CERTIFIED GAMBLING ADDICTION SPECIALIST (CGAS) APPLICATION PACKET
Dear Colleague:

Thank you for your interest in the Certified Gambling Addiction Specialist (CGAS) credential offered by the American Academy of Health Care Providers in the Addictive Disorders.

The American Academy has a diverse and international membership consisting of psychiatrists, psychologists, medical doctors, social workers, nurses, and counselors throughout the United States, Canada and other countries. The Certified Gambling Addiction Specialist (CGAS) credential is a clinical certification based upon experience providing addiction treatment under the direction of a qualified clinical supervisor, specialized clinical training on gambling addiction, and passing a written, proctored online examination.

For over a decade, the American Academy has been a driving force behind both the contemporary clinical practice and research throughout the world. Applicants who successfully meet certification requirements and pass the gambling addiction exam will represent clinicians with knowledge essential to the delivery of competent, effective, and contemporary gambling addiction treatment.

You are invited to visit our website at www.americanacademy.org, by telephone, 888.429.3701, or email cswensson@americanacademy.org, to learn more about the Academy and the Certified Gambling Addiction Specialist (CGAS) credential.

Sincerely

Cheri Swensson
Executive Director
MINIMUM ELIGIBILITY REQUIREMENTS - CGAS

The American Academy of Health Care Providers in the Addictive Disorders offers the Certified Gambling Addiction Specialist (CGAS) certification to health care professionals in the field of addictive disorders specializing in gambling addiction.

**Professionals with Masters or Doctorate degrees in mental health:**
(A master’s or doctorate degree from an accredited health care education program)

1. Three years (6,000 hrs) of post-graduate, full-time supervised experience providing direct health care services to those identified with an addictive disorder. Pre-doctoral or pre-masters internships at an approved site may be considered by the Academy towards one year of clinical supervision;

**Professionals with other degrees or without a degree must have:**

1. Five years (10,000 hrs) of full-time supervised experience providing direct health care services to those identified with an addictive disorder;

2. A portfolio of clinical education with documentation of a minimum of 270 hours of formal education that must include:
   - The curriculum contained in TAP 21: “Addiction Counseling Competencies” and the knowledge, skills and attitudes associated with the practice of those competencies. (120 hours minimum).
   - Gambling specific education (60 hours minimum within the last five years).
   - Other addiction-specific education, i.e. alcohol, drugs (60 hours minimum within the last five years).
   - A total of 30 hours minimum to include education in each of the following:
     - Provision of services to special populations, such as aging individuals; individuals with co-occurring disorders (e.g., alcoholism and mental illness); post traumatic stress disorder (PTSD); disabilities; diverse populations; cultural differences; individuals on probation/parole.
     - Ethics (includes law & ethics, confidentiality [per 42 Code of Federal Regulations, part2], and HIPAA).
     - Communicable diseases, including tuberculosis, HIV disease, and Hepatitis C.
     - Prevention of sexual harassment.

3. Three professional recommendations from those who are personally familiar with the applicant; at least one referent should be from a clinical supervisor who can document applicant’s health care experience; and

4. A completed application with the $95 non-refundable application fee.

5. **PLEASE NOTE:** Incomplete applications requiring additional review(s) are subject to a $25 fee per review.
CERTIFICATION EXAMINATION

CERTIFIED GAMBLING ADDICTION SPECIALIST (CGAS)

Individuals meeting the CGAS Minimum Eligibility Requirements may submit an application to the American Academy. Upon successful completion of the review process, the applicant will be eligible to sit for the proctored online Certified Gambling Addiction Specialist examination.

Applicant Preparation & Process
Once the completed application and the $95 application fee are received and approved by the Academy, applicants may sit for the examination. Applicants may prepare for this examination by studying contemporary clinical material.

Web-based Examination & Administration
The Certified Gambling Addiction Specialist Examination is a web-based proctored examination administered by the Academy via the internet. The examination consists of 100 multiple-choice questions. Candidates may schedule a time to take the exam once their application has been reviewed and accepted. Candidates are allowed two and one half hours to complete the examination and the results are available within two weeks from the testing date. The exam is pass/fail based on raw score. The exam must be proctored.

