

**NEBRASKA COMMISSION ON PROBLEM GAMBLING
700 S. 16th St., Lincoln NE 68508 (402) 471-4450**

**APPLICATION FOR CERTIFICATION AS A
CERTIFIED DISORDERED GAMBLING COUNSELOR (CDGC)**

INSTRUCTIONS:

ALL APPLICANTS FOR THE NEBRASKA CERTIFICATE AS A DISORDERED GAMBLING COUNSELOR MUST FIRST COMPLETE THIS PAGE. THEN COMPLETE THE PARTS ON THE FOLLOWING PAGES THAT APPLY TO YOUR BACKGROUND.

GENERAL INFORMATION

1. NAME:

LAST, FIRST, MIDDLE

2. HOME ADDRESS:

STREET

CITY

STATE

ZIP

3. PHONE:

4. DATE OF BIRTH:

5. EMAIL ADDRESS:

6. CURRENT EMPLOYER:

7. WORK ADDRESS:

8. WORK TELEPHONE

IF YOU HOLD A CURRENT NEBRASKA LICENSE AS LADC, LMPH, LIMHP OR LICENSED PSYCHOLOGIST COMPLETE THE FOLLOWING

ARE YOU CERTIFIED/LICENSED AS A DISORDERED GAMBLING COUNSELOR NATIONALLY OR IN ANY OTHER STATE?

NO YES IF YES, COMPLETE:

STATE CERTIFIED IN:		
CERTIFYING ENTITY:		
ADDRESS:		
TELEPHONE No.		
YOUR CERTIFICATION TITLE:		

HAS DISCIPLINARY ACTION EVER BEEN TAKEN ON YOUR LICENSE/CERTIFICATE?

NO YES IF YES, COMPLETE:

DATE OF ACTION:	
TYPE OF ACTION:	

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR A FELONY?

NO YES If yes, complete:

CRIME COMMITTED:	
DATE OF CONVICTION:	
LOCATION OF COURT:	

ATTACH OFFICIAL COURT DOCUMENTS REGARDING CIRCUMSTANCES OF CHARGES, DISPOSITION OF THE CASE, WHETHER PROBATION/PAROLE HAS BEEN COMPLETED (IF APPLICABLE) AND YOUR CURRENT LEGAL STANDING.

DATE YOU COMPLETED TRAINING TO COUNSEL FOR GAMBLING ADDICTION:

DATE YOU PASSED THE NEBRASKA TEST OVER GAMBLING ADDICTION KNOWLEDGE:

DATE YOU WERE APPROVED AS A PROVISIONAL CERTIFIED DISORDERED GAMBLING COUNSELOR:

NAME OF ASSIGNED CLINICAL CALLS MODERATOR:

LIST DATES OF PARTICIPATION IN CLINICAL CALLS:

HAVE YOU ASKED YOUR CINICAL CALLS MODERATOR TO SEND A LETTER TO THE COMMISSION ON PROBLEM GAMBLING SUMMARIZING YOUR CLINICAL CALLS EXPERIENCE?

NO YES

ATTACH PROOF OF THIRTY (30) HOURS OF EDUCATION IN THE KNOWLEDGE AND SKILLS OF DISORDERED GAMBLING COUNSELING

**IF YOU DO NOT HOLD A CURRENT NEBRASKA LICENSE AS LADC, LMPH, LIMHP OR
LICENSED PSYCHOLOGIST COMPLETE THE FOLLOWING**

DATE YOU COMPLETED TRAINING TO COUNSEL GAMBLING ADDICTION:

DATE YOU WERE APPROVED AS A PROVISIONAL CERTIFIED
DISORDERED GAMBLING COUNSELOR:

DATES YOU PERFORMED COUNSELING AS A PROVISIONAL CERTIFIED
DISORDERED GAMBLING COUNSELOR: (FROM) – (TO)

FROM:

TO:

YOUR PROVISIONAL COUNSELING SUPERVISOR:

NAME:

ADDRESS:

PHONE:

EMAIL:

HAS YOUR PROVISIONAL COUNSELING SUPERVISOR COMPLETED THE COMMISSION-APPROVED VERIFICATION
AND EVALUATION FORMS?

NO

YES

ATTACH PROOF OF SEVENTY-TWO (72) HOURS OF EDUCATION IN THE
KNOWLEDGE AND SKILLS OF DISORDERED GAMBLING COUNSELING

IF YOU ARE APPLYING FOR CERTIFICATION BY RECIPROCITY COMPLETE THE FOLLOWING

IF YOU HOLD A CERTIFICATE ISSUED BY THE INTERNATIONAL GAMBLING COUNSELOR
CERTIFICATION BOARD, ANSWER THE FOLLOWING:

CLASS OF CERTIFICATE:

CERTIFICATE NUMBER:

DATE OF ISSUE:

IF YOU HOLD A CERTIFICATE ISSUED BY ANOTHER STATE QUALIFYING YOU TO COUNSEL
FOR ADDICTION TO GAMBLING, ANSWER THE FOLLOWING:

CLASS OF CERTIFICATE:

CERTIFICATE NUMBER:

DATE OF ISSUE:

STATE OF ISSUE:

NAME OF ISSUING AUTHORITY:

HAVE YOU EVER BEEN THE
SUBJECT OF DISCIPLINARY ACTION
REGARDING YOUR CERTIFICATE?

