** APPLICATION FOR INDIVIDUAL CERTIFICATION**

***Kansas Certified Gambling Counselor-Provisional***

***Please open the forms and fill in the grey boxes by typing in Microsoft Word and email to the address provided. Handwritten applications will not be processed.***

Legal Name:

Date of Birth:

Education Level:

Home Address:       City:       State:       Zip:       Home Telephone:

Office/Work Address:       City:       County:      State:      Zip:

Office/Work Telephone:       Fax:

Name of program/private practice you work for *if applicable*:

**Mailed Communication Information**

If certificate should go to a different location other than the home address, designate the mailing address.

Address:      

City:       State:       Zip:

**Electronic Communication**

Please provide an email address to receive emails from the State.

Email:

Individual services are available in the following languages:

*Please check all those that apply for the Individual* *listed above.*

English

Spanish

Korean

Vietnamese

American Sign Language (ASL)

Other: (Please specify)

**Checklist for Application**

***Provisional Kansas Certified Gambling Counselor Level, KCGC-P***

Application Form

Copy of letter from KDADS indicating successful completion of 60 hours of KDADS approved gambling education

Copy of letter from KDADS indicating successful completion of the Gambling Counselor exam

Copy of Bachelor’s Degree/Master’s Degree diploma

A copy of current License(s) and/or Credential(s) from BSRB

Signed copy of *Supervisory Plan*

Signed *Professional Code & Ethical Agreement*

Signed *Merit of Public Trust*

Please return the completed application with all required materials to:

*Carol.Spiker@ks.gov* ***Or***

KDADS

SUD Behavioral Health Services / *Attention: Carol Spiker*

503 S. Kansas Avenue

Topeka, KS 66603-3404

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**Supervisory Plan**

**Provisional-Kansas Certified Gambling Counselor**

**Name:**

**Clinical Supervisor’s Name:**

Check your clinical supervisor’s credentials:

National Board Approved Clinical Consultant (BACC), or

National Certified Gambling Counselor Level II, or

KDADS approved Kansas Certified Gambling Counselor Level II (KCGC II)

**Methodology to assess and document your competencies and additional training needs**. Briefly describe your clinical supervisor’s method used to assess and document your competencies. Also describe how your supervisor will recommend additional training if they feel you have not met the competencies necessary. This will necessitate a conversation with your supervisor to clearly understand their methodology. Please attach additional sheets if you need more space.

**Timeline to complete 24 hours of supervision:**

     

Note: At a minimum, the P-KCGC must obtain at least 1 hour of clinical supervision per month and a **total of 24 hours** of documented supervision. Clinical supervision must be provided one-on-one.

The group clinical supervision calls that are available through KDADS do not qualify for Provisional Clinical Supervision. They can be educational but not documented as “supervised clinical hours.”

Note: A Provisional Certificate is a temporary certificate that allows an individual to provide problem gambling treatment services while under clinical supervision. P-KCGC status may be held a minimum of three (3) years.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**Documentation of**

**Provisional KCGC Level I Clinical Supervision**

1. *Complete 24 hours of supervision in problem gambling counseling* (the supervised experience must be documented and include evidence of an assessment and evaluation of the counselor’s KCGC I professional competencies.)
2. “Problem gambling counseling” is defined as:
3. Face to face clock hours with gambling clients
4. Face to face clock hours with gamblers and/or their families or significant others
5. All hours of documentation for gambling clients or family member to:
   1. Patient chart
   2. EAP/employer
   3. Counselor supervisor
   4. Referral agents/other mental health workers/court/parole/probation officers/attorneys
6. Telephone interventions of 30 minutes or more
7. Assessments of clients for a gambling problem
8. Preparation of discharge summaries, evaluations and/or aftercare plans for other agencies or care providers
9. Presentation of problem gambling cases to medical or clinical director
10. Case management services to managed care providers or utilization review for gambling cases
11. Lectures/educational sessions for gamblers or their family members, in treatment on areas of addiction, or mental health recovery, including presentations at Gambler Anonymous or Gam Anon meetings
12. Treatment planning sessions with the treatment team in your agency or private practice
13. Participation in problem gambling case review conference calls with NCPG Board Approved Clinical Consultant (BACC).

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| **Date** | **# (1-11) Above** | **Type of service, from the list above** | **Hours** |
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|  |  | **TOTAL HOURS** | **0.00** |

I understand that falsification of any part of the application may result in my being denied certification or revocation of same upon discovery.

