them to help themselves.
8. Willingness to assess his/her own personal and vocational strengths, limitations, and biases. Ability and willingness to recognize when it is to the clients best interest to refer or release

him/her to another counselor or program.

9. Willingness to take personal responsibility for continued professional growth through further education or training.
10. Total commitment to providing the highest quality of care through both personal effort and utilization of any other health professionals or services which may assist the client in his/her recovery plan.
11. Does not behave in a manner that will reflect adversely on the credibility and integrity of the profession.

Name and title of Candidate

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_





# Supervised Experience Requirements

## Experience Requirements

**CGAC I:** 500 Hours of Supervised Experience in the Gambling Addiction Counselor Domains.

**CGAC II:** 2,000 Hours of Supervised Experience in the Gambling Addiction Counselor Domains.

Experience may include any gambling specific counseling services rendered in the Four Domains; Clinical, Documentation, Administrative and Client Advocacy. (6 Full Time Months = 1,000 experience hours).

Make as many copies of this form as you need to document the minimum of hours. You will most likely need one form for each gambling program you have worked in.

Approximate the number of hours in each category of the Gambling Addiction Counselor Domains. You must present a majority of hours in the Clinical Domain.

|                        |
|------------------------|
| Candidate Name (print) |
|------------------------|

|   |
|---|
| Name of Gambling Addiction Program or Agency/Practice where services were provided. |
|---|

|   |
|---|
| Name & Title of your supervisor (print) |
|---|

|                                 |
|---------------------------------|
| Dates of Experience (From - To) |
|---------------------------------|

Questions: email [zzjohnson@msn.com](mailto:zzjohnson@msn.com)

# Domains & Hours

| Domains   | Hours<br>Accrued |
|---|------------------|
| <b><u>Clinical</u></b><br>Intake, Assessment, Treatment Planning, Case-management, Individual-Group-Family Counseling, Client Education, Crisis Intervention, Client Follow-up, Medical Recommendations & Treatment, Aftercare Services, etc. |                  |
| <b><u>Documentation</u></b><br>Referrals-reporting to other resources, client records, ROI's, etc.  |                  |
| <b><u>Administrative</u></b><br>Administrative responsibilities, Program Management, Quality Assurance Monitoring, Program Development, Research, etc.  |                  |
| <b><u>Client Advocacy</u></b><br>Prevention, Community Activities-Education, Orientation, Outreach, etc.  |                  |

|   |  |
|---|--|
| <b>Total Hours Accrued</b> in all of the Gambling Addiction Counselor Domains |  |
|---|--|

\_\_\_\_\_  
Candidate Signature date

\_\_\_\_\_  
Board Approved & Qualified Disordered Gambling Treatment Certification Clinical Supervisor Signature date

(Qualified certification supervisors must have maintained a CGAC II certification for a minimum of 2 years and have a minimum of 10 hours of clinical supervision training with documentation of such in their ACCBO file.)

# Professional Supervision Form

## Professional Supervision Requirements

**24 hours of face-to-face, telephone, email, or other electronic communication clinical supervision** from a qualified problem gambling treatment certification clinical supervisor.

(Qualified certification supervisors must have maintained a CGAC II certification for a minimum of 2 years and have a minimum of 10 hours of clinical supervision training with documentation of such in their ACCBO file.)

|                        |
|------------------------|
| Candidate Name (print) |
|------------------------|

|   |
|---|
| Name of Gambling Addiction Program or Agency/Practice where services were provided. |
|---|

|                                      |
|--------------------------------------|
| Name & Title of your "ACC" or "BACC" |
|--------------------------------------|

|                                  |
|----------------------------------|
| Dates of Supervision (From - To) |
|----------------------------------|