NO YES

IF YES, EXPLAIN:

CODE OF ETHICS

APPLICANT MUST ADHERE TO THE FOLLOWING CODE OF ETHICS:

- PROVIDE AND SUPPORT THE HIGHEST QUALITY OF CARE IN THE RECOVERY OF ALL PERSONS SERVICED WHICH SHALL INCLUDE REFERRING, OR RELEASING AN INDIVIDUAL TO OTHER HEALTH PROFESSIONALS OR SERVICES, IF THAT IS IN THE INDIVIDUALS BEST INTEREST.
- RESPECT THE UNIQUE CHARACTERISTICS OF THE PROFESSIONAL COUNSELING RELATIONSHIP WHICH DEMANDS SOUND, INTER-PERSONAL TRANSACTIONS BETWEEN CLIENT AND COUNSELOR.
- RESPECT THE THERAPEUTIC NEEDS OF THE CLIENT BY NOT ENGAGING IN A PERSONAL OR SEXUAL RELATIONSHIP WITH THE CLIENT.
- RESPECT THE THERAPEUTIC NEEDS OF THE CLIENT BY NOT CONDUCTING ANY BUSINESS OR POLITICAL TRANSACTIONS WITH THE CLIENT, THAT MAY JEOPARDIZE THEIR THERAPEUTIC NEEDS.
- ADHERE TO A STRICT POLICY OF NON-DISCRIMINATION IN THE PROVISION OF SERVICES BY NOT DISCRIMINATING BASED ON; RACE, DISABILITY, APPEARANCE, RELIGION, AGE, SEX, INTELLIGENCE, SEXUAL ORIENTATION, NATIONAL ORIGIN, MARITAL, ECONOMIC, EDUCATIONAL, OR SOCIAL STATUS.
- RESPECT THE BASIC HUMAN RIGHTS OF ALL CLIENTS INCLUDING THEIR RIGHT TO MAKE THEIR OWN DECISIONS, TO PARTICIPATE IN ANY PLANS MADE IN THEIR INTERESTS, AND TO REJECT SERVICES UNLESS A COURT ORDER STIPULATES OTHERWISE.
- ADHERE TO THE LEGAL REQUIREMENTS FOR CONFIDENTIALITY OF ALL RECORDS, MATERIALS, AND COMMUNICATIONS, REGARDING CLIENTS, THEIR FAMILIES AND SIGNIFICANT OTHERS.
- ASSESS THEIR PERSONAL AND PROFESSIONAL STRENGTHS AND LIMITATIONS, BIASES AND EFFECTIVENESS ON A CONTINUING BASIS. STRIVE FOR SELF-IMPROVEMENT, AND ASSUME RESPONSIBILITY FOR PROFESSIONAL GROWTH THROUGH FURTHER EDUCATION AND TRAINING.
- RESPECT THE RIGHTS AND VIEWS OF FELLOW COLLEAGUES AND MEMBERS OF OTHER PROFESSIONS.
- REFRAIN FROM THE ABUSE OF MOOD-ALTERING CHEMICALS OR GAMBLING, IN A MANNER THAT WILL REFLECT ADVERSELY ON THE CREDIBILITY AND INTEGRITY OF THE PROFESSION.
- REPORT EVIDENCE OF INCOMPETENT, UNETHICAL, UNPROFESSIONAL, OR ILLEGAL PRACTICE OF A CERTIFIED DISORDERED GAMBLING COUNSELOR.

I HAVE READ AND AGREE TO BE BOUND BY THIS CODE OF ETHICS.

SIGNATURE (SIGN IN BLUE INK)

DATE

AFFIDAVIT

COMPLETE THIS SECTION BEFORE A NOTARY PUBLIC.

STATE OF NEBRASKA)
) SS
COUNTY OF _____)

I, _____ (APPLICANT LEGAL NAME)
BEING DULY SWORN, STATE THAT I AM THE APPLICANT.

I HEREBY CERTIFY THAT ALL THE INFORMATION GIVEN HEREIN IS TRUE AND COMPLETE. I AUTHORIZE ANY RELEVANT INVESTIGATIONS OR THE RELEASE OF PERSONAL INFORMATION TO THE NEBRASKA COMMISSION ON PROBLEM GAMBLING, OR ITS AGENTS, PURSUANT TO THIS APPLICATION PROCEDURE. I UNDERSTAND THAT FALSIFICATION OF ANY PORTION OF THIS APPLICATION WILL RESULT IN MY BEING DENIED CERTIFICATION, OR REVOCATION OF SAME, UPON DISCOVERY.

LEGAL SIGNATURE OF APPLICANT (SIGN IN BLUE INK)

SWORN BEFORE ME THIS _____ DAY OF _____, _____.

NOTARY PUBLIC

(SEAL) MY COMMISSION EXPIRES ON: _____

SUBMIT APPLICATION TO:
DIRECTOR
NEBRASKA COMMISSION ON PROBLEM GAMBLING
700 SOUTH 16TH STREET
LINCOLN, NE 68508