

**ICGC CLERGY/LAY MINISTER RECERTIFICATION FORM (RC.1)**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Please print or type all information.**

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

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

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

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

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

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

Place of Employment: \_\_\_\_\_  
\_\_\_\_\_

List, at least, 18 gambling-specific CEUs (continuing education units) you have earned within the past three years, in addition to the required initial 24-hour Four Module Training.

**List by name of event/course/workshop/webinar, date, and CEUs earned.**


\*Please return this updated application with all the required documentation, and a check in the amount of \$95.00 to:

**The International Gambling Counselor Certification Board  
C/o NCPG, Inc.  
730 11th Street, NW Suite 601 Washington DC 20001**

*All inquiries should be in writing and forwarded to the address listed above.*