



International Gambling Counselor  
Certification Board

## **International Gambling Counselor Certification (ICGC)**

**International Co-Occurring Gambling Specialist  
(ICOGS)**

**- United States -**

## **International Gambling Counselor Certification (ICGC)**

**International Co-Occurring Gambling Specialist (ICOGS)**

**- International -**

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Administered by the:



International Helpline

**1-800-522-4700**

24 Hour Confidential

Revised 7.22.16



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## **CERTIFICATION STANDARDS FOR GAMBLING DISORDER PROFESSIONALS - OVERVIEW**

The International Gambling Counselor Certification Board (IGCCB) was established to offer voluntary International/International certifications that assure a body of qualified and competent professionals working in the field of clinical treatment of disordered, problem and at risk gamblers and their families/concerned others. Certification standards established by the IGCCB represent the current best practices in the field of disordered gambling treatment.

The IGCCB standard will be used by the International Gambling Counselor Certification Board (IGCCB) to judge the competencies of any applicant who applies for certification. If an applicant's competencies meet the standard, the Board will grant one of the following designations:

- International Certified Gambling Counselor-I (ICGC-I) in the United States
- International Certified Gambling Counselor-II (ICGC-II) in the United States
- International Certified Gambling Counselor-I (ICGC-I) outside of the United States
- International Certified Gambling Counselor-II (ICGC-II) outside of the United States
- International Co-Occurring Gambling Specialist (ICOGS) Competency Credential in the United States  
(NEW 7/1/15)
- International Co-Occurring Gambling Specialist (ICOGS) Competency Credential outside of the United States  
(NEW 7/1/15)
- Board Approved Clinical Consultant

The “International” and “International” designations are used interchangeably. The requirements for “International” and “International” are the same at each level. The only difference is whether the counselor resides in the United States (International) or outside the United States (International).

## **ORGANIZATIONAL GOALS OF CERTIFICATION**

The International Gambling Counselor Certification Board has adopted the following organizational goals to aid in the certification of gambling counselors

- To assure that this certification and registry process is available to all interested applicants.
- To establish and endorse a professional code of ethics.
- To maintain coordination and liaison with state officials, professional associations and educational institutions to keep current developments in the field of gambling treatment, and to annually review, modify, update and improve current standards of competence, skills and knowledge.
- To establish a central registry of certified gambling counselors and maintain all necessary records of applicants.

Certification and registry of gambling counselors internationally is a voluntary process conceived by professionals in both the treatment field and the professional community to endorse an independent body to conduct the certification and registration process.

The International Gambling Counselor Certification Board is composed of members who represent geographic, cultural, professional and recovery diversity

## **CRITERIA FOR INTERNATIONAL CERTIFIED GAMBLING COUNSELOR I AND II (ICGC-I AND ICGC-II) CERTIFICATION**

The following is an outline of the requirements for certification as a International Certified Gambling Counselor (ICGC-I or ICGC-II):

- Bachelor's degree or equivalent in the behavioral health field such as license or certification in a recognized behavioral health field (i.e. psychology, addictions, clinical social work).
- 30 hours (ICGC-I) or 60 hours (ICGC-II) of gambling specific training and education.
- 100\* hours (ICGC-I) or 2,000\* hours (ICGC-II) clinical experience treating gamblers and/or family members in an approved setting with a minimum number of sessions with a International Gambling Counselor Board Approved Clinical Consultant (BACC).
- Signed statements from two co-workers.
- Signed statement from on-site clinical supervisor.
- Signed statement from Board Approved Clinical Consultant. (BACC).
- Signed application form, ethical statement form and directory authorization form.
- Passing score on Certification Examination for Gambling Counselors ([www.ptcny.com/clients/IGCCB/](http://www.ptcny.com/clients/IGCCB/)).
- Check, money order, or credit card payment in the amount of \$185.

\* Please see ICGC-I/ICGC-II Criteria for "Clinical Experience" below

### **EDUCATION AND TRAINING:**

#### **ICGC-I**

A minimum of 30 hours of approved gambling specific training or education must be completed with appropriate supporting documentation as defined by the IGCCB. A Bachelor's degree or equivalent (as assessed by the IGCCB) in a behavioral health field (e.g., license or certificate in psychology, chemical dependency, counseling, social work, peer counseling, etc.) to meet the behavioral education requirement for certification.

#### **ICGC-II**

A minimum of 60 hours of approved gambling specific training or education must be completed with appropriate supporting documentation as defined by the IGCCB. The International Gambling Counselor Certification Board requires a Bachelor's Degree or equivalent (as assessed by the IGCCB) in behavioral health field (e.g., license or certificate in psychology, sociology, chemical dependency, counseling, social work, etc.) to meet the behavioral education requirement for certification.

### **DIRECT CONTACT HOURS:**

#### **ICGC-I**

Minimum of 100 hours as a gambling counselor delivering direct treatment to problem/disordered gamblers and significant others, in a Board approved setting with an IGCCB Approved Clinical Consultant (BACC). This can be fulfilled by 50% or 50 hours volunteer work experience, the balance being paid experience.

#### **ICGC-II**

Minimum of 2,000 hours (or one year full time equivalent) as a gambling counselor delivering direct treatment to problem/disordered gamblers and significant others, in a Board approved setting with an IGCCB Approved Clinical Consultant. This can be fulfilled by 50% or 1,000 hours volunteer work experience, the balance being paid experience

## **CASE CONSULTATION CRITERIA:**

### **ICGC-I**

Minimum guidelines for approved supervision/consultation should include at least 4 one-hour sessions. IGCCB clinical consultation may be done in person, by phone, by email, or as arranged between consultant and applicant. Applicant may present properly documented past clinical work with gamblers and their family members for consideration by the IGCCB approved clinical consultant, and if accepted by the BACC (Board Approved Clinical Consultant) and the IGCCB, these hours may be credited toward the 100 experiential hours required for ICGC-I. These should include a minimum caseload as agreed to with the BACC. Clinical Consultant guidelines will include reporting forms, case presentation guidelines, and suggested minimum caseloads.

### **ICGC-II**

Minimum guidelines for approved consultation should include at least 24 hours of clinical consultation. IGCCB clinical consultation maybe done in person, by phone, by email, or as arranged between supervisor and applicant. Applicant may present properly documented past clinical work with gamblers and their family members for consideration by the IGCCB approved clinical consultant, and if accepted by the BACC (Board approved clinical consultant) and the IGCCB, these hours may be credited toward the 2,000 experiential hours required for ICGC-II. These should include a minimum caseload as agreed to with the BACC. Clinical Consultant guidelines will include reporting forms, case presentation guidelines, and suggested minimum caseloads.

## **DEFINITIONS RELATED TO ICGC-I AND ICGC-II**

Direct contact hours provided to disordered gamblers and significant others are defined as:

1. Face to face clock hours with gambling clients.
2. Face to face clock hours with gamblers and/or their families.
3. All hours of documentation for gambling clients or family member to:
  - Patients chart
  - E.A.P./employer
  - Counselor supervisor
  - Referral agents/other mental health workers court/parole/probation officers
4. Any lengthy telephone interventions (30 min. or more, documented).
5. Assessments of clients for a gambling problem.
6. Preparation of discharge summaries, evaluations and/or aftercare plans for other agencies or care providers.
7. Review of gambling cases to medical or clinical director.
8. Case management services to managed care providers or utilization review for gambling cases.
9. Psycho-educational sessions for gamblers or their family members.
10. Treatment planning sessions with the treatment team.

## **APPLICATION INSTRUCTIONS**

On the following pages you will find instructions for completing your application for gambling counselor certification.

Instructions are specified for applicants applying directly for an ICGC-I, ICGC-II, or ICOGS certification, as well as for those who already have entry level credentials (ICGC-I or ICOGS) and are applying for advanced certification.

While your application is in process you may expect to receive notices informing you of any missing documentation. Applications will be processed only after all materials have been received. Please allow 4-6 weeks for processing of completed application. Applicants can check the status of their application by contacting the Certification Administrator at [igccb@igccb.org](mailto:igccb@igccb.org) or calling 202.547.9204 ext. 24.

## INSTRUCTIONS FOR DIRECT ICGC-I OR ICGC-II APPLICATION

Below you will find instructions for completing your application for ICGC-I or ICGC-II status. This designation awards recognition to the commitment made to the counseling needs of the problem gambler and family.