*Questions: email [zzjohnson@msn.com](mailto:zzjohnson@msn.com)*

# Supervision Hours

|                             |  |
|-----------------------------|--|
| Date of Supervision Session |  |
| Hours Accrued               |  |

|                             |  |
|-----------------------------|--|
| Date of Supervision Session |  |
| Hours Accrued               |  |

|                             |  |
|-----------------------------|--|
| Date of Supervision Session |  |
| Hours Accrued               |  |

|                             |  |
|-----------------------------|--|
| Date of Supervision Session |  |
| Hours Accrued               |  |

|                             |  |
|-----------------------------|--|
| Date of Supervision Session |  |
| Hours Accrued               |  |

|                             |  |
|-----------------------------|--|
| Date of Supervision Session |  |
| Hours Accrued               |  |

|                             |  |
|-----------------------------|--|
| Date of Supervision Session |  |
| Hours Accrued               |  |

|                             |  |
|-----------------------------|--|
| Date of Supervision Session |  |
| Hours Accrued               |  |

|                             |  |
|-----------------------------|--|
| Date of Supervision Session |  |
| Hours Accrued               |  |

|                             |  |
|-----------------------------|--|
| Date of Supervision Session |  |
| Hours Accrued               |  |

|                             |  |
|-----------------------------|--|
| Date of Supervision Session |  |
| Hours Accrued               |  |

|   |  |
|---|--|
| <b>Total Hours Accrued from all professional supervision sessions</b> |  |
|---|--|

# INTERNATIONAL CERTIFICATION EXAMINATION FOR GAMBLING COUNSELORS

Handbook for Candidates



International Gambling Counselor  
Certification Board



1350 BROADWAY • 17th FLOOR  
NEW YORK, NY 10018  
(212) 356-0660  
WWW.PTCNY.COM

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This handbook contains necessary information about the International Certification Examination for Gambling Counselors (IGCCB). Please retain it for future reference. Candidates are responsible for reading these instructions carefully. This handbook is subject to change.



## International Gambling Counselor Certification Board

### CERTIFICATION

The International Gambling Counselor Certification Board (IGCCB) supports the concept of voluntary certification by examination of gambling counselors. Certification is one part of a process called credentialing. Certification focuses specifically on the individual and is an indication of one's current level of knowledge in gambling counseling.

### PURPOSES OF CERTIFICATION

TO PROMOTE COMPETENCY IN GAMBLING COUNSELING BY:

1. Promoting high standards of training, competence, skills, and knowledge.
2. Providing a national and international standard for requisite knowledge in gambling counseling.
3. Recognizing formally those individuals who meet the standards of eligibility established by the IGCCB.
4. Encouraging continued professional growth in gambling counseling for the purpose of improving the quality of care to addicted persons and their families.
5. Establishing, measuring, and monitoring the level of knowledge required for certification in gambling counseling.

### EXAMINATION ELIGIBILITY REQUIREMENTS

#### LEVEL I GAMBLING COUNSELOR – (or ICGC-I)

1. 30 hours of approved gambling specific training
2. Bachelor's degree or equivalent in behavioral health **OR** a NCAC-I (Nationally Certified Addiction Counselor), NCAC-II, or MAC (Master Addiction Counselor) credential or equivalent **OR** other state or nationally recognized addiction or mental health certifications
3. Taking and passing the International Certification Examination for Gambling Counselors
4. Payment of the application fee

### **LEVEL II GAMBLING COUNSELOR – (ICGC-II)**

1. 60 hours of approved gambling specific training
2. Bachelor's degree or equivalent in behavioral health **OR** a NCAC-I, NCAC-II, or MAC credential **OR** other state or nationally recognized addiction or mental health certifications
3. Taking and passing the International Certification Examination for Gambling Counselors
4. Payment of the application fee

## **ATTAINMENT OF CERTIFICATION AND RECERTIFICATION**

Eligible candidates who pass the International Certification Examination for Gambling Counselors must **ALSO** fulfill **all** other requirements as found at <http://www.igccb.org/certification-criteria.html> to receive certification. Only once ALL requirements have been fulfilled AND the application has been approved will candidates receive certificates from the IGCCB and be eligible to use the appropriate registered designation ICGC-I or ICGC-II after their names. A registry of Certified Gambling Counselors will be maintained by the IGCCB and may be reported in its publications. Certification is recognized for a period of three (3) years at which time the candidate must meet current eligibility requirements to maintain certification.

## **REVOCATION OF CERTIFICATION**

Certification will be revoked for any of the following reasons:

1. Falsification of any information, including experience data, requested in the Application.
2. Misrepresentation of certification status.
3. Revocation of current license, certification, or registration.
4. Violation of the Ethical Standards for Certified Gambling Counselors.

The Appeals Committee of the IGCCB provides the appeal mechanism for challenging revocation of certification. It is the responsibility of the individual to initiate this process with a written or documented request.