Examination Fee: $125.00   Re-Testing Fee: $100.00
Once applications are reviewed and accepted, the examination fee will be due. Candidates who do not successfully complete the exam will be contacted and given the opportunity to re-test for the certification.

Annual Renewal Information
The Certified Gambling Addiction Specialist is required to renew their certification annually. Requirements for annual renewal are as follows:

- 8 hours in Counseling Competencies;
- 8 hours in Gambling Addiction, specific training;
- 4 hours to include education in any of the following areas:
  - Provision of services to special populations, such as aging individuals; individuals with co-occurring disorders (e.g., alcoholism and mental illness); post traumatic stress disorder (PTSD); disabilities; diverse populations; cultural differences; individuals on probation/parole.
  - Ethics (includes law & ethics, confidentiality [per 42 Code of Federal Regulations, part2], and HIPAA).
  - Communicable diseases, including tuberculosis, HIV disease, and Hepatitis C.
  - Prevention of sexual harassment.

Steps to Certification:
- Applicants will be notified within two weeks of the outcome of the exam.
- Upon a passing score on the exam, the applicant will be awarded Certified Gambling Addiction Specialist (CGAS) certification.
- A letter confirming certification and a certificant card will be mailed.
CERTIFIED GAMBLING ADDICTION SPECIALIST CERTIFICATION
APPLICATION FORM

Name __________________________________________________________

Home Address ___________________________________________________________________________________________________

City __________________________ State ____ Country _______________________ Postal Code ________________

Phone (home) ____________________ (office) ____________________ (cell) ____________________ fax ________________

Email Address _____________________________________________________________________________________________________

Employer _______________________________________________________________________________________________________

Address __________________________________________________________________________________________________________

City __________________________ State ____ Country _______________________ Postal Code ________________

PLEASE CHECK – SEND CORRESPONDANCE TO: PERSONAL ADDRESS ______ PROFESSIONAL ADDRESS ______

Current Certification/Licensure:
License _____________ Number __________________________ Date first licensed _________________ State _________________
Certification _____________________________ Number _________________ Date first certified _________________
Certifying body _____________________________________________________________________________________________________

Education:
Highest degree earned ____________________________________________________________________________________________
Graduation Date ____________________ Department ___________________________________________________________________
Major Field or program ______________________________________________________________________________________________
Other degrees earned ______________________________________________________________________________________________
Graduation Date ____________________ Department ___________________________________________________________________
Major field or program ______________________________________________________________________________________________

Supervised Health Care Experience:

Please list the most recent first.

1. Name of facility ________________________________________________________________________________________________
   Address _______________________________________________________________________________________________________
   City __________________________ State ____ Country _______________________ Postal Code ________________
   Dates: From Month/Year ________  to Month/Year ____________          __ Part-time ___ Full-time Hours per week ___
   Your title or position ___________________________________________________________________________________________
Describe the nature of duties including primary clinical population(s) served:

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Please specify the percentage of your caseload identified with specific addictive disorders (e.g. 30% eating disordered, 40% drug addicted, 30% dual diagnosed)

________________________________________________________________________________________________________
________________________________________________________________________________________________________

Please list separately each supervisor and period of supervision:

1. Name of supervisor __________________________________________________________
   Degree _____________________________________ Title _________________________________________________
   Dates of supervised health care experience from month/year ____________ to month/year ____________ = _______ months

2. Name of supervisor __________________________________________________________
   Degree _____________________________________ Title _________________________________________________
   Dates of supervised health care experience from month/year ____________ to month/year ____________ = _______ months

2. Name of facility ____________________________________________________________
   Address _________________________________________________________________
   City _________________________________ State ____ Country ______________________ Postal Code ________________
   Dates: From Month/Year ________ to Month/Year ________ Part-time __ Full-time __ Hours per week ______
   Your title or position _____________________________________________________

Describe the nature of duties including primary clinical population(s) served:

________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

Please specify the percentage of your caseload identified with specific addictive disorders (e.g. 30% eating disordered, 40% drug addicted, 30% dual diagnosed)

________________________________________________________________________________________________________
________________________________________________________________________________________________________

Please list separately each supervisor and period of supervision:

