



IGCCB CONTINUING EDUCATION TRAINING PROGRAM INITIAL AND RENEWAL APPLICATION

Thank you for your interest in providing training programs and continuing education for the International Gambling Counselor Certification Board (IGCCB) certifications and certificates. The Board reviews and approves training program applications for all of our certifications and certificates. Our certifications and certificates require in-depth educational content to uphold the highest standards for professionals in the gaming and gambling disorder fields. The purpose of requesting approval is to ensure the training programs provide educational content that matches our educational training outlines. By seeking approval, your training program will be IGCCB certified and professionals can attend your trainings with confidence as they pursue or continue to maintain their certifications.

We will review all training programs, not individual providers, to determine the following:

1. The contents of the program correspond with our required educational outline
2. The presenter/trainer has sufficient knowledge and expertise in the topics being taught
3. The training uses up-to-date research and other evidence-based information that promotes competency in the fields of gaming and gambling disorders
4. The training program meets adult learning instructional design
5. Quizzes and/or Post Tests evaluate the individual attendees' mastery of knowledge
6. Homework or other assignments further the knowledge to application for the individual attendees
7. And the training programs increase the number of professionals learning about or pursuing certification in the fields of gaming and gambling disorders

The approval covers the training program for 12-months after the approval date. All approved training programs will be listed on the IGCCB website with a link to the Organization/Presenter website for more information and registration. IGCCB is not responsible for answering questions related to any training programs.

Included in the application pack are the application form, fee schedule, and educational crosswalk form that corresponds with each certification. Please allow 4-6 weeks for the IGCCB to process your application. Email training@igccb.org with any questions.

Sincerely,
IGCCB Training Approval Committee

Introduction

Thank you for your interest in providing training programs that support the IGCCB training requirements for its certifications and certificates. The IGCCB reviews and approves all types of training programs that meet our requirements for Continuing Education (CE). The purpose of this approval process is to maintain a high standard of training quality, across the globe, that promotes the most up-to-date and evidence-based information to all attendees and members.

Grandparenting

IGCCB has assumed the role of approving all trainings that support our certifications and certificates. We understand that many training programs were already approved through the National Council on Problem Gambling (NCPG) Education Committee. We will honor all approvals from this Committee through June 30 of 2021.

We charge by the CE Hour depending on your membership (ICGC, ICOGS, IGDC, BACC) with the IGCCB. \$10 for non-IGCCB certified professionals and \$7 for IGCCB certified professionals. *For example: Level 1 30-hour course is \$210 when trainer is IGCCB certified or \$300 when trainer is not IGCCB certified.* There will be an opportunity of 2 renewals with one initial application before needing to reapply (every 3 years).

Training Approval Requirements (Summary)

Please submit the following for review/approval:

- Course Title
- Course Description
- Presenter(s) Names and credentials
- Presenter(s) CV or resume
- Language format (English, French, etc.)
- Course Length (1+, 15, 30, or 60 hours)
- Designated Certification or Certificate (ICGC, ICOGS, IGDC, Clergy)
- Training Objectives and Learning Outcomes
- Training Features
 - Video
 - Slides
 - Quizzes
 - Case formulation
 - Synchronous / Asynchronous (Instructor-led or Self-paced)
 - Homework and/or other project-based learning
- Completed Crosswalk to Training Outline for the certification or certificate
- Any other features or services provided (Study group, BACC meetings, etc.)
- Platform used for the course, if applicable
 - Examples include: Zoom, Thinkific, Teachable, Canvas
- Post-Test
- Course Evaluation that includes instructor evaluation and content evaluation

**IGCCB CONTINUING EDUCATION TRAINING PROGRAM
INITIAL AND RENEWAL APPLICATION**

APPLICANT INFORMATION		
Contact Name:		
Are you applying as the Trainer/Presenter?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you applying on behalf of the Trainer/Presenter?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title:	Email:	
Phone:	<input type="checkbox"/> Work <input type="checkbox"/> Cell	
Is the Presenter certified by IGCCB? <input type="checkbox"/> Yes <input type="checkbox"/> No	What certifications does the presenter have?	<input type="checkbox"/> ICGC-I <input type="checkbox"/> ICGC-II <input type="checkbox"/> BACC <input type="checkbox"/> IGDC
ORGANIZATION INFORMATION		
Organization Name:		Website:
Address:		
City/Town:	State/Province:	Zip:
Country:		
TRAINING INFORMATION		
Course Title:		
Brief Course Description:		
Is this training:	<input type="checkbox"/> Initial Application	<input type="checkbox"/> Renewal Application
<input type="checkbox"/> Virtual (online/webinar)	Start Date:	Platform/Software:
<input type="checkbox"/> In-Person	Training Date(s):	Location:

Frequency of the training:	<input type="checkbox"/> One-Time	<input type="checkbox"/> Recurring
-----------------------------------	-----------------------------------	------------------------------------

Training for designated Certification or Certificate:

<input type="checkbox"/> ICGC-I (Gambling)	<input type="checkbox"/> ICGC-II (Gambling)
--	---

Total hours/CEs:	or	<input type="checkbox"/> 30 <input type="checkbox"/> 60
-------------------------	----	---

REQUIRED PRESENTATION MATERIALS

Please provide documentation from the following list in a separate document:

Presenter(s) CV or Resume

Training Title and Description including educational offering (workshop, conference, etc.)

