



Gambling Treatment Program

AGENCY STAFF CHANGE REQUEST

 One Penn Center, 5th Floor
 2601 N. 3rd Street
 Harrisburg, PA 17110
 Email: PA-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 PA licensed Behavior Specialist with an established office from which to practice or be employed by a PA agency.
- ☐ An outpatient counselor employed and practicing in an agency licensed by the Pennsylvania Department of Human Services to provide Outpatient Services.
- ☐ 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 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 36 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.**

☐ 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 the Counselor's employment is required by submitting a copy of one of the following documents with this application: W-2 form, Current pay statement, or I-9 Form.

SECTION E – ATTESTATION

Name of Agency Contact (*Please Print*)

Title

Signature of Agency Contact

Date

Department of Drug and Alcohol Use ONLY

☐ Approved

DDAP Authorized Staff

Approval Date

☐ Denied

DDAP Authorized Staff

Approval Date