

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 International level.

License/Credential	Number	Exp. Date	State/International	Name of Lic/Credential Body

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