Training Objectives and Learning Outcomes

<i>Training Features:</i>	<input type="checkbox"/> Video, slides <input type="checkbox"/> Quizzes <input type="checkbox"/> Case formulation and presentation <input type="checkbox"/> Homework and other project based learning	Virtual Only: <input type="checkbox"/> Synchronous (Instructor-Led) <input type="checkbox"/> Asynchronous (Self-Paced)
---------------------------	--	---

Virtual Only:	You will need to provide a guest account/login to the course for verification
----------------------	---

If virtual, please provide a link to log into the course:

Completed Educational Crosswalk Form (see Education Crosswalk forms)

Language:	<input type="checkbox"/> English	Other:
------------------	----------------------------------	--------

Post-Test
 Course Evaluation that includes instructor evaluation and content evaluation

TRAINING PROGRAM AGREEMENT

Please initial each statement indicating that you are in agreement:

I/We agree to follow the IGCCB educational training outline in our program

I/We agree to promote the importance of IGCCB certifications and certificates in the problem gaming and gambling fields.

I/We agree to utilize trainers and presenters whose credentials and qualifications demonstrate expertise and knowledge in gaming and gambling disorders

I/We agree that our trainers possess work experience that make them relevant to the topics they are presenting

By initialing the statement above, and signing below, we agree to provide educational programming that upholds the IGCCB criteria for meeting the educational requirements of designated certificates and certifications.

Electronic Signature:	Title:
Print Name:	Date:

IGCCB CONTINUING EDUCATION TRAINING PROGRAM

APPLICATION FEE (choose one)

<input type="checkbox"/> \$7/CE x hours (7 x 30 hours = \$210)	IGCCB Certified Professional
<input type="checkbox"/> \$10/CE x hours (10 x 30 hours = \$300)	Non-IGCCB Professional

Total: amount included

PAYMENT

Please provide name of authorized person that can pay invoice by debit/credit card. Invoice will be emailed to authorized person.

Authorized Person:

Email:

Electronic Signature:	Date:
-----------------------	-------

Internationally Certified Gambling Counselor Level I & II (ICGC) (30* and 60 hours)

Educational Topic	Location in the Training (Day #, Module/Lesson)	Additional Information (PowerPoint, Exercise, Activity/Assignment, Video, etc.)
I. BASIC KNOWLEDGE OF PROBLEM AND DISORDERED GAMBLING		
A. Scope of Legalized Gambling in the U.S.		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
1. Prevalence of Gambling Problems		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
a. Among Adults		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
b. Among Youth		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
c. Among Treatment Populations		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
d. Among diverse cultural, racial and ethnic groups		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
2. Definitions of Gambling and Disordered Gambling		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos

Educational Topic	Location in the Training (Day #, Module/Lesson)	Additional Information (PowerPoint, Exercise, Activity/Assignment, Video, etc.)
		<input type="checkbox"/> Other
3. Gambling Disorder		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
a. Terminology		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
b. Etiology and Progression of the Disorder		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
c. Subtypes and Pathways model		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
d. Similarities and differences with Substance Use Disorders		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
B. Client Evaluations		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
1. Screening		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
2. Assessment		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment

Educational Topic	Location in the Training (Day #, Module/Lesson)	Additional Information (PowerPoint, Exercise, Activity/Assignment, Video, etc.)
		<input type="checkbox"/> Videos <input type="checkbox"/> Other
3. Diagnostic Criteria		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
II. GAMBLING COUNSELING PRACTICE		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
A. Examination of Attitudes/Feelings		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
1. Attitudes towards money		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
2. Deception and Self-Deception		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
3. Meaning and role of gambling		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
4. Spirituality		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
5. Transference and Countertransference		<input type="checkbox"/> Powerpoint

Educational Topic	Location in the Training (Day #, Module/Lesson)	Additional Information (PowerPoint, Exercise, Activity/Assignment, Video, etc.)
		<input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
6. Irrational Thinking/Cognitive Distortions		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
7. Cultural Beliefs and Attitudes		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
B. Considerations of Alternative Solutions		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
1. Abstinence		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
2. Harm Reduction		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
3. Natural Recovery		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
C. Skills For Gambling Disorders		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other