Candidates are required to:

- ☐ Submit completed **Form A.1 Applicant Information Form** which includes names of Board Approved Clinical Consultant (BACC) and On-Site Supervisor. A list of BACCs is available in the counselor directory on [www.igccb.org](http://www.igccb.org) or by contacting the Certification Administrator ([igccb@igccb.org](mailto:igccb@igccb.org) or 202-547-9204 ext. 24).
- ☐ Carefully read, sign and submit **Form A.2 Code of Ethical Conduct**.
- ☐ Submit completed **Form A.3 ICGC Directory Authorization**.
- ☐ Submit completed **Form A.4 Consent to Release of Information**.
- ☐ Along with the above described forms A.1 – A.4, **include a non-refundable payment of \$185.00** in the form of check, credit card or money order.
- ☐ Submit documentation of **Bachelor's degree or equivalent** (with explanation and request for equivalency consideration).
- ☐ Documentation of **30 hours of gambling specific training (i.e., training certificates) for ICGC-I or 60 hours of gambling specific training for ICGC-II**.
- ☐ Upon completion of your 100 direct contact hours (ICGC-I) or 2000 direct contact hours (ICGC-II), request two **co-workers or peers to complete Forms C.1 and C.2 Colleague Evaluation Form** (one for each co-worker). These forms are to be returned directly to the IGCCB by the evaluators. Peers who complete these forms may not also complete the S1, S2, S3, and S4, S5, nor S6 supervisor forms.
- ☐ Upon completion of your 100 direct contact hours (ICGC-I) or 2000 direct contact hours (ICGC-II), request your **on-site Clinical Supervisor to complete Form S.1 Clinical Supervisor Information, Form S.2 Clinical Supervisor Evaluation and Form S.3 Delineation of Responsibilities and S.4 Professional Code and Ethical Standards**. These forms are to be returned directly to the IGCCB. Supervisors who complete these forms may not complete the C.1 or C.2 co-worker forms or the S.4, S.5, S.6, or S.7 BACC forms.
- ☐ Upon completion of your 100 direct contact hours (ICGC-I) or 2000 direct contact hours (ICGC-II), request **your BACC to complete Form S.5 BACC Information, Form S.6 BACC Evaluation, Form S.7 Delineation of Responsibilities and S.8 Professional Code and Ethical Standards**. These forms are to be returned directly to the IGCCB. BACCs who complete these forms may not complete the C.1, C.2, S1, S.2, S.3, or S.4 forms.
- ☐ A **Confirmation of Employment Letter** must be sent to the IGCCB by either the Director of your agency or the Personnel Department. This letter should state the dates of your employment and your official duties. For those in a private practice setting, send this letter on your official letterhead. Should this be a volunteer position the Director should indicate so in his/her letter.
- ☐ For those working in a private practice setting, a previous clinical supervisor or a third peer may complete forms S.1, S.2, S.3, and S.4.
- ☐ Submit **copy of passing test score** of the International Certification Examination for Gambling Counselors (administered through Professional Testing Corporation, [www.PTCNY.com](http://www.PTCNY.com)) to the IGCCB. Applicant must submit a copy directly to the IGCCB office.

A confirmation letter and certificate from the IGCCB will be sent to the applicant once all requirements have been met. Please allow 4-6 weeks for the IGCCB to review each application.

**PLEASE KEEP COPIES OF ALL DOCUMENTS SUBMITTED FOR YOUR FILES. DO NOT SEND ORIGINALS, SEND COPIES.** Permission is granted to reproduce these forms.

The Board reserves the right to ask for the credentials of any individual signing that they have supervised you in your gambling counseling duties. Please be sure the names listed on the application correspond to those on the forms.

## ICGC-II INSTRUCTIONS FOR THOSE WITH CURRENT ICGC-I CERTIFICATION

Below you will find instructions for applying for ICGC-II status if you hold a current ICGC-I certification. Candidates are required to:

- ☐ Submit **updated Form A.1 Applicant Information Form** which includes names of Board Approved Clinical Consultant (BACC) and On-Site Supervisor. A list of BACCs is available in the counselor directory on [www.igccb.org](http://www.igccb.org) or by contacting the Certification Administrator ([igccb@igccb.org](mailto:igccb@igccb.org) or 202-547-9204).
- ☐ Submit completed **Form A.3 ICGC Directory Authorization**.
- ☐ Submit completed **Form A.4 Consent to Release of Information**.
- ☐ Submit any **update** of documentation of **Bachelor's degree or equivalent** (with explanation and request for equivalency consideration).
- ☐ Documentation of **60 hours of gambling specific training for ICGC-II**. These 60 hours can include the initial 30 hours documented for ICGC-I.
- ☐ Upon completion of your 2000 direct contact hours (ICGC-II), request two **co-workers or peers to complete Forms C.1 and C.2 Colleague Evaluation Form** (one for each co-worker). These forms are to be returned directly to the IGCCB by the evaluators. Peers who complete these forms may not also complete the S1, S2, S3, and S4, S5 nor S6 supervisor forms.
- ☐ Upon completion of your 2000 direct contact hours (ICGC-II), request your **on-site Clinical Supervisor to complete updated Form S.1 Clinical Supervisor Information, Form S.2 Clinical Supervisor Evaluation and Form S.3 Delineation of Responsibilities and S.4 Professional Code and Ethical Standards**. These forms are to be returned directly to the IGCCB. Supervisors who complete these forms may not complete the C.1 or C.2 co-worker forms or the S.4, S.5, S.6, or S.7 BACC forms.
- ☐ Upon completion of your 2000 direct contact hours (ICGC-II), request **your BACC to complete updated Form S.5 BACC Information, Form S.6 BACC Evaluation, Form S.7 Delineation of Responsibilities and S.8 Professional Code and Ethical Standards**. These forms are to be returned directly to the IGCCB. BACCs who complete these forms may not complete the C.1, C.2, S1, S.2, S.3 nor S.4 forms.
- ☐ An updated **Confirmation of Employment Letter** must be sent to the IGCCB by either the Director of your agency or the Personnel Department. This letter should state the dates of your employment and your official duties. For those in a private practice setting, send this letter on your official letterhead. Should this be a volunteer position the Director should indicate so in his/her letter.
- ☐ Along with the above described forms and documentation **include payment of \$30.00 processing fee** in the form of non-refundable check, credit card or money order.
- ☐ For those working in a private practice setting, a previous clinical supervisor or a third peer may complete forms S.1, S.2, S.3 and S.4.

A confirmation letter and certificate from the IGCCB will be sent to the applicant once all requirements have been met. Please allow 4-6 weeks for the IGCCB to review each application.

**PLEASE KEEP COPIES OF ALL DOCUMENTS SUBMITTED FOR YOUR FILES. DO NOT SEND ORIGINALS, SEND COPIES.** Permission is granted to reproduce these forms.

The Board reserves the right to ask for the credentials of any individual signing that they have supervised you in your gambling counseling duties. Please be sure the names listed on the application correspond to those on the forms



## **(NEW) CRITERIA FOR INTERNATIONAL CO-OCCURRING GAMBLING SPECIALIST (ICOGS)**

Research has clearly established high rates of co-occurrence of gambling problems among individuals in treatment for substance use and mental health disorders. Therefore, to increase the capacity of substance use and mental health treatment programs and counselors to address gambling problems in their clients, the IGCCB has developed a new credential. This credential is specifically designed to be relevant to counselors working with clients with primary substance use and mental health disorders who have co-occurring gambling problems.

### **ICOGS Requirements:**

1. Bachelor's degree or equivalent in the behavioral health field such as license or certification in a recognized behavioral health field (i.e., psychology, addictions, clinical social work).
2. A International/state/jurisdiction recognized certification or licensure in case management, substance use disorder counseling, or mental health counseling or equivalent in work experience.
3. 30 hours of training on Gambling Disorder, Gambling as a Co-Occurring Disorder and the impact of gambling on substance use and mental health.
4. 100 direct contact hours addressing the issue of problem gambling/impact of gambling with clients in primary treatment for Mental Health and/or Substance Use Disorders with a minimum number of consultations with a Board Approved Clinical Consultant (BACC).
5. Signed statements from two co-workers
6. Signed statements from on-site clinical supervisor
7. Signed application form, ethical statement form and directory authorization form
8. Check, money order, or credit card payment of \$185.00

### **EDUCATION AND TRAINING:**

A minimum of 30 hours of approved gambling and gambling as a co-occurring disorder specific training or education must be completed with appropriate supporting documentation as defined by the IGCCB. The International Gambling Counselor Certification Board requires a Bachelor's Degree or equivalent (as assessed by the IGCCB) in behavioral health field (e.g., license or certificate in psychology, sociology, chemical dependency, counseling, social work, etc.) to meet the behavioral education requirement for certification. A International/state or other jurisdictional licensure or certification in case management, substance use disorder counseling, mental health counseling or equivalent (as approved by IGCCB) in work experience is required.

### **DIRECT CONTACT HOURS:**

Minimum of 100 hours as a counselor delivering direct treatment which addresses the impact of gambling and problem gambling on recovery to clients with substance use disorder or mental health disorders, in a Board approved setting with an IGCCB Approved Clinical Consultant (BACC).