1. Name of supervisor __________________________________________________________
   Degree _____________________________________ Title _________________________________________________
   Dates of supervised health care experience from month/year ____________ to month/year ____________ = _______ months
2. Name of supervisor ___________________________________________________________
   Degree _____________________________________ Title _________________________________________________
   Dates of supervised health care experience from month/year __________ to month/year ______________ = ________ months

3. Name of facility _________________________________________________________________
   Address _______________________________________________________________________________
   City _________________________________ State ____ Country ______________________ Postal Code ______
   Dates: From Month/Year _______ to Month/Year ________   __ Part-time   __ Full-time   Hours per week ______
   Your title or position _________________________________________________________________
   Describe the nature of duties including primary clinical population(s) served:
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   Please specify the percentage of your caseload identified with specific addictive disorders (e.g. 30% eating disordered, 40% drug addicted, 30% dual diagnosed)
   ______________________________________________________________________________________

Please list separately each supervisor and period of supervision:
   1. Name of supervisor ___________________________________________________________
      Degree _____________________________________ Title _________________________________________________
      Dates of supervised health care experience from month/year __________ to month/year ______________ = ________ months

   2. Name of supervisor ___________________________________________________________
      Degree _____________________________________ Title _________________________________________________
      Dates of supervised health care experience from month/year __________ to month/year ______________ = ________ months

Internship Training Experience:
   1. Name of facility _________________________________________________________________
      Address _______________________________________________________________________________
      City _________________________________ State ____ Country ______________________ Postal Code ______
      Dates: From Month/Year _______ to Month/Year ________   __ Part-time   __ Full-time   Hours per week ______
      Your title or position _________________________________________________________________
      Describe the nature of duties including primary clinical population(s) served:
      ______________________________________________________________________________________
      ______________________________________________________________________________________
      Please specify the percentage of your caseload identified with specific gambling addiction
      ______________________________________________________________________________________
Your title during training ____________________________

Name of supervisor ________________________________

Degree _________________________ Title _______________________

Total Months of Supervised Experience Time = ________ months

Please note any other training/experience relevant to this application that will assist the Academy Certification Committee’s review of your credentials for certification as a C.G.A.S.

____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Have you previously applied to the American Academy?    ____ Yes    ____ No

I hereby attest that all of the above information is true and correct to the best of my knowledge. I acknowledge that the certification program of the Academy is entirely voluntary and agree to be bound by its policies and procedures, as they now exist or as they may be amended in the future. I agree to make no claim against the Academy for action taken by it in accordance with those policies and procedures. I authorize the Academy to contact any of the supervisors listed in my application and request that each of the supervisors so contacted fully and frankly respond to all inquiries made of him or her by the Academy regarding my application.

Signature of Applicant     Date

Signature of Notary

This completed form must be accompanied by the non-refundable application fee of $95. Incomplete applications requiring additional review(s) are subject to a $25 review fee per review.

Applications should be mailed to:
The American Academy of Health Care Providers in the Addictive Disorders
314 West Superior Street, Suite 508    Duluth, MN 55802
Telephone - 888.429.3701    Fax - 218-722-0346    email info@americanacademy.org

The American Academy of Health Care Providers in the Addictive Disorders is committed to adherence and compliance to all applicable laws as set forth and in regard to equal opportunities for all individuals in accordance with Title VI of the Civil Rights Act of 1964, as amended by the Civil Rights Restoration Act of 1991 (42 USC §1981, 2000e et seq), Section 504 of the Rehabilitation Act of 1973, as amended (29 USC §794), the Age Discrimination Act of 1975, as amended (42 USC §6101 et seq), Title II of the Americans with Disabilities Act of 1990 (42 USC §12101 et seq), and Title IX of the Education Amendments of 1972. Neither the American Academy of Health Care Providers in the Addictive Disorders (AAHCPAD), nor the AAHCPAD officers or employees shall discriminate against applicants, registrants, members, employees or other professionals or individuals on the basis of sex, race, color, national origin, sexual orientation, economic condition, disability or age in the certification, membership, or registration process, or in its programs and activities.
Instructions for Completing the Certified Gambling Addiction Specialist Application

Please review the Minimum Eligibility Requirements before completing the application form.

