



## Outpatient Gambling Treatment Services Minimum Eligibility Requirements Sole Practitioner

One Penn Center, 5<sup>th</sup> Floor  
2601 N. 3<sup>rd</sup> Street  
Harrisburg, PA 17110  
Email: [RA-DA\\_GAMBLING@pa.gov](mailto:RA-DA_GAMBLING@pa.gov)  
Ph: 717-783-8200 Fax: 717-787-6285

In order to qualify to provide Outpatient Gambling Treatment Services funded through the Department of Drug and Alcohol Programs (DDAP), a sole practitioner must meet the following qualifications and be approved by DDAP:

1. Be at least one of the following types of counselors:
  - a. Hold a Pennsylvania license as a physician specializing in the treatment of mental disorders (e.g., a psychiatrist), psychologist, social worker, marriage and family therapist, or professional counselor with an established office from which to practice or be employed by a PA agency.
  - b. Drug and alcohol counselor, project director, agency director, or a clinical supervisor employed by and practicing in a PA licensed drug and alcohol facility.
  
2. Be certified or experienced with gambling treatment as demonstrated by one of the following:
  - a. Hold a valid Certificate of Competency in Problem Gambling issued by the Pennsylvania Certification Board (PCB).
  - b. Hold valid certification as a National Certified Gambling Counselor (NCGC-I or NCGC-II).
  - c. Hold valid certification as an International Certified Gambling Counselor (ICGC-I or ICGC-II).
  - d. 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.
  - e. 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.**

### Document Checklist

Copies of valid licenses

Copies of valid certificates

Copies of verification of employment (agency staff only)

Copies of training certificates/ records

Copies of Certificate of Insurance

**This page is strictly informational; you need not submit it with your application package.**



## Gambling Treatment Program Provider Application – Sole Practitioner

### SECTION A – PROVIDER INFORMATION

**CLINICIAN:** \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

**PRIMARY EMAIL ADDRESS:** \_\_\_\_\_ **FED ID/SSN:** \_\_\_\_\_

**SAP VENDOR NO.:** \_\_\_\_\_

**OFFICE ADDRESS:** (Provide street, city, state, and zip+4. If you will be providing Outpatient Gambling Treatment Services at more than one location, denote the address, phone and fax number of each location on a separate page.)

**COUNTY IN WHICH YOUR BUSINESS IS LOCATED:** \_\_\_\_\_

**BILLING ADDRESS:** \_\_\_\_\_

(Name, Street,

City, State, and Zip+4)

**PRIMARY PHONE NO.:** \_\_\_\_\_ **FAX NO.:** \_\_\_\_\_

**SECONDARY PHONE #:** \_\_\_\_\_

**LANGUAGE RESOURCES OFFERED:**  English  German  Russian  Arabic  Italian  Spanish  
 Chinese  Korean  Vietnamese  French  Polish  Other \_\_\_\_\_

**IS YOUR BUSINESS LICENSED BY THE COMMONWEALTH OF PA?**  Yes  No

*If "Yes", include a copy of the license with this application.*

**INSURANCE CERTIFICATES** (Submit valid copies with your application.)

Professional Liability  Property Liability

### SECTION B – PROFESSIONAL LICENSE(S) / CERTIFICATION(S)

List your professional licenses and certifications below. Submit copies of all valid licenses and certifications with your application.

License/Certification	License #	Issuing Body	Expiration Date

Yes  No **Will you be providing services to persons under the age of 18?**

Yes  No **Will you be providing services to a family member and/or significant other of a gambler?**

Yes  No **Has your license been previously revoked?**

Yes  No **Have you had any disciplinary action in the past 10 years?**

**If you answered "Yes" to any of the above questions, please explain the circumstances and the disciplinary action taken.**  
(Disclaimer: Answering "Yes" to one of the questions above does not necessarily disqualify applicant.)

### SECTION C - PROGRAM INFORMATION

Describe your proposed service and information that demonstrates your ability to provide Outpatient Gambling Treatment Services. Include information about any special populations for which you have expertise, such as specific age groups, gender, foreign languages, ethnic groups, and/or presenting problems such as substance abuse, mental health, etc.

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

I certify that:  The information provided on this form is true and correct, and I agree to all of the terms contained herein.  
 I will notify DDAP of any additions/changes to the information.  
 I have included copies of all supporting documentation.

_____	_____
Provider Name ( <i>Please Print</i> )	Title
_____	_____
Provider Signature	Date

### Department of Drug and Alcohol Programs Use Only

Approved

Denied

_____	_____
DDAP Authorized Signature	Approval Date
_____	_____
DDAP Authorized Signature	Approval Date