### **ICOGS Criteria for "Case Consultation"**

Minimum guidelines for approved consultation should include at least 4 hours of clinical consultation. IGCCB clinical consultation maybe done in person, by phone, by email, or as arranged between supervisor and applicant. Applicant may present properly documented past clinical work with gamblers and their family members for consideration by the IGCCB approved clinical consultant, and if accepted by the BACC (Board approved clinical consultant) and the IGCCB, these hours may be credited toward the 100 experiential hours required for ICOGS. These should include a minimum caseload as agreed to with the BACC. Clinical Consultant guidelines will include reporting forms, case presentation guidelines, and suggested minimum caseloads.

## DEFINITIONS RELATED TO ICOGS

Direct contact hours include counseling activities addressing the issue of problem gambling/impact of gambling with clients in primary treatment for Mental Health (MH) and/or Substance Use Disorders (SUD) are defined as:

1. Face to face clock hours with MH and/or SUD clients screening, assessing, counseling about gambling problems or the impact of gambling on clients recovery, or monitoring gambling behaviors
2. Face to face clock hours with clients diagnosed with primary or co-occurring gambling disorder
3. All hours of documentation addressing impact of gambling on recovery
  - Patients chart
  - E.A.P./employer
  - Counselor supervisor
  - Referral agents/other mental health workers court/parole/probation officers
4. Any lengthy telephone interventions addressing issues of gambling/problem gambling (30 min. or more, documented).
5. Preparation of discharge summaries, evaluations and/or aftercare plans for other agencies or care providers that address the impact of gambling/problem gambling on recovery.
11. Review of cases of clients for which gambling/problem gambling is an issue in their recovery to medical or clinical director.
12. Case management services to managed care providers or utilization review for gambling cases.
13. Psycho-educational sessions that address or integrate the topic of gambling.
14. Treatment planning sessions with the treatment team that address problem gambling and/or the impact of gambling on clients' recovery.

## APPLICATION INSTRUCTIONS

On the following pages you will find instructions for completing your application for gambling counselor certification.

Instructions are specified for applicants are applying for an ICOGS credential.

While your application is in process you may expect to receive notices informing you of any missing documentation. Applications will be processed only after all materials have been received. Please allow 4-6 weeks for processing of completed application. Applicants can check the status of their application by contacting the Certification Administrator at [igccb@igccb.org](mailto:igccb@igccb.org) or calling 202.547.9204 ext. 24.

## INSTRUCTIONS FOR ICOGS APPLICATION

Below you will find instructions for completing your application for ICOGS status. This designation awards recognition to the commitment made to the counseling needs of the problem gambler and family.

Candidates are required to:

- ☐ Submit completed **Form A.1 Applicant Information Form** which includes names of Board Approved Clinical Consultant (BACC) and On-Site Supervisor. A list of BACCs is available in the counselor directory on [www.igccb.org](http://www.igccb.org) or by contacting the certification administrator ([igccb@igccb.org](mailto:igccb@igccb.org) or 202-547-9204).
- ☐ Carefully read, sign and submit **Form A.2 Code of Ethical Conduct**
- ☐ Submit completed **Form A.3 ICGC Directory Authorization**
- ☐ Submit completed **Form A.4 Consent to Release of Information**
- ☐ Along with the above described forms A.1 – A.4, **include a non-refundable payment of \$185.00** in form of check, credit card or money order.
- ☐ Submit documentation of **Bachelor's degree or equivalent** (with explanation and request for equivalency consideration)
- ☐ Submit documentation of a **International/state/jurisdiction recognized certification or licensure in case management, substance use disorder counseling, or mental health counseling or equivalent** in work experience.
- ☐ Documentation of **30 hours of gambling specific/gambling integration training (i.e., training certificates)**
- ☐ Upon completion of your 100 direct contact hours (ICGC-I) request two **co-workers or peers to complete Forms C.1 and C.2 Colleague Evaluation Form** (one for each co-worker). These forms are to be returned directly to the IGCCB by the evaluators. Peers who complete these forms may not also complete the S1, S2, S3, and S4, S5, nor S6 supervisor forms.
- ☐ Upon completion of your 100 direct contact hours (ICGC-I), request your **on-site Clinical Supervisor to complete Form S.1 Clinical Supervisor Information, Form S.2 Clinical Supervisor Evaluation and Form S.3 Delineation of Responsibilities and S.4 Professional Code and Ethical Standards**. These forms are to be returned directly to the IGCCB. Supervisors who complete these forms may not complete the C.1 or C.2 co-worker forms or the S.4, S.5, S.6, or S.7 BACC forms
- ☐ Upon completion of your 100 direct contact hours, request **your BACC to complete Form S.5 BACC Information, Form S.6 BACC Evaluation, Form S.7 Delineation of Responsibilities and S.8 Professional Code and Ethical Standards**. These forms are to be returned directly to the IGCCB. BACCs who complete these forms may not complete the C.1, C.2, S1, S.2, S.3, or S.4 forms.
- ☐ A **Confirmation of Employment Letter** must be sent to the IGCCB by either the Director of your agency or the Personnel Department. This letter should state the dates of your employment and your official duties. For those in a private practice setting, send this letter on your official letterhead. Should this be a volunteer position the Director should indicate so in his/her letter.
- ☐ For those working in a private practice setting, a previous clinical supervisor or a third peer may complete forms S.1, S.2, S.3, and S.4.

A confirmation letter and certificate from the IGCCB will be sent to the applicant once all requirements have been met. Please allow 4-6 weeks for the IGCCB to review each application.

**PLEASE KEEP COPIES OF ALL DOCUMENTS SUBMITTED FOR YOUR FILES. DO NOT SEND ORIGINALS, SEND COPIES.** Permission is granted to reproduce these forms.

The Board reserves the right to ask for the credentials of any individual signing that they have supervised you in your gambling counseling duties. Please be sure the names listed on the application correspond to those on the forms

## GENERAL CERTIFICATION INFORMATION

### CODE OF ETHICS AND VIOLATIONS

1. All applicants will be expected to abide by the Certified Gambling Counselors code of ethics.
2. Certification may be suspended or revoked upon the recommendation of the Board for violation of the code of ethics. (This code is meant to complement those existing codes for M. D's, Ph.D.'s, L.C.S.W.'s, and C.A.C.'s, not replace or compete.) Applicants who have been denied certification by the Board may apply for re-examination without prejudice. The decision of the Board in all matters is final and irrevocable.

### EXAMINATION

Passing score of the International Certification Examination for Gambling Counselors is required for ICGC I and II credentials and must be submitted to the IGCCB office with your application. Details of registration location and date for the examination can be found by writing: Professional Testing Corporation 1350 Broadway, 17<sup>th</sup> Floor, New York, NY 10018 (212) 356-0660 or visiting the PTC website at [www.ptcny.com/clients/IGCCB](http://www.ptcny.com/clients/IGCCB). There is an examination fee of \$210 (for NAADAC and NCPG Members) and \$310 (for non-members). Please contact the NCPG for membership information [www.ncpgambling.org](http://www.ncpgambling.org) or 202-547-9204

An applicant must be working with a BACC in order to register for the examination. The BACC must sign the exam application confirming that the applicant is qualified to take the examination.

### RE-CERTIFICATION

Counselors must be re-certified every three years through evidence of 60 hours of approved non-repetitive continuing education, 30 of these hours must be gambling specific approved hours. The remaining 30 hours (nonspecific) can be obtained through a variety of methods including: college courses, conferences, seminars, training programs, etc. in the behavioral health field. All of the continuing education and training requirements should be advanced training and **must be new and non-repetitive**, and must also be related to counselor competency areas as listed in the appropriate section.

## **BOARD APPROVED CLINICAL CONSULTANTS (BACC) CRITERIA**

The International Gambling Counselor Certification Board lists the following requirements for Board Approved Clinical Consultants or BACCs:

1. Graduate Degree or equivalent, subject to IGCCB approval (i.e., advanced certification in addictions or mental health including their recognition at a supervisory level by a state or International certification organization) from the behavioral health field from an accredited institution.
2. Maintain both an ICGC-II (Internationally Certified Gambling Counselor, level II) for an approved length of time and appropriate state licensure or certification as a qualified health professional and equivalent that allows for independent practice.
3. Demonstrated experience of at least three years as a clinical supervisor in a clinical setting.
4. Completion of at least 12 hours of course works classes, in-service education or seminars on “how to do clinical supervision.”
5. Have expertise and experience in the content area of disordered gambling as demonstrated by both of the following:
  - a. Have a minimum of 4,000 hours of direct contact clinical work with individuals with a gambling disorder and/or persons affected by disordered gambling. This can include the 2,000 direct contact hours documented for completion of the ICGC-II requirements.
  - b. Have a minimum of one year of work with individuals with a gambling disorder and/or persons affected by disordered gambling post the date of ICGC-II certification.
6. Two letters of reference, one of which is from a current BACC, that address supervisory and clinical competence in the field of gambling disorder treatment.
7. IGCCB reserves the right to require a written analysis of a case example provided by the IGCCB and/or an oral interview to further assess an applicant’s qualifications.

