



**Certified Compulsive Gambling Counselor  
 Certification Application/Reapplication**

**PLEASE TYPE OR PRINT.**

<input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal Application			
<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="checkbox"/> Mrs.	Name		Social Security Number
	Name of Agency Where Currently Employed		Job Title
	Work Address	City/State	Zip Code
Work Telephone Number(s)		Work Fax Number	Work E-Mail Address
Home Address		City/State	Zip Code    County
Home Telephone Number		Home Fax Number	Home/Personal E-Mail Address

Prior Missouri Credential	Certification/License Number	Expiration Date
Certified Alcohol Drug Counselor (CADC)		
Certified Reciprocal Alcohol Drug Counselor (CRADC)		
Certified Reciprocal Advanced Alcohol Drug Counselor (CRAADC)		
Certified Criminal Justice Addictions Professional (CCJP)		
Co-Occurring Disorders Professional (CCDP)		
Licensed Clinical Social Worker (LCSW)		
Licensed Professional Counselor (LPC)		
Licensed Psychologist and/or Licensed Physician		

I affirm that my prior credential is in good standing and has no sanctions or challenges against it. I affirm that the above information is true and correct. I understand that to remain certified as a Missouri Compulsive Gambling Counselor, I must maintain, in good standing, the credential I have identified above. I must also obtain the required amount of compulsive gambling counselor **advanced** training. I have read and understand the certification and/or renewal requirements outlined in this packet.

Signature \_\_\_\_\_ Date \_\_\_\_\_

RETURN COMPLETED FORM  
 & REQUIRED DOCUMENTATION TO:

**Compulsive Gambling Counseling Program  
 Division of Alcohol & Drug Abuse  
 1706 E. Elm St., P.O. Box 687  
 Jefferson City, MO 65102**

Documentation for Initial Certification	Documentation for Renewal Certification
1. Current resume 2. Photocopy of initial 60-hour CGC training*	1. Documentation of completion of 14 hours of continuing education requirements*
<i>There is no need to send photocopies of your license and/or certification. Primary source verification is conducted with the Missouri Division of Professional Registration and the Missouri Substance Abuse Professional Credentialing Board.</i>	

\* Original documents will not be returned. Please send photocopies.