PORTFOLIO:
___ Application forms must be typewritten. Illegible submissions will be returned.
   (Original forms contained in this packet may be copied.)
___ Copy of an official photo ID (driver’s license, passport, or other official ID).
___ Applicant’s current resume/curriculum vitae.
___ Copies of all diplomas, licenses, and certifications.
___ Documentation of education hours required.
   ____ 120 Hrs Counseling Competencies
   ____ 60 Hrs Gambling Specific Education
   ____ 60 Hrs Other Addiction Training (Alcohol addiction, Drug addiction, Sex addiction, Eating Disorders
   ____ 30 Hrs Special Population, Ethics, Communicable Diseases, Sexual Harassment Prevention
___ Code of Ethics & Conduct form – signed.
___ $95 Application Fee – non-refundable (money order or certified bank draft – no personal checks)

REFERENCES:
___ Submit a minimum of three letters of recommendations from professionals who are familiar with the applicant’s clinical work. It is preferred that at least one letter be provided from a clinical supervisor. All reference letters need to be on professional letterhead. List references below:
1. _____________________________________________________________
2. _____________________________________________________________
3. _____________________________________________________________

CLINICAL SUPERVISION RECOMMENDATIONS:
(Clinical supervisors must be licensed or certified in their respective fields. The experience, credentials, and activities of the supervisor must be appropriate to the supervision provided.)

Clinical Supervision Verification Forms (CONFIDENTIAL):
___ A self-addressed stamped envelope for returning the completed form must be provided by the applicant to the clinical supervisor(s) who will attest as to applicant’s supervision.
___ Clinical supervisor(s) must complete the form, sign, and have it notarized. It is then to be placed in the envelope provided by the applicant, together with the supervisor(s) resume or curriculum vitae, or letter outlining his/her training and experience specifically in the treatment of addictive disorders.
___ Supervisor(s) must seal the envelope, sign their name across the seal, and return it to the applicant.
___ Applicant will submit the sealed envelopes with their application and portfolio.
SUBMIT APPLICATION AND PORTFOLIO CONTENTS IN THIS ORDER:

- Completed, signed & notarized application
- Application fee (non-refundable). Money order or certified bank draft in the amount of $95.00, made payable to the American Academy
- Copy of an official photo ID
- Applicant’s resume or curriculum vitae
- Copies of diplomas, licenses & certifications
- Signed and dated Code of Ethics & Conduct form
- Three (3) professional reference letters on professional letterhead
- Sealed envelopes containing Clinical Supervision Verification forms and resumes
- Documentation of education

OTHER:

- Incomplete applications/portfolios requiring additional review will be subject to a $25 fee, per review.
- Incomplete applications that do not meet the requirements will be returned. The application/review fees are non-refundable.
- The Academy will notify the applicant of acceptance status within six weeks of receiving the application.

DEFINITIONS:

Accredited health care training program: Programs accepted for certification requirements are those degree-granting educational institutions that are accredited by the appropriate regional accreditation board and those that receive such accreditation within six years of the date of the applicant’s awarded degree.

Direct health care services: The applicant must have provided supervised direct health care services to those identified with addictive disorders in a licensed clinical setting. Health care services include, but are not limited to, assessment, diagnosis, and approved therapeutic (medical or psychological) interventions.

Certifiable internship program: An internship program is comprised of a minimum of 1,500 working hours and must be completed within 24 consecutive months. Internship experience considered certifiable are those whose training programs and supervision are approved by the American Psychological Association, the American Medical Association, the American Psychiatric Association, the American Psychoanalytical Association, the National League of Nursing, the National Association of Social Workers, and those licensed or certified by local state agencies. These programs generally require the applicant’s status to be considered as an intern, trainee, or fellow.

Clinical Supervisors: Clinical supervisors must be licensed or certified in their respective fields. The experience, credentials, and activities of the supervisor must be appropriate to the supervision provided.

Clinical Training in Specialization – trainings must be specific to gambling addiction. Co-occurring and dual diagnosis trainings do not apply towards specializations.

*Current Clinical Education – education must be current and not to exceed five years.

Supervision is broadly defined in the Center for Substance Abuse Treatment (CSAT) / Substance Abuse and Mental Health Services Administration’s (SAMHSA) Technical Assistance Publication (Tap #21), as the administrative, clinical, and evaluative process of monitoring assessing and enhancing counselor performance.

