



**Outpatient Gambling Treatment Services  
Minimum Eligibility Requirements\*  
Agency**

In order to qualify to provide Outpatient Gambling Treatment Services funded through the Department of Drug and Alcohol Programs (DDAP), an must meet the following qualifications and be approved by DDAP:

Counselors who will be providing Outpatient Gambling Treatment Services for your agency must:

1. Be at least one of the following types of counselors:
  - a. Hold a Pennsylvania license as a physician specializing in the treatment of mental disorders (e.g., a psychiatrist), psychologist, social worker, marriage and family therapist, or professional counselor with an established office from which to practice or be employed by a PA agency.
  - b. An outpatient counselor employed and practicing in an agency licensed by the Pennsylvania Department of Human Services to provide Outpatient services.
  - c. Drug and alcohol counselor, project director, agency director, or a clinical supervisor employed by and practicing in a PA licensed drug and alcohol facility.
  
2. Be certified or experienced with gambling treatment as demonstrated by one of the following:
  - a. Hold a valid Certificate of Competency in Problem Gambling issued by the Pennsylvania Certification Board (PCB).
  - b. Hold valid certification as an International Certified Gambling Counselor (ICGC-I or ICGC-II).
  - c. Hold valid certification as a Certified Addictions Specialist (CAS) with a specialization in Gambling Addiction from the American Academy of Healthcare Providers in the Addictive Disorders.
  - d. Be an individual who is working on attaining International Certification (as specified in item b. above) and can document receiving a minimum of 30 hours of gambling-specific training approved by the National Council on Problem Gambling (NCPG). **An individual will have 36 months from the date their Provider application is approved to obtain full certification.**

**Document Checklist**

Copies of valid licenses

Copies of valid certificates

Copies of verification of employment (agency staff only)

Copies of training certificates/ records

Copies of Certificate of Insurance

**\*This page is strictly informational, you need not submit it with your application package.**

**Gambling Treatment Program  
Provider Application – Agency****SECTION A – PROVIDER INFORMATION****AGENCY NAME:** \_\_\_\_\_**AGENCY ADDRESS:** (Provide street, city, state, and zip. If you will be providing Outpatient Gambling Treatment Services at more than one location, denote the address, phone and fax number of each location on a separate page.)  
\_\_\_\_\_  
\_\_\_\_\_**AGENCY PHONE NO.:** \_\_\_\_\_ **FAX NO.:** \_\_\_\_\_**CONTACT PERSON:** \_\_\_\_\_ **CONTACT PHONE NO.:** \_\_\_\_\_**CONTACT EMAIL ADDRESS:** \_\_\_\_\_**FED ID NO.:** \_\_\_\_\_**SAP VENDOR NO.:** \_\_\_\_\_**COUNTY(IES) IN WHICH AGENCY IS LOCATED:** \_\_\_\_\_**BILLING ADDRESS:** \_\_\_\_\_

(Name, Street,

City, State, and Zip+4) \_\_\_\_\_

**LANGUAGE RESOURCES OFFERED:**  English  German  Russian  Arabic  Italian  Spanish  
 Chinese  Korean  Vietnamese  French  Polish  Other \_\_\_\_\_**IS YOUR AGENCY LICENSED BY THE COMMONWEALTH OF PA?**  Yes  No*If "Yes", include a copy of the license with this application.***INSURANCE CERTIFICATES** (Submit valid copies with your application.) Professional Liability  Property Liability  Worker's Compensation**SECTION B – GAMBLING TREATMENT COUNSELOR INFORMATION**

Verification of the Counselor's employment is required by submitting a copy of one of the following documents with this application: W-2 form, Current pay statement, or I-9 Form.

Information is required for each staff member who will be providing gambling treatment services. If you have more than two staff, include an additional page(s) with this application.

**COUNSELOR #1 NAME:** \_\_\_\_\_**POSITION/TITLE:** \_\_\_\_\_ **WORK LOCATION:** \_\_\_\_\_**EMAIL:** \_\_\_\_\_**Counseling Qualifications:**

PA Licensed Type: \_\_\_\_\_

MH Outpatient Counselor

D&amp;A Counselor

**Gambling Certification:**

PCB Problem Gambling Endorsement

ICGC Level I or II

CAS w/ Gambling Addiction

Obtained 30 hours and working towards Gambling Certification

COUNSELOR #2 NAME: \_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_ WORK LOCATION: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Counseling Qualifications:**

PA Licensed Type: \_\_\_\_\_

MH Outpatient Counselor

D&A Counselor

**Gambling Certification:**

PCB Problem Gambling Endorsement

ICGC Level I or II

CAS w/ Gambling Addiction

Obtained 30 hours and working towards Gambling Certification

*(Disclaimer: Answering "Yes" to the below does not necessarily disqualify applicant.)*

C1.  Yes  No Has the Counselor's license been previously revoked?

C2.  Yes  No

C1.  Yes  No Have you had any disciplinary action in the past 10 years?

C2.  Yes  No

If you answered "Yes" to either of the above questions, please explain the circumstances and the disciplinary action taken.

**SECTION C - PROGRAM INFORMATION**

Describe the target population of any special populations for which your agency has expertise, such as specific age groups, gender, foreign languages, ethnic groups, and/or presenting problems such as substance abuse, mental health, etc.

**An onsite visit may be required prior to approval of a Provider's application to provide Outpatient Gambling Treatment Services.**

- I certify that:
- The information provided on this form is true and correct, and I agree to all of the terms contained herein.
  - I will notify DDAP of any additions/changes to the information.
  - I have included copies of all supporting documentation.

\_\_\_\_\_  
Name of Agency Contact (*Please Print*)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Agency Contact

\_\_\_\_\_  
Date

**Department of Drug and Alcohol Programs Use Only**

Approved

Denied

\_\_\_\_\_  
DDAP Authorized Signature

\_\_\_\_\_  
Approval Date

\_\_\_\_\_  
DDAP Authorized Signature

\_\_\_\_\_  
Approval Date