

# Documentation of Supervised Hours for Problem Gambling Related Work

REQUIRED FOR NEW APPLICANTS

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

To be certified, counselors must show a minimum of 50 hours of clinical experience working with problem gamblers and their significant others. Please indicate the total number of supervised hours spent on the tasks listed below related to problem gambling assessment and treatment.

DATES: from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

TASKS	HOURS	TASKS	HOURS
Screening/Intake	_____	Debt management	_____
Assessment	_____	Client education	_____
Treatment planning	_____	Aftercare services	_____
Individual counseling	_____	Client follow-up	_____
Family counseling	_____	Other (please specify):	
Group counseling	_____	_____	_____
		_____	_____

TOTAL HOURS \_\_\_\_\_

I certify that the above information accurately describes my hours spent in problem gambling related work with gamblers and their significant others.

\_\_\_\_\_  
*Gambling treatment provider signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Onsite clinical supervisor signature\**

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Problem gambling counseling consultant signature*

\_\_\_\_\_  
*Date*