

## FORM (A.1) – Application

To Be Completed By the Applicant

The below requested information should be the contact information the applicant wishes the International Gambling Counselor Certification Board to use regarding all certification matters.

**Please print or type:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Company: \_\_\_\_\_

Work Supervisor's Name: \_\_\_\_\_

**Board Approved Clinical Consultant** (Please see list): \_\_\_\_\_

**Applying for:** (check one)    **BACC**     **ICOGS**     **ICGC-I**     **ICGC-II**

Are you currently licensed or certified?    Yes     No

If yes, please list your licenses or credentials. Indicate numbers and whether they are State or National level.

<u>License/Credential</u>	<u>Number</u>	<u>State/National</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Please return this application with all the required documentation, and payment in the amount of \$200.00 to:**

Return forms **A.1, A.2, A.3, and A.4** DIRECTLY to:

International Gambling Counselor Certification Board  
730 11th Street, NW Suite 601 ♦ Washington DC 20001