

**GAMBLING COUNSELOR INTERN
PROGRESS REPORTING FORM**

Reports, a processing fee of **\$37.50**, **verification from supervisor that you are meeting the educational requirements** and verification from your supervisor of the required CEU's are due by **January 15 and July 15** of each year until you pass the written and oral examinations. Failure to have internship progress reports in by the required reporting date automatically **voids** your internship status. ***If all items are not submitted by the due dates you will be charged a late fee of \$75.00 plus the processing fee for a total of \$112.50.***

COUNSELOR INTERN (Print): _____ SUPERVISORS NAME _____ LICENSE NO. _____

REPORTING PERIOD: From _____ To _____ CO-SUPERVISOR(S) NAME _____

List Education/Training obtained by the Intern: This should include verification of CEU's and educational requirements that are required by NRS 641C. An individual required to attend college courses must complete a minimum of 3 units each semester

An Intern must accrue a minimum of 10 approved CEU every six (6) months. A minimum of 15 approved CEU's that include 6 ceus in ethics and 6 ceus in confidentiality with HIPPA must be completed within the first six months of serving as an Intern.

Specific Activities of Intern:

DATES OF INDIVIDUAL SUPERVISION The Supervisor shall communicate with the intern on an individual basis for at least two sessions of 1 hour each and every month , where the supervisor and intern review the intern's activities during the period. Include date and initials of supervisor. Indicate dates of illness and/or vacations of Intern or Supervisor. Progress reports start on January 1 and go to June 30 and July 1 to December 31 of each year.										DATES OF OBSERVATION OF COUNSELING SESSIONS (Observation of one session per month is required) Include date and initials of supervisor. Indicate dates of illness and/or vacations of Intern or Supervisor.	
1		76		13		19		25			
2		8		14		20		26			
3		9		15		21		27			
4		10		16		22		28			
5		11		17		23		29			
6		12		18		24					

RATE INTERN ON THE FOLLOWING ITEMS FOR THIS REPORTING PERIOD:

	1= Unsatisfactory	2= Poor	3= Satisfactory	4 = Good	5 = Excellent
UNDERSTANDING OF ADDICTION AND TREATMENT ISSUES/THEORIES					
BASIC KNOWLEDGE OF PROBLEM AND PATHOLOGICAL GAMBLING					
UNDERSTANDING AND COMPETENCY IN THE IDENTIFICATION, SCREENING/DIAGNOSIS, & LEVEL OF CARE GUIDELINES FOR PROBLEM & PATHOLOGICAL GAMBLING.					
TREATMENT PLANNING					
SERVICE COORDINATION, REFERRAL & USE OF COMMUNITY RESOURCES					
COMPETENCY IN PROVIDING INDIVIDUAL COUNSELING					
COMPETENCY IN PROVIDING GROUP COUNSELING					
COMPETENCY IN DOCUMENTATION OF CLIENT SERVICES PROVIDED					
UNDERSTANDING OF ETHICAL AND PROFESSIONAL RESPONSIBILITIES					

GENERAL COMMENTS BY SUPERVISOR:

I HEREBY ATTEST TO THE FOLLOWING: (Progress reports cannot be processed with out the following information checked)

- A. _____ I have satisfactorily completed the required hours of approved continuing education as required under NAC 641C.
- B. _____ I declare that I have no mental or physical conditions that prevent me from delivering counseling services at all times.
- C. _____ I have not been arrested, convicted or indicted of any offense or had action taken or initiated against any certification or licensure in any state since my certificate was last renewed.
- D. _____ I have not had disciplinary action taken nor have any outstanding allegations or complaints outstanding with this board or any other board in Nevada or other jurisdiction. *If so please explain in detail on separate piece of paper.*
- E. **Choose which item applies to you:**
 - 1. _____ I am in active recovery from chemical dependency and/or problem gambling and have maintained my abstinence for at least the last two years. If in recovery from a substance use disorder, please state for how many years _____.
 - 2. _____ I have never been chemically dependent, and/ or have had a gambling problem.
- F. _____ I agree to follow the Ethical Standards and Requirements as identified in NAC 641C.
- G. _____ I understand that all progress reports will be shared with future supervisors and the Board in the event that I apply to the Board for a different supervisor in the future.
- H. ***Federal law requires you to check one of the following:***

_____ I am not subject to a court order for the support of a child.

_____ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order:

_____ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Have all hours of supervision been documented in case files or NHIPPS, initialed and dated by the supervising counselor? _____ Yes _____ No

By signing below I am confirming that all information contained in this report is accurate, that all counseling activities of the Intern were conducted in an appropriated manner as defined in NAC 641C, and that the Intern observed all ethical standards for alcohol and drug abuse counseling.

Total number of hours worked or volunteered by Intern this reporting period _____. *A maximum of 1,000 hours worked or volunteered in each six-month period is allowed.*

Signature of Gambling Counselor Intern _____ Date _____ Intern# _____

Intern Mailing Address _____

Daytime Phone # _____ Email address: _____

Signature of Supervisor _____ CPGC# _____ Date _____