## COMPLETION OF APPLICATION

Complete or fill in as appropriate ALL information requested on the Application. Mark only one response unless otherwise indicated.

**NOTE: The name you enter on your Application must match exactly the name shown on your current government-issued photo ID such as driver's license or passport. Do not use nicknames or abbreviations.**

*CANDIDATE INFORMATION:* Starting at the top of the Application, print your name, address, daytime phone number, evening phone number, and e-mail address in the appropriate row of empty boxes. Also, indicate your choice of examination date.

*ELIGIBILITY AND BACKGROUND INFORMATION:* All questions must be answered. Mark only one response unless otherwise indicated.

*OPTIONAL INFORMATION:* These questions are optional. The information requested is to assist in complying with equal opportunity guidelines and will be used only in statistical summaries. Such information will in no way affect your test results.

*RELEASE AUTHORIZATION:* This section should be completed by candidates authorizing release of test results to a state/commonwealth.

*CANDIDATE SIGNATURE:* When you have completed all required information, sign and date the Application in the space provided.

*PART II:* Complete sections A through D. Complete or fill in as appropriate ALL information requested.

Fold the completed Application. Mail the Application with the appropriate fee (see FEES on page 5) in time to be received by the deadline shown on the cover of this Handbook to:

**IGCCB EXAMINATION  
PROFESSIONAL TESTING CORPORATION  
1350 Broadway – 17th Floor  
New York, New York 10018**

## EXAMINATION ADMINISTRATION

The International Certification Examination for Gambling Counselors is administered during an established testing period on a daily basis, Monday through Saturday, excluding holidays, at computer-based testing facilities managed by PSI. PSI has several hundred testing sites in the United States, as well as Canada. Scheduling is done on a first-come, first-serve basis. To find a testing center near you, visit [www.ptcny.com/cbt/sites.htm](http://www.ptcny.com/cbt/sites.htm) or call PSI at (800) 733-9267. Please note: Hours and days of availability vary at different centers. **You will not be able to schedule your examination appointment until you have received a Scheduling Authorization from PTC.**

### TESTING TUTORIAL

A testing tutorial can be viewed, free of charge, online. Please visit [www.ptcny.com/cbt/demo.htm](http://www.ptcny.com/cbt/demo.htm). This document can give you an idea about the features of online testing.

## SCHEDULING YOUR EXAMINATION APPOINTMENT

Once your application has been received and processed and your eligibility verified, you will be sent a notice from PTC confirming receipt of payment and acceptance of application. Within six weeks prior to the first day of the testing period, you will be sent a Scheduling Authorization via email from [notices@ptcny.com](mailto:notices@ptcny.com). Please ensure you enter your correct email address on the application and add the 'ptcny.com' domain to your email safe list. If you do not receive a Scheduling Authorization at least three weeks before the beginning of the testing period, contact the Professional Testing Corporation at (212) 356-0660.

The Scheduling Authorization will indicate how to schedule your examination appointment as well as the dates during which testing is available. Appointment times are first-come, first-serve, so schedule your appointment as soon as you receive your Scheduling Authorization in order to maximize your chance of testing at your preferred location and on your preferred date.

**Your current driver's license, passport, or U.S. Military ID must be presented in order to gain admission to the testing center.** PTC also recommends you bring a paper copy of your Scheduling Authorization and your PSI appointment confirmation with you to the testing center.

After you make your test appointment, PSI will send you a confirmation email with the date, time and location of your exam. Please check this confirmation carefully for the correct date, time and location. Contact PSI at (800) 733-9267 if you do not receive this email confirmation or if there is a mistake with your appointment.

- **It is your responsibility as the candidates to contact PTC if you have not received your Scheduling Authorization email at least three weeks prior to the start of the testing period.**
- **It is your responsibility as the candidate to call PSI to schedule the examination appointment.**
- **It is highly recommended that you become familiar with the testing site.**
- **Arrival at the testing site at the appointed time is the responsibility of the candidate. Please plan for weather, traffic, parking, and any security requirements that are specific to the testing location. Late arrival may prevent you from testing.**

## SPECIAL NEEDS

IGCCB and PTC support the intent of and comply with the Americans with Disabilities Act (ADA). PTC will take steps reasonably necessary to make certification accessible to persons with disabilities covered under the ADA. Special testing arrangements may be made upon receipt of the Application, examination fee, and a completed and signed Request for Special Needs Accommodations Form, available from [www.ptcny.com](http://www.ptcny.com) or by calling PTC at (212) 356-0660. This Form must be uploaded with the online application at least EIGHT weeks before the testing period begins. Please use this Form if you need to bring a service dog, medicine, food or beverages needed for a medical condition with you to the testing center.

