FORM (C.2) – COLLEAGUE EVALUATION

CONFIDENTIAL

To be completed by ***current co-worker (one form per peer)***

DO NOT RETURN THIS FORM TO THE APPLICANT

The applicant has signed the Consent for Release of Information (Form A.4) allowing you to provide the IGCCB with information on their competence and adherence to ethical standards of practice.

Applicant's Name: _____

Applying for: *(check one)* **IGDC** ☐ ☐

I hereby certify that I have been in a position to observe and have first-hand knowledge of the above named person's work during the period

from _____ to _____.
(month/year) (month/year)

_____
(Name of Work Setting)

_____
(Relationship to Applicant)

In my judgment, the applicant meets all ethical guidelines. This applicant's eligibility and professional experience:

O Is consistent with IGCCB certification standards.

O Is not consistent with IGCCB certification standards.

The information I am giving is my best judgment of the above-named person's professional suitability for certification as a gambling counselor (International Gaming Disorder Certificate (IGDC)

Colleague Name: _____

Email address: _____

Phone number: _____

Professional licensure/certification:_____

Colleague's Signature: _____ **Date:** _____/_____/_____

Return form **C.2** DIRECTLY to:

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