     

Signature/Credentials of Certification Holder Date

     

Signature/Credentials of Clinical Supervisor Date

Expiration Date of Current P-KCGC Certification Cycle:

**Professional Code and Ethical Agreement**

**Kansas Certified Gambling Counselor (KCGC)**

***To be read and signed by the applicant.***

**Please type into the shaded boxes.**

Applicant:

1. I shall support all efforts toward a primary goal of recovery for clients and families.
2. I shall conform to all rules and regulations pertaining to the confidentiality of all records, materials and communications concerning clients.
3. I shall demonstrate respect for clients by maintaining an objective, non-possessive professional relationship at all times.
4. I shall not discriminate among clients or professionals on the basis of race, color, creed, age, sex or sexual orientation.
5. I shall respect the rights and view of other gambling counselors and professionals.
6. I shall respect institutional policies and will cooperate with management functions.
7. I maintain a genuine interest in helping persons with gambling problems and will help those affected to help themselves.
8. I shall assess my own personal and vocational strengths, limitations, and biases. I will recognize when it is in the clients best interest to refer or release him/her to another counselor or program.
9. I shall take responsibility for continued professional growth through further education or training.
10. I commit to providing the highest quality of care through both personal effort and utilization of any other health professionals or services which may assist the client in his/her recovery plan.
11. I do not use alcohol, drugs nor gamble in a manner that will reflect adversely on the credibility and integrity of the profession.

Date Signature of Applicant

**Merit of Public Trust**

**Kansas Certified Gambling Counselor (KCGC) Application**

Please answer the following questions. Note: If the answer to any of the items 1 through 12 in this section is "Yes", submit as part of your application a signed, dated type-written explanation that gives specific details including disposition of the matter. A “yes” answer will not automatically exclude you from certification.

1. Have you ever been charged with or convicted of a felony or misdemeanor (including Driving Under the Influence convictions) other than a traffic violation? Yes  No
2. Have you ever had a complaint filed with a professional association or a counselor certifying, licensing, or registering body against you for alleged unethical behavior or unprofessional conduct? Yes  No
3. Have you used any alcohol, narcotic, barbiturate, other drug affecting the central nervous system, or other drug which may cause physical or psychological dependence, either to which you were addicted or upon which you were dependent within the last 2 years? Yes  No
4. Have you been diagnosed or treated for any physical, emotional or mental illness or disease, including alcohol/drug addiction or dependency, which limited your ability to practice behavioral sciences with reasonable skill and safety within the past 2 years? Yes  No
5. Have you gambled in a manner which would reflect adversely on the credibility and integrity of the profession in the past 2 years? Yes  No
6. Have you used controlled substances which were obtained illegally or which were not obtained pursuant to a valid prescription order or which were not taken following the direction of a licensed health care provider within the past 2 years? Yes  No
7. Have you ever had disciplinary action taken against you for unethical behavior, unprofessional conduct or any other grounds? Yes  No
8. Has any state, jurisdiction, providence, or professional organization denied your application for credentials or professional membership? Yes  No
9. Have you ever been sued for malpractice, or agreed to pay a settlement in a malpractice suit?

Yes  No

1. Has any governmental agency ever substantiated allegations made against you for physical, mental or emotional abuse or neglect, sexual abuse, or exploitation of (1) a child, (2) a resident of an adult care home, medical care facility, psychiatric hospital or state institution for the mentally retarded, or (3) an adult?

Yes  No

1. Have you ever been found guilty of or liable for fraud, deceit in connection with services rendered as a behavioral health provider by a civil or criminal court of law or board of a professional organization?

Yes  No

I certify that I voluntarily make this application, and freely submit myself to the evaluation of KDADS/BHS. I will accept the decision of KDADS/BHS and do accept full responsibility for any and all consequences of the process of seeking certification. To the best of my knowledge, the information contained on this application is true and correct. I authorize members or representatives of KDADS/BHS to contact and obtain information or opinions from any references, employers or educational institutions or agencies deemed necessary in evaluation of this application for certification. I have read the KCGC Code of Ethics and understand its meaning. I further understand that any violation of the Code of Ethics may result in suspension or revocation of my certificate. I further understand that revocation of my state credential or license may result in suspension or revocation of my certificate. I understand I must notify KDADS/BHS of any address or name change within 30 days of occurrence.

Date Signature of Applicant

**Kansas Problem Gambling Counselor Certification**

**Eligibility Requirements**

***(Revised July 1, 2012)***

Problem gambling services, **for which state reimbursement is sought**, must be provided by individuals who meet the following provider qualifications and certification requirements:

* **Provider Qualifications:**

Problem gambling services, *except residential treatment*, must be provided by individuals who meet the following qualifications:

1. Shall be working for a Department for Aging and Disability Services (KDADS) - licensed or KDADS-certified alcohol and drug treatment program, or
2. Shall be working for an KDADS-licensed community mental health center, or
3. Shall be licensed by the Behavioral Sciences Regulatory Board (BSRB) at the clinical level, or
4. Shall be licensed by the state of Kansas to practice medicine or surgery, or both, or
5. Shall be licensed by Kansas state board of nursing as an advanced registered nurse practitioner in the category of clinical nurse specialist.