Information supplied on the Request for Special Accommodations Form will only be used to determine the need for special accommodations and will be kept confidential.



## CHANGING YOUR EXAMINATION APPOINTMENT

If you need to cancel your examination appointment or reschedule to a different date within the two-week testing period, you must contact PSI at (800) 733-9267 no later than noon, Eastern Standard Time, of the second business day PRIOR to your scheduled appointment. **PSI does not have the authority to authorize refunds or transfers to another testing period.**

## RULES FOR THE EXAMINATION

1. All Electronic devices that can be used to record, transmit, receive, or play back audio, photographic, text, or video content, including but not limited to, cell phones, laptop computers, tablets, Bluetooth devices; wearable technology such as smart watches; MP3 players such as iPods; pagers, cameras and voice recorders are not permitted to be used and cannot be taken in the examination room.
2. No papers, books, or reference materials may be taken into or removed from the examination room.
3. Simple, nonprogrammable calculators are permitted with the exception of calculators as part of cellular phones, etc. A calculator is also available on screen if needed.
4. No questions concerning content of the examination may be asked during the examination session. The candidate should read carefully the directions that are provided on screen at the beginning of the examination session.
5. Candidates are prohibited from leaving the testing room while their examination is in session, with the sole exception of going to the restroom.

## REPORT OF RESULTS

Candidates will be notified within six weeks whether they have passed or failed the examination. Scores on the major areas of the examination and on the total examination will be reported.

## REEXAMINATION

The International Certification Examination for Gambling Counselors may be taken as often as desired upon filing of a new Application and fee. There is no limit to the number of times the examination may be repeated.

## CONFIDENTIALITY

1. The IGCCB will release the individual test scores ONLY to the individual candidate.
2. Any questions concerning test results should be referred to IGCCB or the Professional Testing Corporation.

## CONTENT OF EXAMINATION

1. The International Certification Examination for Gambling Counselors is a computer-based examination composed of a maximum of 200 multiple-choice, objective questions with a total testing time of four (4) hours.
2. The content for the examination is described in the Content Outline starting on page 7.
3. The questions for the examination are obtained from individuals with expertise in gambling counseling and are reviewed for construction, accuracy, and appropriateness by the IGCCB.
4. The IGCCB, with the advice and assistance of the Professional Testing Corporation, prepares the examination.
5. The International Certification Examination for Gambling Counselors will be weighted in approximately the following manner:

|  |     |
|--|-----|
| I. Basic Knowledge of Problem and Pathological Gambling..... | 20% |
| II. Gambling Counseling Practice .....                       | 40% |
| III. Special Issues in Gambling Treatment .....              | 30% |
| IV. Professional Issues.....                                 | 10% |

## CONTENT OUTLINE

### I. BASIC KNOWLEDGE OF PROBLEM AND PATHOLOGICAL GAMBLING

#### A. Scope of Legalized Gambling

1. Prevalence of Gambling Problems
  - a. Among Adults
  - b. Among Youth
  - c. Among Treatment Populations
2. Definition of Pathological Gambling
3. Operationalized Definition of Problem Gambling
4. The Pathological Gambling Disorder
  - a. Terminology
  - b. Progression of the Disorder
  - c. Withdrawal Symptoms from Gambling

#### B. Client Evaluations

1. Screening
2. Intake
3. Assessment
4. Diagnostic Criteria

### II. GAMBLING COUNSELING PRACTICE

#### A. Examination of Attitudes/Feelings

1. Real Meaning of Money
2. Deception and Self-Deception
3. Fantasy and Dissociation
4. Spirituality
5. Transference and Countertransference
6. Irrational Thinking
7. Cultural Beliefs and Attitudes