## FORM (A.1) – Application

*To Be Completed By the Applicant*

The below requested information should be the contact information the applicant wishes the International Gambling Counselor Certification Board to use regarding all certification matters.

**Please print or type:**

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

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

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

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Company: \_\_\_\_\_

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

**Board Approved Clinical Consultant** (*Please see list*): \_\_\_\_\_

**Applying for:** (*check one*)    BACC ☐    ICOGS ☐    ICGC-I ☐    ICGC-II ☐

Are you currently licensed or certified?    Yes ☐    No ☐

If yes, please list your licenses or credentials. Indicate numbers and whether they are State or International level.

<u>License/Credential</u>	<u>Number</u>	<u>State/International</u>
---------------------------	---------------	----------------------------


**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Please return this application with all the required documentation, and payment in the amount of \$185.00 to:**

Return forms A.1, A.2, A.3, and A.4 DIRECTLY to:

International Gambling Counselor Certification Board  
730 11th Street, NW Suite 601 ♦ Washington DC 20001

## FORM (A.2) – CODE OF ETHICAL CONDUCT

*To Be Completed By the Applicant*

**Applicant's Name (please print or type):** \_\_\_\_\_

**Principle 1: Non-Discrimination** - *The IGCCB values diversity. I, as an ICOGS/ICGC, will not discriminate against clients or professionals based on racial or ethnic background, religion/spiritual beliefs, age, gender, sexual orientation, marital status, political beliefs, treatment history, criminal justice history/status, or mental/physical disability and other cultural identities that are important to the client and I will:*

Avoid bringing personal or professional issues into the counseling relationship and guard the individual rights and personal dignity of clients through an awareness of the impact of stereotyping and discrimination.

Strive to treat all individuals with impartiality and objectivity based solely on their personal merits and mindful of the dignity of all human persons. As such, I shall not impose my personal values on my clients.

Relate to all clients with empathy and understanding no matter what their diagnosis or personal history and with acceptance and openness regardless of treatment history or criminal justice status or background.

Respect the right of others to hold opinions, beliefs, and values different from my own.

**Principle 2: Responsibility** - *The IGCCB espouses objectivity and integrity. I, as an ICOGS/ICGC, will maintain the highest standards of service and I will:*

Assist in educating and helping others acquire knowledge and skills in dealing with disordered gambling.

Accept the obligation, when supervising others, to facilitate professional development of these individuals by providing accurate and current information, timely evaluations, and constructive consultation.

Understand that most property in the healing professions is intellectual property and shall not present the ideas or formulations of others as if they were my own. Rather, I shall give appropriate credit to their originators both in written and spoken communication.

Regard the use of any copyrighted material without permission or the payment of royalty to be theft.

Maintain respect for institutional policies and management functions of agencies and institutions within which the services are being performed, but will take initiative toward improving such policies when it will better serve the interest of the client.

**Principle 3: Competence** - *The IGCCB recognizes that the profession is founded on International standards of competency which promote the best interests of society, the client, the counselor and of the profession as a whole. I, as an ICOGS/ICGC, will recognize the need for ongoing education as a component of professional competency and I will:*

Recognize boundaries and limitations of competencies and not offer services or use techniques outside of my professional competencies and scope.

Maintain competence in the area of my practice through continuing education, constantly improving my knowledge and skills in those approaches most effective with my specific clients.

Recognize the effect of impairment on professional performance and be willing to seek appropriate treatment for myself or for a colleague. I shall support peer assistance programs in this respect.

Return forms **A.1, A.2, A.3, and A.4** DIRECTLY to:

---

International Gambling Counselor Certification Board  
730 11th Street, NW Suite 601 ♦ Washington DC 20001

**Principle 4: Legal and Moral Standards** - *The IGCCB upholds the legal and accepted moral codes which pertain to professional conduct; I, as an ICOGS/ICGC, will be aware of and follow those laws and regulations that are relevant both personally and professionally and I will:*

Make every attempt to be fully cognizant of all federal and state laws that pertain to the practice of counseling disordered gamblers and their families.

Not claim either directly or by implication, professional qualifications or affiliations that I do not possess.

Understand that the determination of a law or regulation is unjust, is not a matter of preference or opinion but a matter of rational investigation, deliberation, and dispute.

Understand that justice extends beyond individual relationships to the community and society; therefore, I shall participate in activities that promote the health and well-being of my community and profession.

**Principle 5: Client Welfare** - *The IGCCB understands that the primary professional responsibility and loyalty is to the welfare of the client. I, as an ICOGS/ICGC will hold, as a primary guide, the client's best interests with regard to public health, safety, and welfare and I will:*

Take all measures to safeguard the privacy and confidentiality of client information within the limitations of legally mandated reporting requirements and except where the client has given specific, written, informed and limited consent.

Terminate counseling and consulting relationship when it is reasonably clear to the counselor that the client is not benefiting from the relationship.

Take care to provide services in an environment which will ensure the privacy and safety of the client at all times and ensures the appropriateness of service delivery and discloses the code of ethics, professional loyalties, and responsibilities to all clients.

Hold the welfare of the client paramount when making any decisions or recommendations concerning referral, treatment procedures or termination of treatment.

Facilitate clients' self-efficacy; by encouraging them to act according to their capabilities. Avoid doing for others what they can readily do for themselves. Likewise, I shall not insist on doing what I perceive as good without reference to what the client perceives as good and necessary.

**Principle 6: Client Relationship** - *The IGCCB values the integrity of the counseling relationship and respects the fundamental human right of all individuals to self-determination and to make decisions that they consider in their own best interest. I, as an ICOGS/ICGC will be open and clear about the nature, extent, probable effectiveness, and cost of those services to allow each individual to make an informed decision of their care and I will:*

Inform the client and obtain the client's agreement in areas likely to affect the client's participation, including the recording of an interview, the use of interview material for training purposes, and/or observation of an interview by another person.

Not engage in professional relationships or commitments that conflict with family members, friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.

Not exploit relationships with current or former clients for personal gain, including social or business relationships.

Not, under any circumstances, engage in sexual behavior with current or former clients and not accept as a client anyone with whom I have engaged in sexual behavior.

Because a relationship begins with a power differential, I shall not exploit relationships with current or former clients for personal gain, including social or business relationships.

Not accept substantial gifts from clients, other treatment organizations, or the providers of materials or services used in my practice.

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**Principle 7: Confidentiality** - *The IGCCB embraces the duty of protecting the client's rights under confidentiality. I, as an ICOGS/ICGC, will not disclose confidential information acquired in teaching, practice, or investigation without appropriately executed consent and I will:*

Provide the client their rights regarding confidentiality, in writing, as part of informing the client in any areas likely to affect the client's confidentiality. This includes the recording of the clinical interview, the use of material for insurance purposes, and the use of material for training or observation by another party.

Make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. I shall ensure that the data obtained is necessary and appropriate to services being provided and secured by the available security methodology.

Adhere to all federal and state laws regarding confidentiality and the counselor's responsibility to lawfully report information in specific circumstances to the appropriate authorities.

Understand that the right of confidentiality cannot always be upheld if it serves to protect abuse, neglect, or exploitation of any person or leaves another at risk of bodily harm.

Use clinical and other material in teaching and/or writing only when there is no identifying information about the parties involved.

**Principle 8: Remuneration** - *The IGCCB supports financial arrangements in professional practice that are in accord with standards that safeguard the best interests of the client, of the counselor and of the profession. I, as an ICOGS/ICGC, will:*

Carefully consider the ability of the client to meet the financial cost in establishing rates for professional services.

Not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services nor will I engage in fee splitting.

Not use my personal relationship with clients to promote personal gain or profit of my agency or commercial enterprise of any kind.

**Principle 9: Preventing Harm** - *The IGCCB understands that every decision and action has an ethical implication leading either to benefit or harm. I, as an ICOGS/ICGC, will carefully consider whether any decisions or actions has the potential to produce harm of a physical, psychological, financial, legal, or spiritual nature before implementing them and I will:*

Refrain from using any methods that could be considered coercive such as threats, negative labeling, and attempts to provoke shame or humiliation.

Make no requests of clients that are not necessary as part of the agreed treatment plan.

Terminate the counseling or consulting relationship when it is reasonably clear that the client is not benefiting from the relationship./treatment.

Understand an obligation to protect individuals, institutions, and the profession from harm that might be done by the unethical behavior of others. Consequently, I am aware of the appropriate process for resolving concerns about the potentially unethical or harmful behavior another individual, institution or agency informally through bringing the concern to the attention of the individual, institution or agency or through formal processes such as reporting to appropriate committees on professional ethics, licensing or credentialing boards or institutional authorities (so long as reporting does not violate any issues of confidentiality).