Problem gambling *residential* *treatment* services must be provided by individuals working for a KDADS-licensed or KDADS-certified alcohol and drug treatment program.

* **Certification Requirements:**

**Kansas Certified Gambling Counselor Level I (KCGC I)**

Individuals seeking the KCGC I must hold a current certification as a National Certified Gambling Counselor **OR** meet all of the following conditions:

1. (a) Hold a Master’s or Doctorate Degree in a related field from an accredited college or university, **OR**

(b) Hold a Bachelor’s Degree **and** licensed with the BSRB as an LAC or LCAC, and

1. Complete a designated gambling specific training program approved by KDADS/Behavioral Health Services (BHS), and
2. Receive a passing score on a designated problem gambling counselor exam approved by KDADS/BHS, and
3. Complete 24 hours of supervision in problem gambling counseling. Supervision shall be obtained over a *minimum* of a 12 month period (with no more than 4 hours of supervision each month) to a *maximum* of a 3 year period. The supervision must be documented and include evidence of an assessment and evaluation of the counselor’s KCGC professional competencies. The supervision must be from a:

(a) Kansas Certified Gambling Counselor Level II (KCGC II), or

(b) National Board Approved Clinical Consultant (BACC), or

(c) National Certified Gambling Counselor II (NCGC II), or

(d) KDADS approved KCGC Level I, or NCGC I, or

(e) KDADS approved individual practicing in another state as a problem gambling counselor with equivalent experience and education as either a KCGC II or BACC.

**Kansas Certified Gambling Counselor Level II (KCGC II)**

Individuals seeking the KCGC II must hold a current certification as a National Certified Gambling Counselor II **OR** must meet all of the following conditions:

1. Be certified or qualify to be certified as a KCGC I, and
2. Be an independently licensed clinician in Kansas to diagnose using the latest edition of the Diagnostic and Statistical Manual of Mental Disorders, according to the Kansas BSRB, and
3. Complete 50 hours of supervision in problem gambling counseling.[[1]](#footnote-1) Supervision shall be obtained over a *minimum* of a 24 month period (with no more than 4 hours of supervision each month). The supervision must be documented and include evidence of an assessment and evaluation of the counselor’s professional competencies. The supervision must be from a:

(a) National Board Approved Clinical Consultant (BACC), or

(b) National Certified Gambling Counselor Level II, or

(c) KDADS approved Kansas Certified Gambling Counselor Level II (KCGC II).

**Reciprocity Requirements for Kansas Problem Gambling Counselor Certifications**

An individual who is currently practicing or has practiced as a problem gambling counselor and is licensed, certified, or credentialed by another state, territory, or country may qualify for KCGC certification if the individual’s certification meets or exceeds the requirements as determined by KDADS.

**Scope of Practice for Kansas Certified Gambling Counselors**

The following list describes the tasks for which the gambling counselor is certified:

1. Intake
2. With the appropriate clinical licensure or clinical oversight, diagnosing Pathological Gambling through assessment and evaluation
3. Treatment planning
4. Facilitating logistics of treatment for individuals, family, significant others and group counseling
5. Perform continuous client evaluation
6. Referrals
7. Crisis Intervention[[2]](#footnote-2)
8. Case management
9. Client follow-up contact
10. Seek and use collateral support (employer, friends, etc.)
11. Record keeping and reports
12. Coordination of treatment plan
13. Outreach, education, training and prevention
14. Case consultation
15. Evaluation of treatment outcomes, identification of treatment gaps and overlaps
16. Program development, evaluation and consultation
17. Identification and coordination of community resources

**Kansas Interventionist for Problem Gambling (KIPG)**

In order to bill for formal problem gambling interventions, individuals must hold a current certification as a P-KCGC , KCGC I, KCGC II, NCGC I or NCGC II and complete a designated gambling specific interventionist training program approved by KDADS/BHS.

1. Until January 1, 2012, these 50 hours of supervision may be substituted with documentation of 50 hours of prior problem gambling clinical experience. [↑](#footnote-ref-1)
2. Does not include formal interventions facilitated by a trained Kansas Interventionist for Problem Gambling (KIPG). [↑](#footnote-ref-2)