|  |  |  |
| --- | --- | --- |
| DDAP-EFM-1301 Rev. 6-17 | **Outpatient Gambling Treatment Services**  **Minimum Eligibility Requirements**  **Sole Practitioner** | 02 Kline Village  Harrisburg, PA 17104  Email: [RA-DA\_GAMBLING@pa.gov](mailto:RA-DA_GAMBLING@pa.gov)  Ph: 717-783-8200 Fax: 717-787-6285 |
| In order to qualify to provide Outpatient Gambling Treatment Services funded through the Department of Drug and Alcohol Programs (DDAP), a sole practitioner must meet the following qualifications and be approved by DDAP:   1. Be at least one of the following Pennsylvania licensed professionals:    * Licensed physician specializing in the treatment of mental disorders (e.g., a psychiatrist)    * Licensed psychologist    * Licensed social worker    * Licensed marriage and family therapist    * Licensed professional counselor. 2. Have an established office from which to practice. Physical location must conform to all applicable local, state, and federal laws. 3. Be certified or experienced with gambling treatment as demonstrated by one of the following: 4. Hold a valid Certificate of Competency in Problem Gambling issued by the Pennsylvania Certification Board (PCB). 5. Hold valid certification as a National Certified Gambling Counselor (NCGC-I or NCGC-II). 6. Hold valid certification as an International Certified Gambling Counselor (ICGC-I or ICGC-II). 7. Hold valid certification as a Certified Addictions Specialist (CAS) with a specialization in Gambling Addiction from the American Academy of Healthcare Providers in the Addictive Disorders. 8. Be working on attaining International Certification (as specified in item c. above) and can document receiving a minimum of 30 hours of gambling-specific training approved by the National Council on Problem Gambling (NCPG). **An individual will have 24 months from the date their Provider application is approved to obtain full certification.** 9. Submit documentation of having completed at least 7.5 hours of DDAP-approved training related to problem gambling and treating adolescents if you will be providing services to persons under the age of 18. 10. Submit documentation of having completed at least 7.5 hours of DDAP-approved training related to problem gambling and treating the family if you will be providing services to a family member and/or significant other (including, but not limited to, spouses, children, parents and siblings).   **This page is strictly informational; you need not submit it with your application package.** | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DDAP-EFM-1301 Rev. 6-17 | | **Gambling Treatment Program**  **Provider Application – Sole Practitioner** | | | 02 Kline Village  Harrisburg, PA 17104  Email: [RA-DA\_GAMBLING@pa.gov](mailto:RA-DA_GAMBLING@pa.gov)  Ph: 717-783-8200 Fax: 717-787-6285 | |
| **SECTION A – PROVIDER INFORMATION** | | | | | | |
| **CLINICIAN:** | | | | | | |
| **BUSINESS NAME:** | | | | | | |
| **PRIMARY EMAIL ADDRESS:**       **FED ID/SSN:** | | | | | | |
| **VENDOR NO.:**        *[If you are registered with Vendor Data Management Unit (VDMU)]* | | | | | | |
| **OFFICE ADDRESS:** (Provide street, city, state, and zip+4. If you will be providing Outpatient Gambling Treatment Services at more than one location, denote the address, phone and fax number of each location on a separate page.) | | | | | | |
| **COUNTY IN WHICH YOUR BUSINESS IS LOCATED:** | | | | | | |
| **BILLING ADDRESS:**  (Name, Street,  City, State, and Zip+4) | | | | | | |
| **PRIMARY PHONE NO.:**       **FAX NO.:** | | | | | | |
| **SECONDARY PHONE #:** | | | | | | |
| **LANGUAGE RESOURCES OFFERED:**  English  German  Russian  Arabic  Italian  Spanish  Chinese  Korean  Vietnamese  French  Polish  Other | | | | | | |
| **IS YOUR BUSINESS LICENSED BY THE COMMONWEALTH OF PA?**  Yes  No  *If “Yes”, include a copy of the license with this application.* | | | | | | |
| **ADDITIONAL DOCUMENT REQUIRED BY DDAP:**  *(Submit valid copies with your application.)*  Zoning Approval  Certification of Occupancy | | | | | | |
| **SECTION B – PROFESSIONAL LICENSE(S) / CERTIFICATION(S)** | | | | | | |
| List your professional licenses and certifications below. Submit copies of all valid licenses and certifications with your application. | | | | | | |
| **License/Certification** | | | **License #** | **Issuing Body** | | **Expiration Date** |
|  | | |  |  | |  |
|  | | |  |  | |  |
|  | | |  |  | |  |
|  | | |  |  | |  |
| Yes  No | Has your license been previously revoked? | | | | | |
| Yes  No | Have you had any disciplinary action in the past 10 years? | | | | | |
| If you answered “Yes” to any of the above questions, please explain the circumstances and the disciplinary action taken. *(Disclaimer: Answering “Yes” to one of the questions above does not necessarily disqualify applicant.)* | | | | | | |
| **SECTION C - PROGRAM INFORMATION** | | | | | | |
| Describe your proposed service and information that demonstrates your ability to provide Outpatient Gambling Treatment Services. Include information about any special populations for which you have expertise, such as specific age groups, gender, foreign languages, ethnic groups, and/or presenting problems such as substance abuse, mental health, etc. | | | | | | |
| **An onsite visit may be required prior to approval of a Provider’s application to provide Outpatient Gambling Treatment Services.** | | | | | | |
| I certify that:  The information provided on this form is true and correct, and I agree to all of the terms contained herein.  I will notify DDAP of any additions/changes to the information.  I have included copies of all supporting documentation.    Provider Name *(Please Print)* Title    Provider Signature Date | | | | | | |