



# Certified Gambling Addiction Counselor On-the-Job Supervision Verification Form

## DIRECTIONS

This form allows for one qualified supervisor to document clinical on-the-job supervision hours as required for the CGAC credential. Provide a separate form and instructions to each qualified supervisor who will document supervision for certification purposes. FCB has supervision documentation templates posted online that may be used if needed.

All information must be TYPED. Handwritten forms will be denied. This is a two-part form.

- Part One is completed by the applicant and provided to the qualified supervisor.
- Part Two is completed by the qualified supervisor and provided to FCB by mail, email or fax (see below).

Upon completion, please submit the form directly to the FCB. *On-the-Job Supervision Verification Forms* will not be accepted from the applicant.

**Mail:** Florida Certification Board  
Attn: Certification Operations  
1715 South Gadsden Street  
Tallahassee FL 32301

**Email:** Certification Specialist's email or  
admin\_assist@flcertificationboard.org  
**Fax:** 850-222-6247  
**Subject Line:** On-the-Job Supervision (applicant name)

## REQUIREMENT

<b>Policy Standard</b>	Supervision focuses on improved client care and improved job performance. The purpose of supervision is to teach counselors how to promote client welfare and increase their skills and knowledge in order to effectively treat their client base. Supervision for certification purposes can be individual, one-on-one supervision and/or observation of skills OR group supervision/case staffings. At least 50% of the hours of supervision must be individual, one-on-one supervision and/or observation skills. No more than 50% of the required hours of supervision may be in a group setting. See FCB's website at <a href="http://www.flcertificationboard.org">www.flcertificationboard.org</a> for additional details and guidance.
<b>CGAC Description</b>	A designation for the primary person providing direct care to individuals and their families who receive services for problem gambling.
<b>Qualified Supervisor Definition</b>	<p>A qualified supervisor must be current and fall within one of the following designations:</p> <ul style="list-style-type: none"> <li>• Certified Gambling Addiction Counselor (CGAC)</li> <li>• A MCAP or CAP</li> <li>• Qualified professional under Chapter 458, 459, 490, or 491, F.S.</li> </ul> <p>A copy of the qualifying credential or license for the qualified supervisor must be attached.</p> <p><i>(Continued on next page)</i></p>



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<b>On-the-Job Supervision Requirement</b>	<p>50 hours on-the-job supervision of the applicant's performance of gambling-related counseling services.</p> <p>A minimum of 5 hours of supervision per domain is required in the categories as listed on page 2 of the <i>On-the-Job Supervision Verification Form</i>.</p> <p>For certification purposes, the FCB benchmarks reasonable and achievable supervision at the rate of 3 hours per week/156 hours per year.</p> <p>Eligible on-the-job supervision occurred within the last 5 years.</p>
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## PERFORMANCE DOMAIN CATEGORIES

Minimum of 20 hours must be completed in each performance domain listed below. The remaining hours may be allocated across any category(ies).

<b>ADDICTION THEORIES:</b> Supervision in addiction theories which includes feedback and discussion regarding the disease of addiction, models of treatment, signs and symptoms of addiction and/or addiction treatment modalities.
<b>BASIC KNOWLEDGE OF PROBLEMS AND PATHOLOGICAL GAMBLING:</b> Supervision in this domain refers to feedback and discussion regarding the definition of pathological gambling; the scope/prevalence of gambling addiction in adults, youth and other populations; the typical progression and withdrawal symptoms of gambling addiction; and standards evaluation instruments used to identify a potential or actual gambling addiction.
<b>GAMBLING COUNSELING PRACTICE:</b> Supervision in this domain refers to feedback and discussion regarding treatment plans, including treatment approaches; treatment implementation and monitoring; and continuing care.
<b>SPECIFIC ISSUES IN GAMBLING:</b> Supervision in this domain is focused on ensuring that gambling counselors understand specific issues that present when planning for relapse/relapse prevention; and recognizing and responding to indicators of high risk, including suicide, self-harm, risk management, crisis management and financial issues.
<b>PROFESSIONAL ISSUES:</b> Supervision related to professional issues which includes discussions and feedback on issues such as cultural competence, boundaries/transference, privacy/confidentiality/HIPAA, and professional ethics.



