

## 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*) **ICOGS**  **IGDC**

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 \$185.00 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