#### B. Considerations of Alternative Solutions

1. Harm Reduction
2. Natural Recovery
3. Recovery Oriented Systems of Care

#### C. Skills

1. Individual Counseling
2. Group Counseling
3. Family/Significant Others
4. Interventions
5. Treatment Planning
6. Financial Management Issues
  - a. Restitution
  - b. Budget Preparation
  - c. Pressure Relief Group
7. Legal Issues
8. Multi-cultural Counseling

D. Relationship to Substance Abuse and Mental Health

1. Integration of problem gambling into substance use disorder and mental health treatment
2. Impact of gambling on recovery from substance use and mental health disorders
3. Impact of substance use and mental health disorders on problem gambling treatment and recovery

E. Client Care

1. Case Management
2. Crisis Management
  - a. Identification
  - b. Resolution
3. Referral Resources
4. Reports and Record Keeping
5. Consultation
6. Levels of Care
7. Peer Counseling and Recovery Support Systems

F. Education

1. Orientation to treatment and recovery
2. Gambling Information
3. Co-Occurring Disorders
  - a. Mental
  - b. Emotional
  - c. Psychological
  - d. Recreation/Leisure
4. Self-Help Programs
  - a. Gamblers Anonymous
  - b. Gam-Anon
  - c. Other 12-Step Resources for Gambling Clients
5. Research
  - a. Neurobiology, medication and psychopharmacology
  - b. Treatment

G. Continuing Care

III. SPECIAL ISSUES IN GAMBLING TREATMENT

- A. Adolescence
- B. Older Adults
- C. Female Gamblers
- D. Cultural Minorities
- E. Relapse and Relapse Prevention
- F. Suicide
- G. Dual/Multiple Diagnosis
- H. Trauma and Survivors Issues
- I. Chronic Illness
- J. Criminal Justice
- K. Military

#### IV. PROFESSIONAL ISSUES

##### A. Law and Regulation

1. Client Rights
  - a. Confidentiality
  - b. Informed Consent
  - c. Reporting
    - 1) Child/Other Abuse
    - 2) Duty to Warn
2. Discrimination
3. Continuous Quality Improvement
4. Managed Care
  - a. Utilization Review
  - b. Outcome Studies

##### B. Ethics

1. Non-Discrimination
2. Counselor Responsibility
3. Competence
4. Legal Standards
5. Media Statements
6. Publication Credit
7. Client Welfare
8. Confidentiality
9. Client Responsibility
10. Interprofessional Relationships
11. Remuneration
12. Societal Advocacy

##### C. Supervision

1. Administrative
2. Clinical
3. Gambling Specific Consultation

## SAMPLE EXAMINATION QUESTIONS

In the following questions, choose the one best answer.

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1. If, during a session, a client speaks about suicide, which of the following is the most appropriate initial step?

1. Telephone the client's next-of-kin
2. Seek a consultation with a professional colleague
3. Make a decision about the seriousness of the situation
4. End the session and accompany the client to the nearest hospital

---

2. In DSM V Pathological Gambling has been renamed

1. Gambling Disorder.
2. Addictive Gambling.
3. Impulsive Gambling.
4. Compulsive Gambling.

---

3. Compared to men, women problem gamblers are likely to start gambling

1. at the same age.
2. earlier in life.
3. later in life.
4. only in response to stress.

---

4. Gamblers Anonymous was founded in

1. 1949.
2. 1957.
3. 1976.
4. 1980.

---

5. Which of the following substances are disordered gamblers most likely to abuse?

1. Alcohol
2. Cocaine
3. Marijuana
4. Amphetamine

---

6. Which of the following screening tools is used to assess for a gambling disorder?

1. ASI
2. NED
3. NORC
4. NODS-CLiP

CORRECT ANSWERS TO SAMPLE QUESTIONS

1. 3 2. 1 3. 3 4. 2 5. 1 6. 4

## REFERENCES

The International Gambling Counselor Certification Board has prepared a suggested reference list to assist in preparing for the International Certification Examination for Gambling Counselors. These references contain journals and textbooks which include information of significance to gambling counseling practice. Inclusion of certain journals and textbooks on this list does not constitute an endorsement by the IGCCB of specific professional literature which, if used, would guarantee candidates' successful passing of the certification examination.

American Psychiatric Association. *DSM 5: Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition. Washington, DC: American Psychiatric Association (2013).