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## **SUPERVISOR REQUIRED DOCUMENTATION**

A qualified supervisor must maintain documentation of supervision, copies of which may be requested by Certification Staff at any time. Documentation must include the following minimum information:

- a. Supervisee name, current position and credential sought.
- b. Date of supervision, start and end time of supervision, and number of supervision hours accrued.
- c. Supervisor name and title.
- d. Methods of supervision (individual, group, observation, review clinical documentation).
- e. Summary of supervision offered during session.
- f. Signature of both Supervisee and Supervisor

Documentation does not need to be submitted with this verification form. FCB has supervision documentation templates posted online that may be used if needed.



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All information must be typed. Handwritten forms will be denied.

**Part 1: To be completed by the applicant prior to providing to the qualified supervisor for completion.**

<b>Applicant Information:</b> Please list the position you held for which you are requesting documentation of on-the-job supervision by a qualified supervisor. Report employment dates in the following format: MM/DD/YYYY to MM/DD/YYYY. Use a separate form for each qualified supervisor documenting one-on-one on-the-job supervision.		
<b>Applicant Name:</b>		
<b>Employer:</b>		
<b>Type of Position:</b>	Full-Time	Part-Time
<b>Position Title:</b>		
<b>Immediate Supervisor:</b>		

**Part 2: To be completed by the applicant's qualified supervisor only.**

<b>Section A: Qualified Supervisor Contact Information</b>	
<b>Last Name:</b>	<b>First Name:</b>
<b>Title:</b>	<b>Employer:</b>
<b>Email Address:</b>	<b>Business Phone:</b>
<b>Work Address:</b>	
<b>City:</b>	<b>State:</b>
<b>Zip Code:</b>	<b>County:</b>

<b>Section B: Supervision Attestation</b>		
I am a qualified supervisor because I am:		
National Gambling Counselor Certification I or II		
A CGAC credential through the Florida Certification Board		
A MCAP or CAP credentialed through the Florida Certification Board		
Qualified professional under Chapter 458, 459, 490 or 491, F.S.		
<i>Copy of qualifying credential or license for the qualified supervisor is attached.</i>	Yes	No



# Certified Gambling Addiction Counselor On-the-Job Supervision Verification Form

Section B: Supervision Attestation Continued		
Domain Category – <i>Please see Page 2 of On-the-Job Supervision Verification Form for instructions</i>	Individual Supervision Number of Hours	Group Supervision Number of Hours
ADDICTION THEORIES		
BASIC KNOWLEDGE OF PROBLEMS AND PATHOLOGICAL GAMBLING		
GAMBLING COUNSELING PRACTICE		
SPECIFIC ISSUES IN GAMBLING		
PROFESSIONAL ISSUES		
<b>TOTAL HOURS PER CATEGORY:</b>		
<b>TOTAL HOURS OF ON-THE-JOB SUPERVISION EARNED:</b> <b>(No more than 50% of the total required hours may be in a group setting)</b>		

Type of Position Supervised	Full-Time Part-Time	Time period during which supervision was provided: From: _____ To: _____
<p>I have read and understand the on-the-job supervision requirements for Certified Gambling Addiction Counselor (CGAC) certification. I provided the above on-the-job supervision to the applicant and maintain supervision records supporting my attestation according to agency protocol. I consent to an audit of such records if requested.</p> <p style="text-align: right;">Yes                      No</p>		
<p>As a qualified supervisor, do you have any concerns about the applicant's ability to competently perform as a Certified Gambling Addiction Counselor?</p> <p style="text-align: right;">Yes*                      No</p> <p>*If yes, the FCB will contact you for additional information, which may result in non-acceptance of your on-the-job supervision to meet certification requirements.</p>		
<p>I provided on-the-job supervision of the applicant as he or she performed gambling-related counseling services at the level expected of a Certified Gambling Addiction Counselor.</p> <p style="text-align: right;">Yes                      No</p>		
<p>By my signature, I attest that the above material is true to the best of my knowledge.</p>		
<b>Qualified Supervisor's Signature</b> <i>(FCB accepts manual and electronic signatures)</i>		<b>Date</b>