**Principle 10: Societal Obligations** - *The IGCCB advocates for changes in public policy and legislation to afford opportunity and choice for all persons whose lives are impaired by pathological gambling and I, as an ICOGS/ICGC, will:*

Actively engage, to the best of my ability, in the legislative processes, educational institutions, and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background whose lives are impaired by problem and disordered gambling.

***Applicant's Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_/\_\_\_\_/\_\_\_\_

Return forms **A.1, A.2, A.3, and A.4** DIRECTLY to:

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International Gambling Counselor Certification Board  
730 11th Street, NW Suite 601 ♦ Washington DC 20001

## FORM (A.3) – Counselor DIRECTORY AUTHORIZATION

*To Be Completed By the Applicant*

The International Gambling Counselor Certification Board has authorized the International Council on Problem Gambling to offer a directory of gambling counselors. This directory will be maintained on the NCPG website and IGCCB website. In order to ensure our records are accurate, please fill out the form below to have your name included in the directory. Please note this directory will remain the property of the Certification Board and will not be used or sold without their permission.

☐ **No**, I do not wish to be listed in the online Counselor Directory.

☐ **Yes**, please include me in the online Counselor Directory.

☐ Please contact me with continuing education opportunities.

(Please print or type the information below as you wish it to appear in the directory)

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

Credentials: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country (if not US): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Return forms **A.1, A.2, A.3, and A.4** DIRECTLY to:

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International Gambling Counselor Certification Board  
730 11th Street, NW Suite 601 ♦ Washington DC 20001

## FORM (A.4) – CONSENT TO RELEASE OF INFORMATION

I give permission to the International Gambling Counselor Certification Board to request information from my listed supervisors and colleagues to determine my professional competence and ethical character.

I give permission to the International Gambling Counselor Certification Board to consult with the supervisors and/or colleagues listed below who may have information on my competence and ethical standards of behavior:

**Supervisor Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

**BACC Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

**Colleague 1 Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

**Colleague 2 Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

I consent to the International Gambling Counselor Gambling Certification Board to inspect any documents or records necessary to determine my “acceptable standard” for certification.

I hereby release from any liability all representatives of the International Gambling Counselor Certification Board and all individuals and organizations who provide information to the International Gambling Counselor Certification Board while acting in good faith, to determine my credentials and character.

I am aware that any false or misleading information deliberately given will be considered a serious matter, and may lead to denial or revocation of certification and will be dealt with accordingly.

***Applicant's Name (Please print or type):*** \_\_\_\_\_

***Applicant's Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_/\_\_\_\_/\_\_\_\_

Return forms **A.1, A.2, A.3, and A.4** DIRECTLY to:

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International Gambling Counselor Certification Board  
730 11th Street, NW Suite 601 ♦ Washington DC 20001

**FORM (C.1) – COLLEAGUE EVALUATION**  
**CONFIDENTIAL**

*To be completed by current co-worker (one form per peer)*

**DO NOT RETURN THIS FORM TO THE APPLICANT**

The applicant has signed the Consent for Release of Information (Form A.4) allowing you to provide the IGCCB with information on their competence and adherence to ethical standards of practice.

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

**Applying for:** *(check one)*    **BACC** ☐    **ICOGS** ☐    **ICGC-I** ☐    **ICGC-II** ☐

I hereby certify that I have been in a position to observe and have first-hand knowledge of the above named person's work during the period

From \_\_\_\_\_ to \_\_\_\_\_  
(Month/year) (Month/year)

\_\_\_\_\_  
(Name of Work Setting)

\_\_\_\_\_  
(Relationship to Applicant)

In my judgment, the applicant meets all ethical guidelines. This applicant's eligibility and professional experience:

☐ Is consistent with IGCCB certification standards.

☐ Is not consistent with IGCCB certification standards.

The information I am giving is my best judgment of the above named person's professional suitability for certification as a gambling counselor (ICGC-I or ICGC-II) or co-occurring gambling specialist (ICOGS).

**Colleague Name:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Professional licensure/certification:** \_\_\_\_\_

**Colleague's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Return form C.1 DIRECTLY to:

\_\_\_\_\_  
International Gambling Counselor Certification Board  
730 11th Street, NW Suite 601 ♦ Washington DC 20001

**FORM (C.2) – COLLEAGUE EVALUATION**  
**CONFIDENTIAL**

*To be completed by current co-worker (one form per peer)*

**DO NOT RETURN THIS FORM TO THE APPLICANT**

The applicant has signed the Consent for Release of Information (Form A.4) allowing you to provide the IGCCB with information on their competence and adherence to ethical standards of practice.

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

**Applying for:** *(check one)*      NICOGS ☐      ICGC- I ☐      ICGC-II ☐

I hereby certify that I have been in a position to observe and have first-hand knowledge of the above named person's work during the period

from \_\_\_\_\_ to \_\_\_\_\_  
(month/year) (month/year)

\_\_\_\_\_  
(Name of Work Setting)

\_\_\_\_\_  
(Relationship to Applicant)

In my judgment, the applicant meets all ethical guidelines. This applicant's eligibility and professional experience:

- ☐ Is consistent with IGCCB certification standards.
- ☐ Is not consistent with IGCCB certification standards.

The information I am giving is my best judgment of the above named person's professional suitability for certification as a gambling counselor (ICGC-I or ICGC-II) or co-occurring gambling specialist (ICOGS).

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

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Professional licensure/certification: \_\_\_\_\_

**Colleague's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Return form C.2 DIRECTLY to:

\_\_\_\_\_  
International Gambling Counselor Certification Board  
730 11th Street, NW Suite 601 ♦ Washington DC 20001

## CLINICAL SUPERVISOR QUALIFICATIONS

**A qualified clinical supervisor for the purpose of International Gambling Counselor Certification Board must be:**

- A) A person, who is currently in a clinical supervisory role with the applicant, or has been in such a role within the last five years.
- B) A person, who has *first-hand* knowledge, regarding the level of skills and competencies of the applicant with clients with primary or co-occurring gambling disorder or addressing the impact of gambling on their clients.
- C) A person who can rate the applicant's level of skills and competencies. Additional information from the supervisor may be required by the Certification Board, if necessary.

**The following forms need to be completed by the clinical supervisor and forwarded directly to the International Gambling Counselor Certification Board.**

- ☐ Form (S.1) - Clinical Supervisor Information
- ☐ Form (S.2) - Clinical Supervisor Evaluation
- ☐ Form (S.3) - Delineation of Responsibilities
- ☐ Form (S.4) - Professional Code and Ethical Standards

**The applicant has signed the Consent for Release of Information (Form A.4) which allows you to provide the IGCCB with information on their competence and adherence to ethical standards of practice.**

**Please do not return these forms to the applicant. Send documents directly to:**

Return forms S.1, S.2, S.3, and S.4 DIRECTLY to:

---

International Gambling Counselor Certification Board  
730 11th Street, NW Suite 601 ♦ Washington DC 20001

**FORM (S.1) – CLINICAL SUPERVISOR INFORMATION**  
**CONFIDENTIAL**

*To be completed by clinical supervisor*

**DO NOT RETURN THIS FORM TO THE APPLICANT**

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

Name and Title of Supervisor (please print): \_\_\_\_\_

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

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Highest academic degree/diploma: \_\_\_\_\_

Professional licensure/certification: \_\_\_\_\_

Please check the box(es) below that describe the workplace setting in which you supervise the applicant, and the population being served:

- ☐ Full time (applicant)
- ☐ Part time (applicant)
- ☐ Residential
- ☐ Out-patient
- ☐ Substance Use Disorder Treatment Program
- ☐ Program gambling treatment only
- ☐ Mental Health Agency
- ☐ Hospital
- ☐ Concurrent disorder program
- ☐ Prison Program
- ☐ Private Practice
- ☐ Disordered Gambling Integrated Program
- ☐ Youth
- ☐ Older Adults
- ☐ Other: \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Return forms **S.1, S.2, S.3, and S.4** DIRECTLY to:

---

International Gambling Counselor Certification Board  
730 11th Street, NW Suite 601 ♦ Washington DC 20001

*To be completed by clinical supervisor*  
**DO NOT RETURN THIS FORM TO THE APPLICANT**

23



**FORM (S.3) –DELINEATION OF RESPONSIBILITIES**  
**CONFIDENTIAL**

*To be completed by clinical supervisor*

**DO NOT RETURN THIS FORM TO THE APPLICANT**

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

***Guidelines for Supervisor Evaluation:***

**A.** Please indicate the percent of employee/volunteer time spent on the duties listed below as completed by the applicant in his/her work with gambling disordered clients or address problem gambling/impact of gambling during an average work week.

