



Criteria for Training for Certified Gambling Disorder Trainer (CGDT) ***“A Train-the-trainer program for a 30-hour Gambling Disorder Curriculum”***

The following is the criteria for developing and providing “Train-the-Trainer” program to meet the training criteria of the **Certified Gambling Disorder Trainer (CGT) Certification**. This program must be IGCCB-approved even if you are a Preferred Provider.

Curriculum

At a minimum training must:

- Provide a **minimum of 28** continuing education credits (CEUs)
 - A minimum of **16** CEU’s must be offered live either in-person or virtually. Live sessions must:
 - Provide interactive learning and practice opportunities for participants
 - Focus on skill development in the presentation of core topics
 - Must involve training in cultural attunement as this relates to providing training for diverse groups and as it relates to understanding and treating gambling disorder
 - Use non-stigmatizing, recover-oriented language
 - A minimum of **8** CEU’s must be for participant completion of learning assignments which must include
 - Recording of presentations
 - Development of a complete 30-hour gambling disorder training curriculum
 - Development of relevant location specific content and information
 - How to find and utilize current research information
 - A maximum of **4** CEU’s for self-directed review of 30-hour training curriculum presentation materials

Provide participant handouts/training manual that include:

- Power point presentations that cover 100% of IGCCB 30-hour ICGC I core training requirements
- Academic references for training content, 70% of which are citations within the past 10 years.
- Screening and Assessment tools
- Interactive exercises for participants
- Clinical handouts and Client manuals

Pre-requisites

Trainee/Candidate:

- Training participants must provide documentation of having IGCCB or comparable state gambling counselor certification

or

- Proof of completion of IGCCB approved 30 basic gambling disorder training

Trainers:

- Must be Certified Gambling Disorder Trainers (CGT) with IGCCB

Approval process:

Please submit all training materials to training@igccb.org for review. Please allow 4 weeks for review and notification.

IGCCB CONTINUING EDUCATION TRAINING PROGRAM

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 <input type="checkbox"/> CGT
ORGANIZATION INFORMATION		
Organization Name:		Website:
Address:		
City/Town:	State/Province:	Zip:
Country:		
TRAINING INFORMATION		
Course Title: Training for Certified Gambling Disorder Trainer (CGDT) <i>“A Train-the-trainer program for a 30-hour Gambling Disorder Curriculum”</i>		
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 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)

\$7/CE x hours (7 x 28 hours = \$210)

Waived as we are a Preferred Provider

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 if they are not already a Preferred Provider.

Authorized Person:

Email:

Electronic Signature:

Date: