

**NEBRASKA COMMISSION ON PROBLEM GAMBLING**

3400 Village Drive Suite 100, Lincoln NE 68516

**APPLICATION FOR CERTIFICATION AS A  
PROVISIONAL CERTIFIED DISORDERED GAMBLING COUNSELOR (PCDGC)  
FOR APPLICANTS WITH A NEBRASKA LICENSE  
PLMHP, LMHP, LIMHP, PLADC, LADC or Licensed Psychologist**

**SECTION A - 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:

9. 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:

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

NO ☐ YES ☐

If yes, complete:

Date of Action:

Type of Action:

11. 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.

## SECTION B - EDUCATION

1. Check highest level completed:

College Degree - Associate  
College Degree - Bachelor  
College Degree - Master  
College Degree - Doctorate

2. Please complete the following information on your post-secondary education:

|                 |  |  |              |  |  |
|-----------------|--|--|--------------|--|--|
| Name of School: |  |  | Location:    |  |  |
| Major:          |  |  | Minor:       |  |  |
| Degree Earned:  |  |  | Date Issued: |  |  |

  

|                 |  |  |              |  |  |
|-----------------|--|--|--------------|--|--|
| Name of School: |  |  | Location:    |  |  |
| Major:          |  |  | Minor:       |  |  |
| Degree Earned:  |  |  | Date Issued: |  |  |

  

|                 |  |  |              |  |  |
|-----------------|--|--|--------------|--|--|
| Name of School: |  |  | Location:    |  |  |
| Major:          |  |  | Minor:       |  |  |
| Degree Earned:  |  |  | Date Issued: |  |  |

Submit copies of proof of completion - diplomas or transcripts (Additional information may be required.)

## EDUCATION ON DISORDERED GAMBLING

3. Applicants must complete thirty (30) hours of education related to the knowledge and skills of disordered gambling counseling. Attach proof of training from a training course approved by the Commission on Problem Gambling and passing grade on the Nebraska knowledge test.

## LICENSE INFORMATION

4. List your current Nebraska licenses and certificates.

|                  |  |              |
|------------------|--|--------------|
| Type of license: |  |              |
| License #        |  | Date Issued: |

  

|                  |  |              |
|------------------|--|--------------|
| Type of license: |  |              |
| License #        |  | Date Issued: |

  

|                  |  |              |
|------------------|--|--------------|
| Type of license: |  |              |
| License #        |  | Date Issued: |

  

|                  |  |              |
|------------------|--|--------------|
| Type of license: |  |              |
| License #        |  | Date Issued: |

  

|                  |  |              |
|------------------|--|--------------|
| Type of license: |  |              |
| License #        |  | Date Issued: |

## SECTION C - CODE OF ETHICS

### **Applicant must adhere to the following Code of Ethics:**

1. 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.
2. Respect the unique characteristics of the professional counseling relationship which demands sound, inter-personal transactions between client and counselor.
3. Respect the therapeutic needs of the client by not engaging in a personal or sexual relationship with the client.
4. Respect the therapeutic needs of the client by not conducting any business or political transactions with the client, that may jeopardize their therapeutic needs.
5. 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.
6. 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.
7. Adhere to the legal requirements for confidentiality of all records, materials, and communications, regarding clients, their families and significant others.
8. 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.
9. Respect the rights and views of fellow colleagues and members of other professions.
10. 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.
11. 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

## SECTION D - 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  
3400 Village Drive Suite 100. Lincoln NE 68516