**B.** Please rank, in the performance column, the applicant's ability to perform the following duties. The 5 Point Scale may seem somewhat subjective to you as you attempt to rate the applicant. Please use the following guidelines to help you:

- (5) - the counselor is significantly above average in mastery of the skills required.
- (4) - the counselor meets competency requirements with respect to the criteria involved.
- (3) - the counselor meets the minimal level of competency with respect to the criteria involved. This rating implies that, although the performance is satisfactory, further development, growth, or improvement is required.
- (2) - the counselor is not meeting the required standard of competency required.
- (1) - "Don't Know"

<u>Duties</u>	<u>% of Time</u>	<u>Performance</u>
1. Outreach	_____	_____
2. Assessment	_____	_____
3. Intake	_____	_____
4. Individual Counseling	_____	_____
5. Family Counseling	_____	_____
6. Group Counseling	_____	_____
7. Client Education	_____	_____
8. Referrals to Other Resources	_____	_____
9. Client Record Keeping	_____	_____
10. Aftercare Services	_____	_____
11. Client Follow-up	_____	_____
12. Administrative Responsibilities	_____	_____
13. Community Activities ( <i>lectures, workshops, etc.</i> )	_____	_____
14. Research	_____	_____
15. Program Management	_____	_____
16. Medical Recommendations & Treatment	_____	_____
17. Other (specify)_____	_____	_____

Total time spent, weekly on duties: \_\_\_\_\_

\_\_\_\_\_ I have reservations of applicant meeting ICGC standards. If yes, state reasons on the back of this form or in an attachment.

**Name and title of supervisor (please print):** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Return forms **S.1, S.2, S.3, and S.4** DIRECTLY to:

International Gambling Counselor Certification Board  
730 11th Street, NW Suite 601 ♦ Washington DC 20001

**Form (S.4) –PROFESSIONAL CODE AND ETHICAL STANDARDS**  
**CONFIDENTIAL**

*To be completed by clinical supervisor*

**DO NOT RETURN THIS FORM TO THE APPLICANT**

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

**Principle 1: Non-Discrimination** - *The IGCCB values diversity. I, as an ICOGS/ICGC, will not discriminate against clients or professionals based on racial or ethnic background, religion/spiritual beliefs, age, gender, sexual orientation, marital status, political beliefs, treatment history, criminal justice history/status, or mental/physical disability and other cultural identities that are important to the client and I will:*

Avoid bringing personal or professional issues into the counseling relationship and guard the individual rights and personal dignity of clients through an awareness of the impact of stereotyping and discrimination.

Strive to treat all individuals with impartiality and objectivity based solely on their personal merits and mindful of the dignity of all human persons. As such, I shall not impose my personal values on my clients.

Relate to all clients with empathy and understanding no matter what their diagnosis or personal history and with acceptance and openness regardless of treatment history or criminal justice status or background.

Respect the right of others to hold opinions, beliefs, and values different from my own.

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Regard the use of any copyrighted material without permission or the payment of royalty to be theft.

Maintain respect for institutional policies and management functions of agencies and institutions within which the services are being performed, but will take initiative toward improving such policies when it will better serve the interest of the client.

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Not claim either directly or by implication, professional qualifications or affiliations that I do not possess.

Understand that the determination of a law or regulation is unjust, is not a matter of preference or opinion but a matter of rational investigation, deliberation, and dispute.

Understand that justice extends beyond individual relationships to the community and society; therefore, I shall participate in activities that promote the health and well-being of my community and profession.

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Not, under any circumstances, engage in sexual behavior with current or former clients and not accept as a client anyone with whom I have engaged in sexual behavior.

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Make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. I shall ensure that the data obtained is necessary and appropriate to services being provided and secured by the available security methodology.

Adhere to all federal and state laws regarding confidentiality and the counselor's responsibility to lawfully report information in specific circumstances to the appropriate authorities.

Understand that the right of confidentiality cannot always be upheld if it serves to protect abuse, neglect, or exploitation of any person or leaves another at risk of bodily harm.

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Carefully consider the ability of the client to meet the financial cost in establishing rates for professional services.

Not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services nor will I engage in fee splitting.

Not use my personal relationship with clients to promote personal gain or profit of my agency or commercial enterprise of any kind.

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Make no requests of clients that are not necessary as part of the agreed treatment plan.

Terminate the counseling or consulting relationship when it is reasonably clear that the client is not benefiting from the relationship/treatment.

Understand an obligation to protect individuals, institutions, and the profession from harm that might be done by the unethical behavior of others. Consequently, I am aware of the appropriate process for resolving concerns about the potentially unethical or harmful behavior another individual, institution or agency informally through bringing the concern to the attention of the individual, institution or agency or through formal processes such as reporting to appropriate committees on professional ethics, licensing or credentialing boards or institutional authorities (so long as reporting does not violate any issues of confidentiality).

**Principle 10: Societal Obligations** - *The IGCCB advocates for changes in public policy and legislation to afford opportunity and choice for all persons whose lives are impaired by pathological gambling and I, as an ICOGS/ICGC, will:*

Actively engage, to the best of my ability, in the legislative processes, educational institutions, and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background whose lives are impaired by problem and disordered gambling.

Return forms **S.1, S.2, S.3, and S.4** DIRECTLY to:

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International Gambling Counselor Certification Board  
730 11th Street, NW Suite 601 ♦ Washington DC 20001

**Form (S.4) –PROFESSIONAL CODE AND ETHICAL STANDARDS**  
**CONFIDENTIAL**

*To be completed by clinical supervisor*

**DO NOT RETURN THIS FORM TO THE APPLICANT**

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

In your judgment, is the applicant's professional performance consistent with the standards outlined in Form S.4 Professional Code and Ethical Standards?

- ☐ Yes, performance is consistent with Professional Code and Ethical Standards.
- ☐ No, I have concerns about the applicant's performance. Please explain below.

**Comments:**

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**Name and title of supervisor (please print):** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Return forms **S.1, S.2, S.3, and S.4** DIRECTLY to:

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International Gambling Counselor Certification Board  
730 11th Street, NW Suite 601 ♦ Washington DC 20001

**FORM (S.5) – BACC INFORMATION**  
**CONFIDENTIAL**

*To be completed by IGCCB Board Approved Clinical Consultant*

**DO NOT RETURN THIS FORM TO THE APPLICANT**

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

Name and Title of BACC (please print): \_\_\_\_\_

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

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check the box(es) below that describe the workplace setting in which you supervise the applicant, and the population being served:

- ☐ Full time (applicant)
- ☐ Part time (applicant)
- ☐ Residential
- ☐ Out-patient
- ☐ Substance Use Disorder Treatment Program
- ☐ Program gambling treatment only
- ☐ Mental Health Agency
- ☐ Hospital
- ☐ Concurrent disorder program
- ☐ Prison Program
- ☐ Private Practice
- ☐ Disordered Gambling Integrated Program
- ☐ Youth
- ☐ Older Adults
- ☐ Other: \_\_\_\_\_

**BACC's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Return forms **S.5, S.6, S.7, and S.8** DIRECTLY to:

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International Gambling Counselor Certification Board  
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**FORM (S.6) – BACC EVALUATION**  
**CONFIDENTIAL**

*To be completed by IGCCB Board Approved Clinical Consultant*

**DO NOT RETURN THIS FORM TO THE APPLICANT**

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

The information I am giving is my best judgment of the above named person's capabilities with respect to certification as a gambling counselor or co-occurring gambling specialist.

I hereby certify that I have been in a position to observe and have first-hand knowledge of the above named person's work during the period from \_\_\_\_\_ to \_\_\_\_\_.

(month/year)

(month/year)

The applicant is applying for:    ICOGS   ☐    ICGC-I   ☐ or   ICGC-II   ☐

The applicant has a total of:    ☐    100 counseling hours for Co-occurring Gambling Specialist (ICOGS)  
   ☐    100 paid/unpaid counseling hours for Level I gambling certification  
   ☐    2000 paid/unpaid counseling hours for Level II gambling certification

Based on my knowledge of this applicant's eligibility and professional experience:

- ☐ To my knowledge, the applicant **does** meet the below requirements:  
☐ To my knowledge, the applicant **does not** meet the below requirements at this time

Direct contact hours for ICGC I and II include counseling activities provided for individuals with primary or secondary gambling disorder and/or their families/concerned others (may include ancillary activities such as clinical documentation, treatment team meetings, case management, etc.).

Direct contact hours for ICOGS include counseling activities that address gambling problems and/or the impact of gambling on recovery among clients with primary substance use or mental health disorders.

For more details on definition of direct contact hours and other certification criteria see [www.igccb.org](http://www.igccb.org).

