

**THE COUNCIL ON COMPULSIVE GAMBLING OF
NEW JERSEY, INC. HAS PARTNERED WITH SEABROOK IN
BRIDGETON, NJ TO PROVIDE A
FREE 30 – HOUR TRAINING ON DISORDERED GAMBLING**

THIS TRAINING IS BEING OFFERED TO ADDICTION AND MENTAL HEALTH PROFESSIONALS WISHING TO DEVELOP GAMBLING COUNSELOR COMPETENCE. THIS COURSE SATISFIES EDUCATION REQUIREMENTS FOR BECOMING AN INTERNATIONAL CERTIFIED GAMBLING COUNSELOR THROUGH THE INTERNATIONAL GAMBLING COUNSELOR CERTIFICATION BOARD. IGCCB APPROVED CREDITS MAY ALSO BE USED TO MEET LCADC/CADC INITIAL AND RECERTIFICATION EDUCATION REQUIREMENTS. CREDITS MAY ALSO BE USED TO MEET CPS, LPC, LMFT AND LAC RECERTIFICATION EDUCATION REQUIREMENTS.

THE AGENDA FOR THIS COURSE IS AS FOLLOWS:

<i>Saturday, September 29, 2018</i>	<i>Gambling Basics I</i>
<i>Saturday, October 6, 2018</i>	<i>Gambling and the Family</i>
<i>Saturday, October 13, 2018</i>	<i>Gambling Basics II Case Management and Treatment Planning Gambling and the Law</i>
<i>SKIP - Saturday, October 20th</i>	<i>SKIP</i>
<i>Saturday, October 27, 2018</i>	<i>Individual Counseling and Gambling</i>
<i>Saturday, November 3, 2018</i>	<i>Group Counseling and Gambling</i>

** Attendees MUST attend the full day of training in order to receive a certificate of completion. **

The training will be held at:

Seabrook

133 Polk Lane

Bridgeton, NJ 08302

Training Day starts promptly at 9:00 a.m. and ends at 4:00 p.m.

Coffee, light breakfast, and lunch will be provided compliments of Seabrook.

IF YOU WOULD LIKE TO ATTEND THIS COURSE, PLEASE FILL OUT THE REGISTRATION FORM AND RETURN VIA E-MAIL TO SUE@800GAMBLER.ORG OR FAX TO (609) 588-5665.

ANY QUESTIONS PLEASE CONTACT SUE WURTZ AT (609) 588-5515 Ext. 14

**SPACE FOR THIS TRAINING IS LIMITED. If you register and cannot attend,
PLEASE notify us immediately so that others can attend in your place!**

Registration Deadline is Tuesday, September 25th and will be processed on a first-come, first-served basis. Don't delay!!

REGISTRATION FORM

800-GAMBLER

NAME _____

CREDENTIALS _____

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____ FAX (____) _____ E-MAIL _____

CHECK BELOW FOR:

FULL 30 HOUR COURSE _____ **PARTIAL (Insert Dates)** _____

BEST NUMBER TO CALL (OR METHOD OF CONTACT) IN CASE OF EMERGENCY OR FOR NOTIFICATION OF A SCHEDULE CHANGE: _____

