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| DDAP-EFM-1300 Rev. 8/17 | **Outpatient Gambling Treatment Services****Minimum Eligibility Requirements\*****Agency** | 02 Kline VillageHarrisburg, PA 17104Email: RA-DA\_GAMBLING@pa.govPh: 717-783-8200 Fax: 717-787-6285 |
| Counselors who will be providing Outpatient Gambling Treatment Services for your agency must:1. Be at least one of the following types of counselors:
2. PA licensed physician specializing in the treatment of mental disorders (e.g., a psychiatrist) with an established office from which to practice or be employed by a PA agency.
3. PA licensed psychologist with an established office from which to practice or be employed by a PA agency.
4. PA licensed social worker with an established office from which to practice or be employed by a PA agency.
5. PA licensed marriage and family therapist with an established office from which to practice or be employed by a PA agency.
6. PA licensed professional counselor with an established office from which to practice or be employed by a PA agency.
7. Drug and alcohol counselor, project director, agency director, or a clinical supervisor employed by and practicing in a PA licensed drug and alcohol facility.
8. Be certified or experienced with gambling treatment as demonstrated by one of the following:
9. Hold a valid Certificate of Competency in Problem Gambling issued by the Pennsylvania Certification Board (PCB).
10. Hold valid certification as a National Certified Gambling Counselor (NCGC-I or NCGC-II).
11. Hold valid certification as an International Certified Gambling Counselor (ICGC-I or ICGC-II).
12. 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.
13. Be an individual who is 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.**

3. 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 18.4. 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 of a gambler (including, but not limited to, spouses, children, parents and siblings.  **\*This page is strictly informational, you need not submit it with your application package.** |

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| DDAP-EFM-1300 Rev. 8/17 | **Gambling Treatment Program****Provider Application – Agency** | 02 Kline VillageHarrisburg, PA 17104Email: RA-DA\_GAMBLING@pa.govPh: 717-783-8200 Fax: 717-787-6285 |
| **SECTION A – PROVIDER INFORMATION** |
| **AGENCY NAME:**         |
| **AGENCY 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.)                      |
| **AGENCY PHONE NO.:**       **FAX NO.:**         |
| **CONTACT PERSON:**       **CONTACT** **PHONE NO.:**         |
| **CONTACT EMAIL ADDRESS:**        |
| **FED ID NO.:**        **SAP VENDOR NO.:**        *(If Agency is registered with Vendor Data Management Unit (VDMU)* |
| **COUNTY(IES) IN WHICH AGENCY IS LOCATED:**         |
| **BILLING ADDRESS:**         (Name,Street,       City, State, and Zip+4)        |
| **LANGUAGE RESOURCES OFFERED:** [ ]  English [ ]  German [ ]  Russian [ ]  Arabic [ ]  Italian [ ]  Spanish[ ]  Chinese [ ]  Korean [ ]  Vietnamese [ ]  French [ ]  Polish [ ]  Other        |
| **IS YOUR AGENCY LICENSED BY THE COMMONWEALTH OF PA?** [ ]  Yes [ ]  No*If “Yes”, include a copy of the license with this application.* |
| **ADDITIONAL DOCUMENTS REQUIRED BY DDAP:**  *(Submit valid copies with your application.)*[ ]  Zoning Approval [ ]  Certification of Occupancy [ ]  Agency License |
| **SECTION B – GAMBLING TREATMENT COUNSELOR INFORMATION** |
| Verification of the Counselor’s employment is required by submitting a copy of any of the following two documents with this application: W-2 form; Current pay statement; I-9 Form; most recent IRS tax return.Information is required for each staff member who will be providing gambling treatment services. If you have more than two staff, include an additional page(s) with this application. |
| **COUNSELOR #1 NAME:**       **POSITION/TITLE:**       **WORK** **LOCATION:**        **EMAIL:**        |
| **COUNSELOR #2 NAME:**       **POSITION/TITLE:**       **WORK** **LOCATION:**        **EMAIL:**        |
| **COUNSELOR #1 meets the requirements listed in the Minimum Eligibility Requirements for an Agency’s Outpatient Gambling Treatment Services Counselor Item 1** *(select one)***:** |
|  [ ]  1.a. [ ]  1.b. [ ]  1.c. [ ]  1.d. [ ]  1.e. [ ]  1.f. [ ]  1.g. |
| If 1.e., denote passing exam:       (Include a copy of all supporting documentation with this form.) |
| **COUNSELOR #2 meets the requirements listed in the Minimum Eligibility Requirements for an Agency’s Outpatient Gambling Treatment Services Counselor Item 2** *(select one)***:** |
|  [ ]  2.a. [ ]  2.b. [ ]  2.c. [ ]  2.d. [ ]  2.e.(Include a copy of all supporting documentation with this form.) |
| **C1. [ ]  Yes [ ]  No****C2. [ ]  Yes [ ]  No** | **Will the Counselor be providing services to persons under the age of 18? If “Yes”** provide documentation of completion of at least 7.5 hours of DDAP approved training related to problem gambling and treating adolescents. |
| **C1. [ ]  Yes [ ]  No****C2. [ ]  Yes [ ]  No** | **Will the Counselor be providing services to a family member and/or significant other of a gambler? If “Yes”** provide documentation of completion of at least 7.5 hours of DDAP approved training related to problem gambling and treating the family (including, but not limited to, spouses, children, parents and siblings).   |
| ***(Disclaimer: Answering “Yes” to the below does not necessarily disqualify applicant.)*** |
| **C1. [ ]  Yes [ ]  No****C2. [ ]  Yes [ ]  No** | Has the Counselor’s license been previously revoked? |
| **C1. [ ]  Yes [ ]  No****C2. [ ]  Yes [ ]  No** | Have you had any disciplinary action in the past 10 years? |
| If you answered “Yes” to either of the above questions, please explain the circumstances and the disciplinary action taken.       |
| **SECTION C - PROGRAM INFORMATION** |
| Describe the target population of any special populations for which your agency has 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.              Name of Agency Contact *(Please Print)* Title  Signature of Agency ContactDate |