Blaszczynski, A. *Overcoming Compulsive Gambling: A Self-Help Guide Using Cognitive Behavioral Techniques*. London: Constable & Robinson; 2010.

Ciarrocchi, J. *Counseling Problem Gamblers: A Self Regulation Manual for Individual and Family Therapy*. San Diego, CA: Academic Press (2002).

Custer, R. and Milt, H. *When Luck Runs Out*. New York, NY: Facts on File (1985).

Davis, D.R. *Taking Back Your Life: Women and Problem Gambling*. Center City, MN: Hazelden; 2009.

Federman, E.J., Drebing, C.E. & Krebs, C. *Don't Leave it to Chance: A Guide for Families of Problem Gamblers*. Oakland, CA: New Harbinger Publications; 2000.

Gamblers Anonymous. *Sharing Recovery Through Gamblers Anonymous*. Los Angeles, CA: Gamblers Anonymous; 2003.

Grant, J. and Potenza, M. *Pathological Gambling. A Clinical Guide to Treatment*. Washington, DC: American Psychiatric Publishing, Inc. (2004).

Ladouceur, R. & Lachance, R. *Overcoming Problem Gambling: Therapist Guide and Overcoming Problem Gambling: Workbook*. Oxford University Press. (2006).

Mee-Lee, D, Shulman, G.D., Fishman, M. J., Gastfriend, D. R., Miller, M.M., eds. *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions*. 3<sup>rd</sup> ed. Carson City, NV: The Change Companies; 2013

Marlatt, G. A., Larimer, M. E., Witkiewitz, K., eds. *Harm Reduction: Pragmatic Strategies for Managing High Risk Behaviors*. 2<sup>nd</sup> ed. New York, NY: Guilford Press; 2012

McCown, W. G. & Howatt, W. A. *Treating Gambling Problems*. Hoboken, NJ: John Wiley & Sons; 2007

Miller W. and Rollnick, S. *Motivational Interviewing*, Third Edition. New York, NY: Guilford Press (2012).

National Center for Responsible Gaming - [www.ncrg.org/resources/](http://www.ncrg.org/resources/)

National Council on Problem Gambling and National Endowment for Financial Education. *Financial Issues for Loved Ones of Problem Gamblers*. Denver, CO: National Endowment for Financial Education (2000).

National Gambling Impact Study Commission. *Final Report*. Washington, DC: National Gambling Impact Study Commission (1997).

National Research Council. *Pathological Gambling: A Critical Review*. Washington, DC: National Academy Press (1999).

Petry, N. *Pathological Gambling: Etiology, Comorbidity, and Treatment*. Washington, DC: American Psychological Association (2005).

Richard, C. S., Blaszczynski, A., Nower, L., eds. *The Wiley-Blackwell Handbook of Disordered Gambling*. Wiley-Blackwell, Oxford, UK; 2014.

Shaffer, H., Martin, R., Kleschinsky, J & Neporent, L. *Change your Gambling; Change your Life: Strategies for Managing your Gambling and Improving your Finances, Relationships, and Health*. San Francisco, CA: Jossey-Bass; 2012.

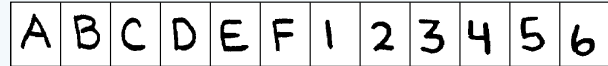
Volberg, R. *When Chips Are Down: Problem Gambling in America*. New York, NY: The Century Foundation Press (2001).

The Wager – [www.basionline.org/](http://www.basionline.org/)

Whelan, J. P., Steenbergh, T. A., & Meyers, A. W. *Problem and Pathological Gambling*. Cambridge MA: Hogrefe & Huber; 2007



**MARKING INSTRUCTIONS:** This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided. →



## Candidate Information

Please enter your Name exactly as it appears on your current Government-Issued Photo I.D.

Mr. First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
 Dr. \_\_\_\_\_  
 Last Name \_\_\_\_\_ Suffix (Jr., Sr., etc.) \_\_\_\_\_  
 Home Address - Number and Street \_\_\_\_\_ Apartment Number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Evening Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Email Address (Please enter only ONE email address. Use two lines if your email address does not fit in one line.)  
 \_\_\_\_\_  
 Examination Date  
 Spring     Summer     Winter

## Eligibility and Background Information

Darken only one choice for each question unless otherwise directed.

