



# New Mexico Council on **PROBLEM GAMBLING**

**Become a Clinical Counselor for Problem Gamblers and their families with NMCPG and receive \$75.00 per clinical hour, payment within 30 days, and an easy voucher system for reimbursement.**

## **Gambling Counselor Application**

### Applicant Checklist:

- \_\_\_\_\_ Applicant Information
- \_\_\_\_\_ W-9 Form filled out
- \_\_\_\_\_ A signed Problem Gambling Counselor Ethical Standard statement
- \_\_\_\_\_ A signed Documentation of Hours statement
- \_\_\_\_\_ Current/ updated Resume'
- \_\_\_\_\_ Photocopy of current malpractice liability insurance coverage (cover page only)
- \_\_\_\_\_ Photocopy of current certificate or license issued by the State to provide counseling services
- \_\_\_\_\_ Photocopy of current Drivers License
- \_\_\_\_\_ Photocopy of certificates of attendance from Problem Gambling training sessions attended. Proof of course content may be required. NMCPG requires 40 gambling specific CEU's for Certification or 12 gambling specific CEU's for Provisional Certification
- \_\_\_\_\_ Supervisor's Statement (Confidential Evaluation) **AND/OR** Professional Colleagues statement/Letter of Reference

NOTE: When **all** of the above materials are received, the information will be forwarded to the Gambling Counselor Certification Board for review.

### *Mission Statement*

*The New Mexico Council on Problem Gambling is dedicated to increasing public awareness of the condition of problem gambling and increasing the availability of services for problem gamblers and their families. The Council is neither for nor against gambling.*



## Applicant Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Agency: \_\_\_\_\_

Work Supervisor's Name: \_\_\_\_\_

Name of Certified Clinical Supervisor: \_\_\_\_\_

Are you currently licensed or certified? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list your license or credentials, their number and whether they are State or National level

<u>License/Credentials</u>	<u>Number</u>	<u>State/Nat'l</u>
----------------------------	---------------	--------------------

Please return this application, the required documentation to:

**New Mexico Council on Problem Gambling**

P.O. Box 10127

Albuquerque, NM 87184

If you have any questions about the Certification Application process, please call (505) 897-1000

\*\*\*\*\*

*For Official Use Only*      *Date Received* \_\_\_\_\_



## **Gambling Counselor Ethical Standards**

I shall be dedicated to the concept that problem and pathological gambling is treatable and that efforts with the client shall have as a primary goal the recovery from pathological gambling.

I shall respect the confidentiality of all records, material and communications concerning the client.

I shall not discriminate among clients, colleagues, or other professionals on the basis of race, color, creed, gender, age or sexual orientation.

I shall assess my own personal strengths and limitations, biases and effectiveness, and recognize when it is in the client's best interest to refer them to another individual or program.

I shall take personal responsibility for continued professional growth through further education and training.

I shall make a total commitment to provide the highest quality services through personal effort and utilization of other health professionals or services, which may assist the client in his/her recovery.

I shall never solicit clients, particularly at gambling establishments, Gambler's Anonymous or other self-help groups.

I shall not engage in any form of gambling, betting or wagering with clients.

I shall limit my practice to the areas of competence. Competency at a minimum must be based upon appropriate education, training experience. I will refer to other health resources, legal authorities or social service agencies when such referrals are in the best interest of the client.

If impaired due to a mental, emotional, physical, pharmacological, substance or gambling disorder, I shall never begin or continue a professional relationship with a client. If such a condition develops after a professional relationship begins, I shall terminate the relationship in an appropriate manner and assist the client in obtaining services from another provider. I do not use alcohol, drugs, or gamble in a matter that will reflect adversely on the credibility and integrity of the profession.

I shall never accept as clients, persons with whom there is a pre-existing or close person relationship.

I shall respect the client by maintaining an objective, non-possessive professional relationship at all times which by neither conduct nor conversations could be construed as sexual in nature or lead to sexual allegations.

I shall never engage in any sexual contact or sexual activity with current or former clients.

I shall never engage in sexual harassing or demeaning behavior.

---

Applicant Signature

---

Date



## Documentation of Hours For Addictions/ Problem Gambling Related Work

Applicant: \_\_\_\_\_

Please indicate the number of hours spent on the duties listed below based on average 40-hour workweek.

