



Board of Examiners for Alcohol, Drug and Gambling Counselors



Request for Problem Gambling Counselors and Interns

Please print or type the following information:

Form with fields for NAME, HOME ADDRESS, CITY, STATE, ZIP, HOME TELEPHONE, CELL NUMBER, EMAIL ADDRESS, BUSINESS NAME, BUSINESS ADDRESS, BUSINESS TELEPHONE, BUSINESS FAX.

Please check below the application packet you are requesting.

A NONREFUNDABLE money order for \$150.00 made out to the Board of Examiners must accompany this Request for Application. Internship supervisor must be established prior to requesting an application.

Certified Problem Gambling Intern – Must be 21, a citizen of the United States or is lawfully entitled to remain and work in the United States. Requires you have a minimum of 60 credits towards your degree in an approved social science field, 30 hours of training specific to problem gambling, 6 hours of instruction related to confidentiality/HIPAA and 6 hours of instruction related to ethics, approved by the Board prior to making application.

Certified Problem Gambling Counselor - Requires you have completed a Bachelors or Masters degree in an appropriate social science field and have already completed 2,000 hours of practical experience in problem gambling counseling and 60 hours of training specific to problem gambling approved by the Board.

(The application packet will include the application, fingerprinting information, and a checklist of all required documentation)

Table with 2 columns: OPTIONAL: PROVISIONAL CERTIFICATE (OPTIONAL – IF ELIGIBLE) and \$125.00 DUE WITH APPLICATION, IF DESIRED – ONLY THOSE APPLICANTS THAT HAVE BEEN APPROVED AND REGISTERED TO TEST, HAVE MET ALL OTHER REQUIREMENTS TO BECOME A CERTIFIED PROBLEM GAMBLING COUNSELOR ARE ELIGIBLE FOR A PROVISIONAL CERTIFICATE.

If you are currently certified with the Board please indicate so on the request. This is done so you do not have to duplicate items previously sent. The new application checklist will be marked as to the items needed.

Please note: All applicants will be required to provide the Board with any and all information concerning any arrests, convictions, indictments, suspensions or revocations. If you have any convictions, arrests or etc. you cannot do problem gambling counseling until approved by the Board.

MAIL REQUESTS WITH MONEY ORDER IN THE AMOUNT OF \$150 TO:

BOARD OF EXAMINERS FOR ALCOHOL, DRUG AND GAMBLING COUNSELORS
4600 Kietzke Lane, B-115
Reno, NV 89502

I hereby request the application packet as indicated above.

Signature _____ Date: _____

Note: THE APPLICATION PACKET MAY NOT BE DUPLICATED. THE APPLICATION IS VALID FOR A PERIOD OF 12 MONTHS FROM THE DATE OF RECEIPT AND CAN ONLY BE USED BY THE INDIVIDUAL REQUESTING THE APPLICATION