**Comments:**

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**Name and title of BACC (please print):** \_\_\_\_\_

**BACC's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Return forms **S.5, S.6, S.7, and S.8** DIRECTLY to:

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**FORM (S.7) –DELINEATION OF RESPONSIBILITIES**  
**CONFIDENTIAL**

*To be completed by IGCCB Board Approved Clinical Consultant*

**DO NOT RETURN THIS FORM TO THE APPLICANT**

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

***Guidelines for Supervisor Evaluation:***

**A.** Please indicate the percent of employee/volunteer times spent on the duties listed below as completed by the applicant in their work with gambling disordered clients or address problem gambling/impact of gambling during an average work week.

**B.** Please rank, in the performance column, the applicant's ability to perform the following duties. The 5 Point Scale may seem somewhat subjective to you as you attempt to rate the applicant. Please use the following guidelines to help you:

(5) - the counselor is significantly above average in mastery of the skills required.

(4) - the counselor meets competency requirements with respect to the criteria involved.

(3) - the counselor meets the minimal level of competency with respect to the criteria involved. This rating implies that, although the performance is satisfactory, further development, growth, or improvement is required.

(2) - the counselor is not meeting the required standard of competency required.

(1) - "Don't Know"

<u>Duties</u>	<u>% of Time</u>	<u>Performance</u>
1. Outreach	_____	_____
2. Assessment	_____	_____
3. Intake	_____	_____
4. Individual Counseling	_____	_____
5. Family Counseling	_____	_____
6. Group Counseling	_____	_____
7. Client Education	_____	_____
8. Referrals to Other Resources	_____	_____
9. Client Record Keeping	_____	_____
10. Aftercare Services	_____	_____
11. Client Follow-up	_____	_____
12. Administrative Responsibilities	_____	_____
13. Community Activities ( <i>lectures, workshops, etc.</i> )	_____	_____
14. Research	_____	_____
15. Program Management	_____	_____
16. Medical Recommendations & Treatment	_____	_____
17. Other (specify)_____	_____	_____

Total time spent, weekly on duties: \_\_\_\_\_

\_\_\_\_\_ I have reservations of applicant meeting ICGC standards. If yes, state reasons on the back of this form or in an attachment.

**Name and title of BACC (please print):** \_\_\_\_\_

**BACC's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Return forms **S.5, S.6, S.7, and S.8** DIRECTLY to:

International Gambling Counselor Certification Board  
730 11th Street, NW Suite 601 ♦ Washington DC 20001



**Form (S.8) –PROFESSIONAL CODE AND ETHICAL STANDARDS**  
**CONFIDENTIAL**

*To be completed by IGCCB Board Approved Clinical Consultant*  
**DO NOT RETURN THIS FORM TO THE APPLICANT**

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

**Principle 1: Non-Discrimination** - *The IGCCB values diversity. I, as an ICOGS/ICGC, will not discriminate against clients or professionals based on racial or ethnic background, religion/spiritual beliefs, age, gender, sexual orientation, marital status, political beliefs, treatment history, criminal justice history/status, or mental/physical disability and other cultural identities that are important to the client and I will:*

Avoid bringing personal or professional issues into the counseling relationship and guard the individual rights and personal dignity of clients through an awareness of the impact of stereotyping and discrimination.

Strive to treat all individuals with impartiality and objectivity based solely on their personal merits and mindful of the dignity of all human persons. As such, I shall not impose my personal values on my clients.

Relate to all clients with empathy and understanding no matter what their diagnosis or personal history and with acceptance and openness regardless of treatment history or criminal justice status or background.

Respect the right of others to hold opinions, beliefs, and values different from my own.

**Principle 2: Responsibility** - *The IGCCB espouses objectivity and integrity. I, as an ICOGS/ICGC, will maintain the highest standards of service and I will:*

Assist in educating and helping others acquire knowledge and skills in dealing with disordered gambling.

Accept the obligation, when supervising others, to facilitate professional development of these individuals by providing accurate and current information, timely evaluations, and constructive consultation.

Understand that most property in the healing professions is intellectual property and shall not present the ideas or formulations of others as if they were my own. Rather, I shall give appropriate credit to their originators both in written and spoken communication.

Regard the use of any copyrighted material without permission or the payment of royalty to be theft.

Maintain respect for institutional policies and management functions of agencies and institutions within which the services are being performed, but will take initiative toward improving such policies when it will better serve the interest of the client.

**Principle 3: Competence** - *The IGCCB recognizes that the profession is founded on International standards of competency which promote the best interests of society, the client, the counselor and of the profession as a whole. I, as an ICOGS/ICGC, will recognize the need for ongoing education as a component of professional competency and I will:*

Recognize boundaries and limitations of competencies and not offer services or use techniques outside of my professional competencies and scope.

Maintain competence in the area of my practice through continuing education, constantly improving my knowledge and skills in those approaches most effective with my specific clients.

Recognize the effect of impairment on professional performance and be willing to seek appropriate treatment for myself or for a colleague. I shall support peer assistance programs in this respect.

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International Gambling Counselor Certification Board  
730 11th Street, NW Suite 601 ♦ Washington DC 20001

**Principle 4: Legal and Moral Standards** - *The IGCCB upholds the legal and accepted moral codes which pertain to professional conduct; I, as an ICOGS/ICGC, will be aware of and follow those laws and regulations that are relevant both personally and professionally and I will:*

Make every attempt to be fully cognizant of all federal and state laws that pertain to the practice of counseling disordered gamblers and their families.

Not claim either directly or by implication, professional qualifications or affiliations that I do not possess.

Understand that the determination of a law or regulation is unjust, is not a matter of preference or opinion but a matter of rational investigation, deliberation, and dispute.

Understand that justice extends beyond individual relationships to the community and society; therefore, I shall participate in activities that promote the health and well-being of my community and profession.

**Principle 5: Client Welfare** - *The IGCCB understands that the primary professional responsibility and loyalty is to the welfare of the client. I, as an ICOGS/ICGC will hold, as a primary guide, the client's best interests with regard to public health, safety, and welfare and I will:*

Take all measures to safeguard the privacy and confidentiality of client information within the limitations of legally mandated reporting requirements and except where the client has given specific, written, informed and limited consent.

Terminate counseling and consulting relationship when it is reasonably clear to the counselor that the client is not benefiting from the relationship.

Take care to provide services in an environment which will ensure the privacy and safety of the client at all times and ensures the appropriateness of service delivery and discloses the code of ethics, professional loyalties, and responsibilities to all clients.

Hold the welfare of the client paramount when making any decisions or recommendations concerning referral, treatment procedures or termination of treatment.

Facilitate clients' self-efficacy; by encouraging them to act according to their capabilities. Avoid doing for others what they can readily do for themselves. Likewise, I shall not insist on doing what I perceive as good without reference to what the client perceives as good and necessary.

**Principle 6: Client Relationship**- *The IGCCB values the integrity of the counseling relationship and respects the fundamental human right of all individuals to self-determination and to make decisions that they consider in their own best interest. I, as an ICOGS/ICGC will be open and clear about the nature, extent, probable effectiveness, and cost of those services to allow each individual to make an informed decision of their care and I will:*

Inform the client and obtain the client's agreement in areas likely to affect the client's participation, including the recording of an interview, the use of interview material for training purposes, and/or observation of an interview by another person.

Not engage in professional relationships or commitments that conflict with family members, friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.

Not exploit relationships with current or former clients for personal gain, including social or business relationships.

Not, under any circumstances, engage in sexual behavior with current or former clients and not accept as a client anyone with whom I have engaged in sexual behavior.

Because a relationship begins with a power differential, I shall not exploit relationships with current or former clients for personal gain, including social or business relationships.

Not accept substantial gifts from clients, other treatment organizations, or the providers of materials or services used in my practice.

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730 11th Street, NW Suite 601 ♦ Washington DC 20001

**Principle 7: Confidentiality** - *The IGCCB embraces the duty of protecting the client's rights under confidentiality. I, as an ICOGS/ICGC, will not disclose confidential information acquired in teaching, practice, or investigation without appropriately executed consent and I will:*

Provide the client their rights regarding confidentiality, in writing, as part of informing the client in any areas likely to affect the client's confidentiality. This includes the recording of the clinical interview, the use of material for insurance purposes, and the use of material for training or observation by another party.

Make appropriate provisions for the maintenance of confidentiality and the ultimate disposition of confidential records. I shall ensure that the data obtained is necessary and appropriate to services being provided and secured by the available security methodology.

Adhere to all federal and state laws regarding confidentiality and the counselor's responsibility to lawfully report information in specific circumstances to the appropriate authorities.

Understand that the right of confidentiality cannot always be upheld if it serves to protect abuse, neglect, or exploitation of any person or leaves another at risk of bodily harm.

Use clinical and other material in teaching and/or writing only when there is no identifying information about the parties involved.

**Principle 8: Remuneration** - *The IGCCB supports financial arrangements in professional practice that are in accord with standards that safeguard the best interests of the client, of the counselor and of the profession. I, as an ICOGS/ICGC, will:*

Carefully consider the ability of the client to meet the financial cost in establishing rates for professional services.