Educational Topic	Location in the Training (Day #, Module/Lesson)	Additional Information (PowerPoint, Exercise, Activity/Assignment, Video, etc.)
1. Engaging clients with gambling disorder		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
2. Integrating the topic of gambling and problem gambling into SUD and MH treatment		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
3. Motivational Interviewing and Enhancement strategies		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
4. Mindfulness Based Interventions		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
5. Cognitive Behavioral Treatment		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
6. Client and family education		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
7. Family/concerned others interventions		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
8. Individual Counseling		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos

Educational Topic	Location in the Training (Day #, Module/Lesson)	Additional Information (PowerPoint, Exercise, Activity/Assignment, Video, etc.)
		<input type="checkbox"/> Other
9. Group Counseling		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
10. Family/Significant Others		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
11. Treatment Planning		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
12. Financial Management Issues		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
a. Restitution		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
b. Budget Preparation		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
c. Money protection planning		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
d. Pressure Relief Group through GA		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment

Educational Topic	Location in the Training (Day #, Module/Lesson)	Additional Information (PowerPoint, Exercise, Activity/Assignment, Video, etc.)
		<input type="checkbox"/> Videos <input type="checkbox"/> Other
13. Legal Issues		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
14. Multi-cultural Counseling		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
D. Relationship to Substance Abuse and Mental Health		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
1. Integration of problem gambling into substance use disorder and mental health treatment		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
2. Impact of gambling on recovery from substance use and mental health disorders		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
3. Impact of substance use and mental health disorders on problem gambling treatment and recovery		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
E. Client Care		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
1. Crisis Management		<input type="checkbox"/> Powerpoint

Educational Topic	Location in the Training (Day #, Module/Lesson)	Additional Information (PowerPoint, Exercise, Activity/Assignment, Video, etc.)
		<input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
a. Identification		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
b. Resolution		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
2. Referral Resources and case management		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
3. Consultation		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
4. Levels of Care and ASAM criteria		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
5. Peer Counseling and Recovery Support Systems		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
F. Education		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other

Educational Topic	Location in the Training (Day #, Module/Lesson)	Additional Information (PowerPoint, Exercise, Activity/Assignment, Video, etc.)
1. Orientation to treatment and recovery		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
2. Problem Gambling Information		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
3. Co-Occurring Disorders		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
a. Screens and assessments		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
b. Psychopharmacology and medication		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
c. Medical		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
d. Gambling and substance use		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
e. Gambling and mental health		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos

Educational Topic	Location in the Training (Day #, Module/Lesson)	Additional Information (PowerPoint, Exercise, Activity/Assignment, Video, etc.)
		<input type="checkbox"/> Other
4. Self-Help Programs		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
a. Gamblers Anonymous		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
b. Gam-Anon		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
c. SMART Recovery		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
d. Faith based self-help programs		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
5. Research, Neurobiology, medication and psychopharmacology		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
a. Treatment		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
b. Co-occurring disorders		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment

Educational Topic	Location in the Training (Day #, Module/Lesson)	Additional Information (PowerPoint, Exercise, Activity/Assignment, Video, etc.)
		<input type="checkbox"/> Videos <input type="checkbox"/> Other
G. Continuing Care		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
III. SPECIAL ISSUES IN GAMBLING TREATMENT		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
A. Adolescence		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
B. Older Adults		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
C. Gender		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
D. Cultural Minorities		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
E. Relapse and Relapse Prevention		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
F. Suicide		<input type="checkbox"/> Powerpoint

Educational Topic	Location in the Training (Day #, Module/Lesson)	Additional Information (PowerPoint, Exercise, Activity/Assignment, Video, etc.)
		<input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
G. Trauma and Survivors Issues		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
H. Chronic Illness		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
I. Criminal Justice		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
J. Military		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
K. Stigma		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
IV. PROFESSIONAL ISSUES		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
A. Law and Regulation		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other

Educational Topic	Location in the Training (Day #, Module/Lesson)	Additional Information (PowerPoint, Exercise, Activity/Assignment, Video, etc.)
1. Client Rights		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
a. Confidentiality		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
b. Informed Consent		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
c. Reporting		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
1) Child/Other Abuse		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
2) Duty to Warn		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
2. Discrimination		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
3. Managed Care		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos

Educational Topic	Location in the Training (Day #, Module/Lesson)	Additional Information (PowerPoint, Exercise, Activity/Assignment, Video, etc.)
		<input type="checkbox"/> Other
a. Utilization Review		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
b. Outcome Studies		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
B. Ethics as it pertains to IGCCB standards		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
C. Supervision		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
1. Administrative		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
2. Clinical		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other
3. Gambling Specific Consultation		<input type="checkbox"/> Powerpoint <input type="checkbox"/> Exercises/ Activity / Assignment <input type="checkbox"/> Videos <input type="checkbox"/> Other

NOTE: The minimum educational content should address 80% of this outline if submitting for the entire program hours.

