

**THE COUNCIL ON COMPULSIVE GAMBLING OF  
NEW JERSEY, INC. HAS PARTNERED WITH ANCORA  
PSYCHIATRIC HOSPITAL IN HAMMONTON, 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:**

*Friday, March 15, 2019*

*Gambling Basics I*

*Basics I is a prerequisite for attending the remaining classes.*

*Friday, March 22, 2019*

*Gambling and the Family*

*Friday, March 29, 2019*

*Gambling Basics II  
Case Management and Treatment Planning  
Gambling and the Law*

*Friday, April 5, 2019*

*Individual Counseling and Gambling*

*Friday, April 12, 2019*

*Group Counseling and Gambling*

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

**The training will be held at:**

**Ancora Psychiatric Hospital**

**301 Spring Garden Road Hammonton, New Jersey 08037**

**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](mailto: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, March 5th 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:** \_\_\_\_\_

