

**FORM (S.2) – CLINICAL SUPERVISOR EVALUATION**  
**CONFIDENTIAL**

*To be completed by clinical supervisor*

**DO NOT RETURN THIS FORM TO THE APPLICANT**

**Applicant's Name:** \_\_\_\_\_

The information I am giving is my best judgment of the above named person's capabilities with respect to certification as a gambling counselor or co-occurring gambling specialist.

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)

The applicant is applying for:    ICOGS               ICGC-I    or    ICGC-II  

The applicant has a total of:        100 counseling hours for Co-occurring Gambling Specialist (ICOGS)  
       100 paid/unpaid counseling hours for Level I gambling certification  
       2000 paid/unpaid counseling hours for Level II gambling certification

Based on my knowledge of this applicant's eligibility and professional experience:

- To my knowledge, the applicant **does** meet the below requirements:
- To my knowledge, the applicant **does not** meet the below requirements at this time

Direct contact hours for ICGC I and II include counseling activities provided for individuals with primary or secondary gambling disorder and/or their families/concerned others (may include ancillary activities such as clinical documentation, treatment team meetings, case management, etc.).

Direct contact hours for ICOGS include counseling activities that address gambling problems and/or the impact of gambling on recovery among clients with primary substance use or mental health disorders.

For more details on definition of direct contact hours and other certification criteria see [ncpgambling.org](http://ncpgambling.org)

**Comments:**

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**Name and title of supervisor (please print):** \_\_\_\_\_

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

Return forms **S.1, S.2, S.3, and S.4** DIRECTLY to:

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