

**FORM (C.1) – 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)    **ICOGS**        **ICGC-I**        **ICGC-II**   

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:

- Is consistent with IGCCB certification standards.
- 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 (ICGC-I or ICGC-II) or International co-occurring gambling specialist (ICOGS).

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

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Professional licensure/certification: \_\_\_\_\_

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

Return form C.1 DIRECTLY to:

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