The Certified Addiction Specialist (CAS) is a separate certification. Please contact the American Academy for information.
Since Hippocrates wrote his oath more than 2000 years ago, health care providers have sought to establish standards for ethical and competent medical and psychological treatment. The American Academy itself was created to establish such a standard in the field of addiction treatment, which it succeeded in doing with the creation of the Certified Addiction Specialist (C.A.S.) credential.

The Academy's membership is comprised of clinicians from a variety of disciplines and treatment modalities who include nurses, physicians, psychologists, psychiatrists, social workers, forensic counselors and counselors, unified in their commitment to providing the highest quality of health care to individuals suffering from addiction. Our diverse membership is also unified in their recognition of the ethical standards and considerations that are specific to this field.

This code is meant to provide only a very general outline of the principles for those health care providers specifically treating the addictions and is in no way exhaustive of the ethical responsibilities of our membership. Since our members come from a variety of disciplines and may carry multiple credentials, the principles set forth here should not be viewed in any way as supervening or abrogating other ethical codes to which our members might be bound. On the contrary, the Academy's code is meant to supplement or compliment other standards, both legal and ethical, while setting forth a code of conduct that addresses the issues that are unique to working with individuals with addictions. This code is also meant to serve notice to the public as to the standards of health care and treatment that they can expect from Academy members.

Academy members are bound by the Academy's ethical code and will be held to the letter and spirit of this code. The membership of those violating this code will be subject to inquiry and review, resulting in possible suspension or revocation of the credential. By signing this Code of Ethics/Code of Conduct you agree to cooperate with any complaint and/or disciplinary investigation unless such disclosure of information would violate the confidentiality requirements of Subpart 2, Title 42, Code of Federal Regulations.

PRINCIPLES OF CONDUCT

I. Competence

Academy members must recognize both the strengths and limitations in their ability to treat addictions. They continually seek to stay abreast of innovations in the understanding and treatment of addiction. They also only treat addictions about which they are knowledgeable and capable of treating. As a corollary to this, they only offer treatment services which are within their realm of competence and said competence is determined on the basis of their education, clinical supervision, and experience.

II. Maintenance of Competence

Because of the continual changes in the field of addiction treatment, Academy members maintain awareness of research findings and changes in treatment techniques and approaches, which is necessary to maintain their competence in this field.

III. Nondiscrimination

In their work in the addictions, members of the Academy do not discriminate against their clients or co-workers on the basis of race, gender, religion, sexual orientation, age, disability, ethnicity, socio-economic status, or national origin. They also do not unfairly discriminate on the basis of addiction or the medical complications of addiction. While alcoholism and drug addiction are recognized by the federal government to be disabilities and individuals suffering from such addictions are protected from discrimination under the Federal Rehabilitation Act, Academy members do not restrict their nondiscrimination practices to these individuals, but extend them to all people suffering from addiction, recognizing that all such addictions are debilitating.

a) Academy members are knowledgeable about the unique or special issues that face the individuals that they are treating both on the basis of their individual situations and on the basis of the addiction from which they suffer.

b) Academy members are able to recognize instances in which individual differences between themselves and their client affect their ability to provide the highest quality health care. In such cases, Academy members take the necessary steps to become competent in these areas or they make referrals to agencies or individuals who can best address their client's needs.

c) Academy members recognize those personal issues and conflicts that might affect their ability to provide their clients with the best possible health care. In such instances, they will refer the patient to someone better able to deal with him/her, or will refrain from treating the patient until the Academy member has adequately resolved these issues.

d) Academy members recognize that there are individuals who suffer from multiple addictions. In such cases, Academy members will only treat the addictions that they are competent to treat. With regard to the other addictions, they will either take the steps necessary to become competent in these areas or will make referrals to agencies or individuals who can best address them.
e) Academy members recognize that many clients suffering from an addiction suffer from other mental disorders as well. Academy members treat only the problems that they are competent to treat. In complicated cases in which several disorders must be treated simultaneously, Academy members will seek the requisite support and consultation and, if this is not available, will refer the client to the appropriate agency or clinician.

f) Academy members recognize that many clients seeking treatment for addiction may also suffer from medical complications and/or viral infections, e.g., HIV, TB or hepatitis, that eventuate from their addiction. In such cases, Academy members will treat only the aspects of the illness that they are competent to treat. If they are not competent to work with such clients, they will either take the necessary steps to become competent, or they will consult with others and make referrals to the agencies or individuals that can best address the client's needs.

