

**GAMBLING TREATMENT PROGRAM**  
**AGENCY PROVIDER ENROLLMENT APPLICATION FORM**

To qualify as a provider eligible to receive reimbursement, the potential contractor must provide the information requested below and agree to all terms. **Mail the application and all supporting documentation to: Pennsylvania Department of Drug and Alcohol Programs, Bureau of Treatment, Prevention and Intervention, Attn: Division of Treatment, 02 Kline Village, Harrisburg, PA 17104.**

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**SECTION A- PROVIDER INFORMATION**

AGENCY PROVIDER NAME:

CONTACT PERSON:

FEDERAL TAX ID:

BUSINESS ADDRESS:

City

State

Zip Code

COUNTY IN WHICH PROVIDER IS LOCATED:

PHONE:            FAX:

E-mail of Contact Person:

**PLEASE SPECIFY LANGUAGES OFFERED BY AGENCY PROVIDER:**

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**SECTION B- MINIMUM ELIGIBILITY REQUIREMENTS**

**In order to qualify you must:**

- (1) Hold appropriate licensure certification to practice by at least one of the following:
- a. Licensed psychologist, and have an established office from which to practice or be in a licensed facility.
  - b. Licensed physician specializing in the treatment of mental disorders (e.g., a psychiatrist), and have an established office from which to practice or be in a licensed facility.
  - c. Licensed clinical social worker and have an established office from which to practice or be in a licensed facility.
  - d. Licensed marriage and family therapist and have an established office from which to practice or be in a licensed facility.

- e. Licensed professional counselor and have an established office from which to practice or be in a licensed facility. Must also hold a passing exam from one of the following:
  - i. The National Counselor Examination for Licensure and Certification (NCE) given by the National Board for Certified Counselors, Inc. (NBCC)
  - ii. The Practice Examination of Psychological Knowledge given by North American Association of Masters in Psychology (NAMPP)
  - iii. The Advanced Alcohol and Other Drug Abuse Counselor Examination (AAODA) given by the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse Inc. (IC&RC/AODA)
  - iv. The Examination for Masters Addictions Counselors (EMAC) given by the National Board for Certified Counselors, Inc. (NBCC)
- f. A drug and alcohol counselor, project director, facility director, or a clinical supervisor, and practice in a licensed drug and alcohol facility.
- g. A certified mental health counselor, employed by and practicing in a licensed mental health facility, and have an established office from which to practice.

(2) Hold certification/experience with gambling as demonstrated by one of the following:

- a. Be an individual who is working on National Certification and can document receiving 30 hours of gambling specific training approved by the NCPG. An individual will have 24 months from the time the PPA is executed to obtain full certification. Attaining certification requires appropriate supervision hours from an experienced gambling specialist. It is recommended that this occur as soon as possible upon commencement of treatment of problem gamblers.
- b. Hold a valid Certificate of Competency in Problem Gambling issued by The Pennsylvania Certification Board (PCB).
- c. Hold a valid certificate as a National Certified Gambling Counselor - I (NCGC-I) or International Certified Gambling Counselor - II (NCGC-II).
- d. Hold a valid certificate as a Certified Compulsive Gambling Counselor (CCGC) from the American Compulsive Gambling Counselor Certification Board.
- e. Hold a valid certificate as a Certified Addictions Specialist (CAS) with a specialization in Gambling Addiction from the American Academy of Healthcare Providers in the Addictive Disorders.
- f. Hold a valid local license in medicine, psychology, clinical social work or professional counseling and can document receiving 30 hours of gambling specific training approved by NCPG or accredited graduate institution. An individual will have 24 months from the time the PPA is executed to submit documentation of, at minimum, 4 hours of clinical consultation with an approved nationally certified gambling specialist.

(3) Be located in Pennsylvania or within 50 miles of Pennsylvania

(4) Complete 7.5 hours of DDAP approved training in adolescents and problem gambling in order to provide services to adolescents (persons under the age of 18).

(5) Complete 7.5 hours of DDAP approved training in problem gambling treating the family in order to provide services to family members to include but not limited to spouses, children, parents and siblings.

(6) Comply with all established treatment protocols set forth in this Manual. DDAP may, by electronic notice to the Provider, provide updates and modifications to the Gambling Services Manual. Modifications will be deemed to have been received by the Provider five (5) working days from the date on which the notice was e-mailed. The date of any new issuance will appear at the bottom of each page. Upon receipt of these pages, the Provider shall substitute the new pages in places of the existing pages.

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### SECTION C - GAMBLING TREATMENT COUNSELOR INFORMATION

List the names of all staff to be providing Outpatient Gambling Counseling Services. **Each individual must complete a staff enrollment form and must submit all required documentation which includes copies of all current and valid licenses.**

Name	Position / Title

### SECTION D- PROGRAM INFORMATION

Respond to the following item. Responses shall include any information about experiences and expertise that demonstrates ability to provide the services requested.

Describe the target population of your proposed service. Include any special populations for which your agency/practice has expertise to include but not be limited to specific age groups, gender, foreign languages, ethnic groups, and presenting problems such as substance abuse, mental health, etc.

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**An onsite visit may be required prior to approval of a Provider's application to provide Outpatient Gambling Counseling Services.**

I certify that the information provided on this form is true and correct. I will notify DDAP of any additions/changes to the information.

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Name (Please print)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date