

**THE COUNCIL ON COMPULSIVE GAMBLING OF NEW
JERSEY, INC. HAS PARTNERED WITH BETHEL COUNSELING
SERVICES IN NEWARK, 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>Tuesday, April 2, 2019</i>	<i>Gambling Basics I</i>
<i>Tuesday, April 9, 2019</i>	<i>Gambling Basics II Case Management and Treatment Planning Gambling and the Law</i>
<i>Tuesday, April 16, 2019</i>	<i>Individual Counseling and Gambling</i>
<i>Tuesday, April 23, 2019</i>	<i>Gambling and the Family</i>
<i>Tuesday, April 30, 2019</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:

*Bethel Counseling Services
65 Pierce Street, Newark, NJ 07103*

Please call Frank @ (551) 804-0585 to verify that classes will be held in the event of inclement weather.

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

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 Thursday, March 28th and will be processed on a first-come, first-served basis. Don't delay!!

REGISTRATION FORM

Bethel Counseling Services

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: _____