Not send or receive any commission or rebate or any other form of remuneration for referral of clients for professional services nor will I engage in fee splitting.

Not use my personal relationship with clients to promote personal gain or profit of my agency or commercial enterprise of any kind.

**Principle 9: Preventing Harm** - *The IGCCB understands that every decision and action has an ethical implication leading either to benefit or harm. I, as an ICOGS/ICGC, will carefully consider whether any decisions or actions has the potential to produce harm of a physical, psychological, financial, legal, or spiritual nature before implementing them and I will:*

Refrain from using any methods that could be considered coercive such as threats, negative labeling, and attempts to provoke shame or humiliation.

Make no requests of clients that are not necessary as part of the agreed treatment plan.

Terminate the counseling or consulting relationship when it is reasonably clear that the client is not benefiting from the relationship/treatment.

Understand an obligation to protect individuals, institutions, and the profession from harm that might be done by the unethical behavior of others. Consequently, I am aware of the appropriate process for resolving concerns about the potentially unethical or harmful behavior another individual, institution or agency informally through bringing the concern to the attention of the individual, institution or agency or through formal processes such as reporting to appropriate committees on professional ethics, licensing or credentialing boards or institutional authorities (so long as reporting does not violate any issues of confidentiality).

**Principle 10: Societal Obligations** - *The IGCCB advocates for changes in public policy and legislation to afford opportunity and choice for all persons whose lives are impaired by pathological gambling and I, as an ICOGS/ICGC, will:*

Actively engage, to the best of my ability, in the legislative processes, educational institutions, and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background whose lives are impaired by problem and disordered gambling.

Return forms **S.5, S.6, S.7, and S.8** DIRECTLY to:

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International Gambling Counselor Certification Board  
730 11th Street, NW Suite 601 ♦ Washington DC 20001

**Form (S.8) –PROFESSIONAL CODE AND ETHICAL STANDARDS**

*To be completed by IGCCB Board Approved Clinical Consultant*

**DO NOT RETURN THIS FORM TO THE APPLICANT**

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

In your judgment, is the applicant's professional performance consistent with the standards outlined in Form S.4 Professional Code and Ethical Standards?

- ☐ Yes, performance is consistent with Professional Code and Ethical Standards.
- ☐ No, I have concerns about the applicant's performance. Please explain below.

**Comments:**

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**Name and title of supervisor (please print):** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Return forms S.5, S.6, S.7, and S.8 DIRECTLY to:

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International Gambling Counselor Certification Board  
730 11th Street, NW Suite 601 ♦ Washington DC 20001

## GUIDELINES FOR BOARD APPROVED CLINICAL CONSULTANTS

**Evaluation:** We view evaluation as an ongoing reciprocal process that takes place between the Board Approved Clinical Consultant (BACC) and the applicant trainee. Whatever system the BACC chooses to use should be made clear to the applicant trainee and be part of the BACC Learning Contract. Such a contract can be verbal or written.

These supportive consultation sessions are not meant to take the place of ongoing clinical supervision but rather serve as an adjunctive consultation service.

The following is an example of an outline for case conference presentations:

**Demographic Data:** Do not include specific personally identifying information such as full name, client number, date of birth etc. Include gender, age, marital status, race/ethnicity, education, occupation, income etc.

**Initial Clinical Impression:** Description of appearance, behavior, speech etc.

**Chief Complaints:** Problems as client sees them, client's reasons for seeking help, financial problems, legal issues, etc.

**Client Strengths and Resources:** Internal strengths such as insight, ability to communicate feelings, resilience as well as external resources such as family support, employment, peer support network, etc.

**Gambling History:** Age of onset of gambling, age of onset of problematic gambling, connection of gambling to substance use or mental health, type of gambling, frequency/severity of gambling, etc.

**Personal History:** Childhood, adolescence and adulthood significant events and experiences. History of trauma or abuse, education, family relationships, friendships, etc.

**Mental Status:** Intellectual/cognitive functioning, mental health (i.e., depression, anxiety, PTSD, ADHD, delusional thinking, hallucinations, etc.)

**Case Conceptualization:** Overall statement of how case is understood and treatment organized according to recognized theoretical clinical/recovery perspective, i.e., cognitive behavioral, motivational enhancement, 12 step, psychodynamic, etc.

**Treatment/Recovery planning:** Immediate and longer term goals set collaboratively with client, level of care, frequency of sessions, referrals, self-help, family involvement, etc.

**NO IDENTIFYING INFORMATION ON CLIENTS SHOULD BE EXCHANGED AT ANY TIME. THE CONFIDENTIALITY OF CLIENTS IS MANDATORY AT ALL TIMES.**

Following is a list of those clinical areas for which we ask counselors applying for certification to demonstrate competency.

## **COUNSELOR COMPETENCY REQUIREMENTS**

### Communication

The gambling counselor shall be able to communicate in a variety of situations to assure that the needs of disordered gamblers, their families and/or significant others are met and that continuity of care is maintained through case collaboration with other health care providers. Applicants will be able to demonstrate the following:

- Speak, read and write with proficiency, to establish communication readily, and to maintain records and written reports.
- Knowledge of gambling, problem gambling and disordered gambling: treatment and rehabilitation/recovery, understanding the history, prevalence and social impact of gambling in the United States, as well as the significant literature in the field.
- Knowledge of the impact of gambling and disordered gambling as a co-occurring issue among individuals in treatment for substance use and mental health disorders
- Understanding the history and theoretical basis for treatment of disordered/problem gamblers, as well as familiarity with current research in the field.
- The effect of disordered gambling on the gambler personally, interpersonally, financially, as well as management of the disorder, and the recovery process.
- Understanding other addictions and an ability to demonstrate a thorough knowledge of addiction, treatment, relapse and the recovery process.
- Knowledge of sociocultural values and attitude systems related to: finances; disordered gambling and spiritual concerns.
- Knowledge of effective medical, psychological social service and spiritual management of disordered/problem gamblers, as well as the recovery process.
- Knowledge of sociocultural values and effective medical, psychological, social service and spiritual management of the family of the disordered/gambler.
- Knowledge of the effect of disordered/problem gambling on occupational and legal concerns.
- Knowledge of recovery oriented practices and systems of care.

### Assessment and Evaluation

To insure appropriate services to meet the needs of clients, the ability to evaluate and assess the needs and problem stage of the client in therapy is a requirement.

- Knowledge of human growth and development.
- Knowledge of family dynamics and interaction.
- Knowledge of disordered gambling. Knowledge of stages of change theory with disordered gamblers and families.
- Knowledge of motivational enhancement.
- Knowledge of the signs and symptoms of alcohol use, abuse and addiction.
- Analytical skills.
- Case history methodology.
- Ability to recognize appropriate treatment modalities.
- Evaluation of client's progress.
- Goal setting, contracting and problem solving.

### Treatment Planning

The gambling counselor shall be able to actively involve clients in the development of the individualized treatment plan.

- Share information and evaluation results with client and interpret material to those involved.
- Inform clients of their legal rights regarding acceptance of and participation in a treatment or recovery program.
- Assist clients in making arrangements to pay for counseling or treatment.
- Inform clients of their rights and privileges regarding confidentiality.

### Information and Referrals

Clients have a multitude of needs and issues that often require a multidisciplinary approach. Appropriate agencies must be recognized and utilized by the counselor in meeting those needs through an understanding of the principles of information and referral.

- Outreach skills: ability to choose appropriate methods of recruiting clients and mobilizing community resources.
- Knowledge of referral sources most appropriate for client needs.
- Skill in interpreting referral sources and their functions to client in relationship to their needs.
- Ability to follow up and provide advocacy to insure responsiveness of service providers.
- Ability to evaluate outcome of treatment strategy and determine degree of effectiveness of treatment.

### Counseling and Treatment

The gambling counselor shall have knowledge of and possess skills of various counseling techniques. Applicants shall be able to demonstrate their knowledge of and ability to utilize counseling and treatment skills to include:

- Ability to establish a genuine therapeutic relationship with the client.
- Knowledge and ability to use counseling techniques to educate, elicit feelings, facilitate self-understanding, and motivate the client.
- Knowledge of and ability to locate and develop basic informational support systems (materials, consultation resources etc.).
- Skill in individual and/or group counseling methods including techniques of working with spouses and families.
- Ability to coordinate a client's continuum of treatment and or services.
- Knowledge of and ability to participate in various inpatient and outpatient treatment processes; knowledge of their rationale, relation to other methods, and their limitations.
- Understand the steps, traditions and philosophy of Gamblers Anonymous, its relation to various treatments, and the programs of Gam-Anon and Gam-A-Teen, as well as other Self-Help Groups i.e., A.A., N.A., ALANON, etc.
- Knowledge of long range rehabilitative processes, including awareness of needs for medical care, post treatment crisis, relapse, and problems of readjustment.