



# Certified Gambling Addiction Counselor Training Verification Form

## DIRECTIONS

This form allows for documenting training hours as required for the CGAC credential. The applicant completes all required fields of data on the *Training Verification Form* and uploads the completed form and copies of supporting documentation to their online application prior to submitting.

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

If submitting by hard copy, please attach copies of the supporting documentation to the completed *Training Verification Form* and send as instructed below. Supporting documentation must be attached in the same order listed on the form.

**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:** Training Verification (applicant name)

## REQUIREMENT

<b>CGAC Content Specific Training Requirement</b>	<p>85 total clock hours of training divided as follows:</p> <ol style="list-style-type: none"> <li>1. Addiction Theories: 10 hours</li> <li>2. Basic Knowledge of Problems and Pathological Gambling: 16 hours</li> <li>3. Gambling Counseling Practice: 20 hours</li> <li>4. Specific Issues in Gambling: 24 hours</li> <li>5. Professional Issues: 15 hours</li> </ol> <p><b>OR</b></p> <p>If you have an active National Certified Gambling Counselor I or II, this will meet the 85-hour training requirement.</p>
<b>Supporting Documentation</b>	<p>Training documentation must provide the following information: Applicant Name; Title of Course/Training/Educational Event; Event Sponsor/Provider; Delivery Date(s); and Number of Contact Hours.</p> <p>If training certificates do not include all required information, contact the training provider and request additional information on their official letterhead to submit as documentation. If using college coursework for training credit, you must provide a copy of your transcript as well as a copy of the course description.</p> <p>Eligible training must be taken from an FCB Approved Education Provider within the last 10 years (no time limit on college coursework taken as part of a degree program). Eligible Training Providers are listed on FCB's website at <a href="http://www.flcertificationboard.org">www.flcertificationboard.org</a> under Education &amp; Training.</p>

## TRAINING TOPICS BY DOMAIN

DOMAIN	TOPICS
<b>Addiction Theories (10 hours)</b>	<ul style="list-style-type: none"> <li>• Disease of Addiction</li> <li>• Etiology/Causation of Addiction</li> <li>• Models of Treatment</li> <li>• Physical Aspects of Addiction, Brain Science</li> <li>• Relationship of Addiction to Health, Crime and Other Social Problems</li> <li>• Signs, Symptoms, Progression of Addiction</li> <li>• Treatment Components/Modalities</li> </ul>
<b>Basic Knowledge of Problems and Pathological Gambling (16 hours)</b>	<ul style="list-style-type: none"> <li>• Motivational Interviewing</li> <li>• Gambling Prevalence</li> <li>• Assessment Instruments, Procedures and Techniques</li> <li>• Pathological Gambling</li> </ul>
<b>Gambling Counseling Practice (20 hours)</b>	<ul style="list-style-type: none"> <li>• Documentation</li> <li>• Treatment Planning/Models of Treatment</li> <li>• Care Coordination</li> <li>• Enhancing Client Choice/Client Directed Care</li> <li>• Stages of Change</li> <li>• Reports/Record Keeping/Records Management</li> <li>• Communication Skills</li> <li>• Self-help Groups</li> <li>• Referrals</li> <li>• Case Management</li> <li>• DSM/Diagnosis Criteria</li> <li>• Understanding Family Dynamics of Addiction</li> </ul>
<b>Specific Issues in Gambling (24 hours)</b>	<ul style="list-style-type: none"> <li>• Special Population Needs</li> <li>• Relapse/Relapse Prevention</li> <li>• Risk Factors/Risk Management</li> <li>• Legal Issues</li> <li>• Crisis Management</li> <li>• Suicide/Self-Harm</li> <li>• Financial Issues</li> </ul>
<b>Professional Issues (15 hours)</b>	<ul style="list-style-type: none"> <li>• Cultural Competence</li> <li>• Boundaries/Transference</li> <li>• Privacy/Confidentiality/HIPAA</li> <li>• Professional Ethics</li> <li>• Computer Ethics</li> <li>• Ethical Decision Making/Code of Ethics</li> <li>• Laws/Rules and Regulations</li> <li>• Relationships/Dual Relationships</li> <li>• Organizational Ethics</li> <li>• Sexual Misconduct</li> </ul>



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APPLICANT NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

TRAINING TOPIC: ADDICTION THEORIES (1 OF 5)

Training Requirement: Minimum 10 hours of training in topics directly related to Addiction Theories.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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APPLICANT NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

TRAINING TOPIC: BASIC KNOWLEDGE OF PROBLEMS AND PATHOLOGICAL GAMBLING (2 OF 5)

Training Requirement: Minimum 16 hours of training in topics directly related to Problems and Pathological Gambling.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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APPLICANT NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

TRAINING TOPIC: GAMBLING COUNSELING PRACTICE (3 OF 5)

Training Requirement: Minimum 20 hours of training in topics directly related to Gambling Counseling Practice.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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**TRAINING TOPIC: SPECIFIC ISSUES IN GAMBLING (4 OF 5)**

**Training Requirement: Minimum 4 hours of training in topics directly related to Specific Issues in Gambling.**

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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APPLICANT NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

TRAINING TOPIC: PROFESSIONAL ISSUES (5 OF 5)

Training Requirement: Minimum 15 hours of training in topics directly related to Professional Issues.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	