

## GAMBLING COUNSELOR INTERN PROGRESS REPORTING FORM

Progress reports with verification from a supervisor, that you are meeting the educational requirements, a copy of the required CEU's and processing fee of \$37.50 are due by **January 15 and July 15** of each year; Reporting period runs from **January 1 to June 30 and July 1 to December 31**, 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. An Intern must accrue a minimum of 10 approved CEU every six (6) months. If this is within your first six months of serving as an Intern, you will have submitted 6 Ethic and 6 Confidentiality/HIPAA CEU's with your application, and will need to complete an additional 3 CEU's, 2 must be in suicide prevention for submission with your first progress report. *If all items are not received and postmarked by the due dates you will be charged a late fee of \$75.00 which totals \$112.50.*

Please make payments to:

**Board of Examiners for Alcohol, Drugs & Gambling Counselors**  
**4600 Kietzke Lane, B-115, Reno, NV 89502**

COUNSELOR INTERN (Print): \_\_\_\_\_ INTERN # \_\_\_\_\_

COUNSELOR INTERN ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

ORGANIZATION \_\_\_\_\_ ADDRESS \_\_\_\_\_

REPORTING PERIOD: From \_\_\_\_\_ To \_\_\_\_\_ HOURS WORKED PER WEEK: \_\_\_\_\_ TOTAL NUMBER OF GAMBLING HRS \_\_\_\_\_

<b>DATES OF INDIVIDUAL SUPERVISION</b> (1 hour every week is required) Include date and initials of supervisor. Indicate dates of illness and/or vacations of Intern or Supervisor. <b>Progress reports start on January 1 and go to June 30 and July 1 to December 31 of each year.</b>										<b>DATES OF OBSERVATION OF COUNSELING SESSIONS</b> (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		7		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		30											

**If required**, list three unit college courses completed this period \_\_\_\_\_ **List continuing education units completed this reporting period:** (a minimum of 10 CEU's are required each reporting period) **3 Ethics and 3 Confidentiality/HIPAA & 2 Suicide Prevention units are due every two year.**

**RATE INTERN ON THE FOLLOWING ITEMS FOR THIS REPORTING PERIOD:**

	1= Unsatisfactory	2= Poor	3= Satisfactory	4 = Good	5 = Excellent	Recommended CEU/training
UNDERSTANDING OF ADDICTION AND TREATMENT ISSUES/THEORIES						
BASIC KNOWLEDGE OF PROBLEM AND PATHOLOGICAL GAMBLING						
TREATMENT PLANNING						
SERVICE COORDINATION AND REFERRAL						
COMPETENCY IN PROVIDING INDIVIDUAL COUNSELING						
COMPETENCY IN PROVIDING GROUP COUNSELING						
COMPETENCY IN DOCUMENTATION OF CLIENT SERVICES PROVIDED						
UNDERSTANDING OF ETHICAL AND PROFESSIONAL RESPONSIBILITIES						
UNDERSTANDING AND COMPETENT USE OF NEW ASAM, AND DSM 5 GPPC,IN THE SCREENING AND ASSESSMENT PROCESS						

***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 sheet and attach it.***
- 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.

\_\_\_\_\_ 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 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 \_\_\_\_\_ . Number hours worked per week: \_\_\_\_\_ .**

Signature of Gambling Counselor Intern \_\_\_\_\_ Date \_\_\_\_\_ Intern# \_\_\_\_\_

*Faxed reports will not be accepted ~ all reports must have original signatures*

Supervisors Name: (Please print) \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_ GPGC# \_\_\_\_\_

Supervisors Employer \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

*Nevada law requires that Interns have onsite supervision.*

**It is the responsibility of the Intern and the Supervisor to keep copies of all progress reports**

**Board of Examiners for Alcohol, Drugs & Gambling Counselors  
4600 Kietzke Lane, B-115  
Reno, NV 89502  
7756-689-0562/0563  
Fax: 775-694-0564**

**PROGRESS REPORT CHECKLIST**

<b>CATEGORY</b>	<b>Completed</b>	<b>PROBLEM</b>
Pg. 1 Intern address complete		
Pg. 1 Organizations address complete		
Pg. 1 Hours Listed		
Pg. 1 Hours worked per week		
Pg. 1 College attendance verified		
Pg. 1 Individual supervision initialed		
Pg. 1 Dates of observation		
Pg. 1 CEU's verified (10 required)		
Pg. 2 Intern Rate Sheet		
Pg. 2 Recommended CEU's or training		
Pg. 2 Questions answered		
Pg. 3 Questions answered		
Pg. 3 Hours Listed		
Pg. 3 Hours worked per week		
Pg. 3 Signature of intern & date		
Pg. 3 Signature of supervisor, lic. # and date		

**Other Comments:**

**Ethics and Confidentiality/HIPAA must be retaken every two years.**

Intern's may only accumulate a maximum of **1000** hours per reporting period.

Reporting period is from;  
 January 1 to June 30  
 July 1 to December 31 of each year.

Interns then have until January 15 and July 15, to have progress report and fees to the Board. After this date a \$75.00 late fee will be assessed.

If intern is an LCADC Intern, please make sure they are using the correct progress report form. Mental health hours are listed separately from Alcohol and Drug hours.