IV. Harassment

Academy members do not engage in any type of harassment, sexual or otherwise, in the work place.

a) The Academy considers sexual harassment to be any activity that demeans or creates a hostile environment for an individual through sexual behavior or language. This includes unwelcome or unwanted advances of a sexual nature, verbal and nonverbal behavior of a sexual nature that would be deemed inappropriate by a reasonable person, and soliciting sex within the context of one's professional responsibilities.

b) Academy members do not engage in any other forms of harassment in the work place. This includes verbal abuse, physical abuse, sexual harassment, threats, or any other activities that involve the exploitation or denigration of others, or, otherwise create a hostile work environment for others.

c) Academy members do not engage in sexual conduct with clients, their family members, or other persons who are significant to them.

V. Conflicts of Interest

Academy members are familiar and adhere to the laws concerning their responsibilities and they are able to anticipate those responsibilities that might potentially conflict with their role as health care provider. Members will not engage in social or business relationships for personal gain with clients, their family members, or other persons who are significant to them.

VI. Confidentiality

Academy members respect the patient-client confidentiality agreement. Because of the potential limitations on confidentiality (as suggested in Principle V), Academy members are careful to apprise their clients of the limits of confidentiality. All Academy members will protect client rights to confidentiality in accordance with Part 2, Title 42, Code of Federal Regulations. These regulations are available at ecfrgpoaccess.gov/cgi/.

VII. Clients Receiving Services Elsewhere

Individuals being treated for an addiction often receive health services from other sites. In considering whether to treat such individuals, Academy members consult these other services to determine whether the client is best served in this manner. Academy members also anticipate and attempt to resolve potential conflicts that might arise from this arrangement.

VIII. Making Referrals

In making referrals, Academy members consider the best possible placement for their clients. Such referrals are always based on the best interests of the client and never on the financial interests of the clinician. Academy members attempt to familiarize themselves with a particular treatment site before making a referral to that site.

IX. Assessment Tools

Academy members are careful to use current assessment tools which are compatible with contemporary theories of addiction.

X. Relapse

Academy members include relapse prevention as part of their treatment approach.

XI. Impaired Professionals

As a corollary to Principle I, Academy members who develop their own addiction difficulties will refrain from providing treatment until such time as they are able to provide competent treatment. Members are prohibited from providing counseling services, attending any program services or activities, or being present on program premises while under the influence of any amount of alcohol or illicit drugs (with the exception of the legitimate use of prescription drugs and over-the-counter drugs used in the dosage described in the packaging).

I agree to be bound by and to comply with the Code of Ethics/Code of Conduct as set forth by the American Academy of Health Care Providers in the Addictive Disorders.

______________________________________________
Signature
______________________________________________
Name (printed)

Date: ____________________________
To the Clinical Supervisor:

The applicant named above is applying for a Certified Gambling Addiction Specialist certification from the American Academy. To qualify for the CGAS credential, applicants must have supervised clinical experience, specialized addiction training, and must demonstrate a critical understanding of the central tenets of addictions treatment. You have been identified by the applicant as having been his/her clinical supervisor.

**MINIMUM ELIGIBILITY REQUIREMENTS**

**Professionals with advanced or graduate degrees must have:**
1. A master’s or doctorate degree from an accredited health care training program;
2. Three years of post-graduate, full-time supervised experience providing direct health care services to those identified with an addictive disorder. Pre-doctoral or pre-masters internships at an approved site may be applied towards one year of clinical supervision;
3. A portfolio of clinical education with a minimum of 270 hours of formal education;
4. Three professional recommendations from those who are personally familiar with the applicant’s work and can document his or her health care experience.

**Professionals with other degrees or without a degree must have:**
1. Five years of full-time supervised experience providing direct health care services to those identified with an addictive disorder;
2. A portfolio of clinical education with a minimum of 270 hours of formal education;
3. Three professional recommendations from those who are personally familiar with the applicant’s work and can document his or her health care experience.

Please complete this **Clinical Supervisor Verification Form**, and sign it before a notary public; include a copy of your curriculum vitae or resume with the completed form. This form must be sealed in an envelope with your name signed across the seal. Forms should be returned to the applicant. The applicant may not submit his/her applicant without this form.