<u>Duties</u>	<u>Hours</u>
Help-Line Volunteer contact hours	_____
Outreach	_____
Assessment	_____
Intake	_____
Individual	_____
Family counseling	_____
Group counseling	_____
Client education	_____
Referrals to other resources	_____
Client record keeping	_____
Aftercare services	_____
Client follow-up	_____
Administrative responsibilities	_____
Community activities (i.e., lectures, workshops given, ect.)	_____
Research	_____
Program management	_____
Medical recommendations/Treatment Referral Form	_____
Other (please specify): _____	_____
_____	_____

Total hours spent: \_\_\_\_\_

I certify that the above information accurately describes my hours spent on problem gambling related work.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Supervisor's Statement Confidential Evaluation

**DO NOT RETURN THIS FORM TO THE APPLICANT**

\_\_\_\_\_  
Applicant's Name

During the above time period, I certify that I provided the applicant with a total of \_\_\_\_\_ hours of supervision relating to the Applicant's work as a Gambling Counselor.

Please describe your awareness of the applicant's involvement in assessment and/or treatment with problem gamblers and their families.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any reservations about this applicant's professional or ethical performance?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please elaborate. (Please attach additional pages if necessary)

I hereby certify that I have been in a position to have first hand knowledge of the above named Applicant's work on the \_\_\_\_\_

Name of Agency or Work Setting

During the time period from \_\_\_\_\_ to \_\_\_\_\_

The information I am giving is my best judgment of the above named Applicant's capabilities to the Certified as a Gambling Counselor in New Mexico State.

Please print clearly or type:

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

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form directly to:  
**New Mexico Council on Problem Gambling**  
P.O. Box 10127  
Albuquerque, NM 87184



# Professional Colleague's Statement Letter of Reference

**DO NOT RETURN THIS FORM TO THE APPLICANT**

---

Applicant's Name

Please describe the nature of your professional relationship with the applicant and describe her/his professional work within the area of problem gambling.

---

---

---

---

---

---

---

Please describe your awareness of the applicant's involvement in assessment and/or treatment with problem gamblers and their families.

---

---

---

---

---

---

---

Do you have any reservations about this applicant's professional or ethical performance?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please elaborate. (Please attach additional pages if necessary)

---

---

---



I hereby certify that I have been in a position to observe and have first hand knowledge of the above named Applicant's work at the \_\_\_\_\_  
Name of Agency or Work Setting

During the time period from \_\_\_\_\_ to \_\_\_\_\_

The information I am giving is my best judgment of the above named Applicant's capabilities to be certified as a Gambling Counselor in New Mexico State.

Please print clearly or type.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form directly to:  
**New Mexico Council on Problem Gambling**  
P.O. Box 10127  
Albuquerque, NM 87184



## Organizational Goals of Certification

In order to assure a body of qualified and competent professionals working in the field of clinical treatment with pathological (and problem) gamblers and their families, the New Mexico Council on Problem Gambling is proposing the following organizational goals to aid in the certification of Gambling Counselors in the State of New Mexico.

1. To assure the Gambling Counselors possess high standards of training, competence, skills and knowledge.
2. To develop and operate a system of evaluation, screening, and certification of Gambling Counselors in New Mexico.
3. To assure that this certification process is available to all interested applicants to meet the minimum qualifications.
4. To uphold and endorse the professional code of ethics of each practitioner's discipline.
5. To maintain coordination and liaison with state officials, professional association and educational institutions to keep developments in the field of gambling treatment, and to periodically review, modify, update and improve current standards of competence, skills and knowledge.
6. To establish a registry of Certified Gambling Counselors in the State of New Mexico and maintain all necessary records of applicants.





## Criteria for Specialty Certification in Problem Gambling

The Problem Gambling Counselor Certification is designed as a specialty certification overseen by the New Mexico Council on Problem Gambling.

The minimum eligibility requirements are:

1. The applicant **must hold a current certificate or license issued by the State of New Mexico** to provide mental health or chemical dependency services to the public or be able to provide credentials that demonstrate proficiency as a Native American treatment provider.
2. The applicant will **provide documentation of** professionally supervised post-certification or post-licensure experience providing mental health or chemical dependency treatment services.
3. The applicant **will provide a letter of reference** from professionals **AND/OR** Supervisors personally familiar with the applicant's work.
4. Applicants need to **provide documentation** of their 40 gambling specific CEU's for certification or 12 gambling specific CEU's for Provisional Certification.
5. Licensees, individuals that have acquired either permanent certification or provisional certification must **provide documentation** of earning 6 gambling specific CEU's every year to maintain their current NMCPG Certification.
6. Licensees whom are granted Provisional Certification are required to earn an additional 28 gambling specific CEU's within two (2) years after the date of attaining provisional status. Failure to attain these CEU's will automatically disqualify counselors for Certification.

Once you have completed these requirements you are eligible to receive referrals from the Council help-line provided your application is approved.

NMCPG offers four (4) free one-day conferences at different locations in the state annually. If you would like to be included on a list to attend, please contact our office at (505) 897-1000.