



Gambling Treatment Program AGENCY STAFF CHANGE REQUEST

One Penn Center, 5th Floor
2601 N. 3rd Street
Harrisburg, PA 17110
Email: RA-DA_GAMBLING@pa.gov
Ph: 717-783-8200 Fax: 717-787-6285

SECTION A – AGENCY INFORMATION

AGENCY NAME: _____

CONTRACT NO.: _____

SAP VENDOR NO.: _____

Remove Gambling Treatment Counselor *(Complete Sections B and E)*

Add Gambling Treatment Counselor *(Complete Sections C, D and E)*

SECTION B – REMOVE GAMBLING TREATMENT COUNSELOR STAFF

The following DDAP-approved gambling treatment counselor will no longer be providing Outpatient Gambling Treatment Services funded by DDAP:

COUNSELOR NAME: _____ **EFFECTIVE DATE:** _____

SECTION C – ADD GAMBLING TREATMENT COUNSELOR STAFF

COUNSELOR NAME: _____

POSITION/TITLE: _____

COUNSELOR EMAIL: _____

ADDRESS(ES) WHERE SERVICE(S) WILL BE PROVIDED: *(Provide street, city, state, and zip+4)*

PHONE NUMBER(s): _____

COUNSELOR IS: *(select one)*

- A PA licensed physician specializing in the treatment of mental disorders (e.g., a psychiatrist) with an established office from which to practice or employed by a PA agency.
- A PA licensed psychologist with an established office from which to practice or employed by a PA agency.
- A PA licensed social worker with an established office from which to practice or employed by a PA agency.
- A PA licensed marriage and family therapist with an established office from which to practice or employed by a PA agency.
- A PA licensed professional counselor with an established office from which to practice or be employed by a PA agency.
- A Drug and Alcohol counselor, project director, agency director, or a clinical supervisor employed by and practicing in a PA licensed drug and alcohol facility.

Be certified or experienced with gambling treatment as demonstrated by one of the following:

- Hold a valid Certificate of Competency in Problem Gambling issued by the Pennsylvania Certification Board (PCB).
- Hold valid certification as a National Certified Gambling Counselor (NCGC-I or NCGC-II).
- Hold valid certification as an International Certified Gambling Counselor (ICGC-I or ICGC-II).
- 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.
- Be an individual who is working on attaining International Certification (ICGC) and can document receiving a minimum of 30 hours of gambling-specific training approved by the National Council on Program Gambling (NCPG). **An individual will have 24 months from the date their Provider application is approved to obtain full certification. Documentation is required to be submitted to DDAP to verify that the individual is actively working toward attaining certification.**

You MUST include a copy of valid license(s) and/or certifications with this form upon submission to DDAP.

- Yes No **Will the Counselor be providing services to persons under the age of 18? If "Yes",** provide documentation of completion of at least 7.5 hours of DDAP approved training related to problem gambling and treating adolescents.
- Yes No **Will the Counselor be providing services to a family member and/or significant other of a gambler? If "Yes",** provide documentation of completion of at least 7.5 hours of DDAP approved training related to problem gambling and treating the family (including, but not limited to, spouses, children, parents and siblings).

- Yes No **Has the Counselor's license been previously revoked?**
- Yes No **Have you had any disciplinary action in the past 10 years?**

(Disclaimer: Answering "Yes" to one of the questions above does not necessarily disqualify applicant.)

If you answered "Yes" to any of the above questions, please explain the circumstances and the disciplinary action taken.

SECTION D – VERIFICATION OF EMPLOYMENT

Verification of Gambling Treatment Counselor's employment is required by including a copy of any of the following two documents with this application: Employee's W-2, current pay statement, I-9, or IRS tax return.

SECTION E – ATTESTATION

Name of Agency Contact (*Please Print*)

Title

Signature of Agency Contact

Date

Department of Drug and Alcohol Use ONLY

Approved

Denied

DDAP Authorized Staff

Approval Date