### A. ELIGIBILITY ROUTE: (See Handbook.)

#### Credential

- Bachelor's degree     MAC  
 NCAC - I, NCAC - II     Other: \_\_\_\_\_  
(State or nationally recognized addiction or mental health certifications)

#### AND Approved Training

- 30 hours  
 60 hours  
 Not applicable - taking examination for approved state jurisdictions ONLY

### B. LEVEL FOR WHICH YOU ARE APPLYING:

- Level - I  
 Level - II

### C. IN WHAT TYPE OF SETTING DO YOU PRACTICE?

- Private outpatient     Hospital inpatient  
 Public outpatient     Governmental institution  
 Private residential     Other  
 Public residential

### D. IN WHICH OF THE FOLLOWING DO YOU SPEND AT LEAST TEN HOURS PER WEEK? (Darken all that apply.)

- Counseling clients with gambling-related problems  
 Counseling clients with alcohol/drug-related problems  
 Clinical supervision  
 Assessment and referral  
 Outreach  
 Research/evaluation  
 Other

### E. PERCENT OF WORKING TIME CURRENTLY SPENT IN GAMBLING COUNSELING:

- Less than 25%     51 to 75%  
 25 to 50%     More than 75%

### F. PROFESSIONAL BACKGROUND:

- Counselor     Physician other than Psychiatrist  
 Therapist     Psychiatrist  
 Administrator     Clergy  
 Social Worker     Other  
 Nurse

### G. EXPERIENCE IN GAMBLING COUNSELING:

- 50 to 99 hours     751 to 1000 hours  
 100 hours     1001 to 2000 hours  
 101 to 750 hours     More than 2000 hours

### H. HIGHEST ACADEMIC LEVEL:

- Bachelor's degree  
 Master's degree  
 Doctoral degree  
 Other

(Continue on page 2)



## Eligibility and Background Information

### I. IN WHICH OF THE FOLLOWING ARE YOU LICENSED OR HOLD CERTIFICATION OR REGISTRATION? (Darken all that apply.)

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Social work | <input type="checkbox"/> Nursing                         |
| <input type="checkbox"/> Psychology  | <input type="checkbox"/> Employee assistance programming |
| <input type="checkbox"/> Counseling  | <input type="checkbox"/> Marriage and family therapy     |
| <input type="checkbox"/> Medicine    | <input type="checkbox"/> Peer Counselor/Recovery Coach   |
| <input type="checkbox"/> Other       |  |

### J. HAVE YOU TAKEN THIS EXAMINATION BEFORE?

- No  Yes

If yes, indicate month, year, and name under which the examination was taken.

Date (month/year): \_\_\_\_\_

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

### K. ARE YOU A MEMBER OF THE NATIONAL COUNCIL ON PROBLEM GAMBLING (NCPG)?

- No  Yes *NOTE: Membership is not required.*

NCPG Membership Number

|  |  |  |  |  |  |  |  |  |  |
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Membership Expiration Date (month/day/year)

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### L. ARE YOU A MEMBER OF NAADAC?

- No  Yes *NOTE: Membership is not required.*

NAADAC Membership Number

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Membership Expiration Date (month/day/year)

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### OPTIONAL INFORMATION

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your certification.

#### Race:

- African American  
 Asian  
 Hispanic  
 Native American  
 White  
 Other

#### Age Range:

- Under 25  
 25 to 29  
 30 to 39  
 40 to 49  
 50 to 59  
 60+

#### Gender:

- Male  
 Female

## Release Authorization

**Must be completed by all candidates authorizing release of test results to a state/commonwealth.**

State/Commonwealth

|    |
|----|
| OR |
|----|

*Please print the two letter state/commonwealth abbreviation in the boxes provided.*

I hereby authorize the International Gambling Counselor Certification Board (IGCCB) to release the results of my certification examination to the state/commonwealth indicated. I understand that these test results will be used only for state/commonwealth certification at this time.

**CANDIDATE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## Candidate Signature

I have read the Handbook for Candidates and understand I am responsible for knowing its contents. I certify that the information given in this Application is accurate, correct, and complete.

**CANDIDATE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

FOR OFFICE USE ONLY

1050 1060

Date

Fee: \_\_\_\_\_

CC  Check

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