To be completed by the supervisor (form is confidential):

**Supervisor’s Information:**
Name __________________________________________ Title/Position __________________________________________
Organization/Company __________________________________________
Address __________________________________________
City __________________________ State _____ Country___________________ Postal Code __________________________
Clinical Supervisor's Specialty Field (Check all that apply)

Your Degree ____________________________________________________________

Your Licenses/Certifications ________________________________________________

Specialty Boards __________________________________________________________

Are you a Member of the American Academy of Health Care Providers?   ____ Yes   ____ No

Dates of supervision with the above named applicant:   Month/Year _________ to   Month/Year _____________

Total Months of Clinical Supervision: _______ months.  Total hours applicant worked per week: _______________ hrs

Number of direct (face to face) supervision hours each week for the period listed above ____________________________

Name of facility where supervision was conducted __________________________________________________________

Your position at the time of supervision ______________________________________

Applicant’s position at the time of supervision ______________________________________

Comments about the applicant (form is confidential):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

This signed form represents verification of the applicant’s supervised experience providing direct health care service to those individuals identified with an addictive disorder. By signing this form you are recommending that this applicant be designated as a Certified Gambling Addiction Specialist for the specialties applied for. Your recommendation represents an endorsement of the applicant’s training, experience and competence as a health care provider in the addictive disorders.

Signature: ____________________________________________ Title: ______________________________

Telephone: __________________________________________

E-mail: ______________________________________________

Date: ________________________________________________

Please have this form notarized and then return it to the applicant in a sealed envelope with your signature across the seal.

Notary Stamp

________________________________________

Notary Signature

If you have any questions or comments, please contact Cheri Swensson, Executive Director, American Academy of Health Care Providers in the Addictive Disorders, 314 West Superior Street, Suite 508, Duluth, MN  55802 * 1.888.429.3701; email: cswensson@americanacademy.org
American Academy of Health Care Providers in the Addictive Disorders
CERTIFIED GAMBLING ADDICTION SPECIALIST

Applicant Documentation of Gambling Addiction-Specific Education Training & Education

Attach copies of certificates of completion and/or transcripts for pre-approved CE providers

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<tr>
<th>Date of Certificate of Completion/Transcript</th>
<th>Title of Academy-approved GAMBLING ADDICTION Training</th>
<th>Approved Provider:</th>
<th>CEU hours</th>
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Must total 60 hours minimum

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Must total 60 hours minimum

Total hours combined _______

POLICY FOR PROVIDERS OF GAMBLING ADDICTION-SPECIFIC TRAINING & EDUCATION

*It is preferred* that all providers of gambling-specific education/training be approved by the American Academy. The current list of gambling specific programs, trainings, and conferences approved by the Academy for the Certified Gambling Addiction Specialist include, but are not limited to:

- Training reviewed and approved by the [American Psychological Association](http://www.apa.org);
- Training reviewed and approved by the [American Society of Addiction Medicine](http://www.asam.org);
- Training reviewed and approved by [state, provincial or governmental accrediting bodies](http://www.asam.org);
- Training or courses provided by an [accredited university](http://www.asam.org);
- Training, courses and conferences provided by the [Harvard Medical School, Division on Addictions](http://www.divisiononaddictions.org);
- Training and courses provided by the [Massachusetts Council on Problem Gambling](http://www.masscompulsivegambling.org);
- Training and courses provided by the [North American Training Institute](http://www.nati.org/oll);
- Training provided by [Distance Learning Center for Addiction Studies](http://www.dicas.com);

For information on other providers of gambling-specific training, please email: [info@americanacademy.org](mailto:info@americanacademy.org), or call the Academy office at 1.888.429.3701.
CERTIFICATION BOARD

CERTIFIED GAMBLING ADDICTION SPECIALIST (CGAS)

Martin Landau-North, PhD, PsyD, CAS - Chair
Private Practice/Faculty Lecturer
Alliant International University
San Diego, CA

Alicen McGowan, PhD, CAS – Vice Chair
Adcare Hospital of Worcester, Inc
Director, Outpatient Services
N Dartmouth, MA

Brenda Schaffer, MDiv, LP, CAS
Healthy Relationships
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