



### Attestation to Obtain Certification as an International Certified Gambling Counselor (ICGC-I)

I, \_\_\_\_\_, attest that I will meet all the requirements to obtain and will obtain certification as an International Certified Gambling Counselor (ICGC) from the International Certified Gambling Counselor Certification Board within two (2) years of the date of being approved to participate in the Council on Compulsive Gambling of New Jersey (CCGNJ) Gambling Provider Network.

In addition, I accept that:

1. As a New Jersey licensed Network Provider, not currently certified as an ICGC-I, I will inform CCGNJ monthly, in an email to [george.mladenetz@800gambler.org](mailto:george.mladenetz@800gambler.org) that I am actively pursuing **or** have decided no longer to pursue obtaining my certification as an ICGC-I.
2. As a CCGNJ Network Provider, I may be treating one or more gambling disordered clients and/or family members/significant others. On the sixtieth (60<sup>th</sup>) day prior to my annual deadline date for obtaining my ICGC-I, I will inform CCGNJ by email to: [george.mladenetz@800gambler.org](mailto:george.mladenetz@800gambler.org) that obtaining certification as an ICGC-I is likely or not likely. Should it be unlikely, new referrals to me of CCGNJ's Gambling Disorder Grant clients will be suspended at that time.
3. Should I not obtain the certification within the sixty (60) day period prior to my annual deadline date, I will work with CCGNJ to transfer all of my Gambling Disorder Grant clients to an eligible provider.
4. As a Network licensed but non-certified provider, if I, **at any time during the grant period**, cannot assure CCGNJ in writing that I will obtain my certification by my annual deadline date, I will work with CCGNJ to have all my Gambling Disorder Grant clients transferred to an eligible provider.
5. As a licensed but non-certified provider, if I am not seeing gambling disordered clients within the Gambling Disorder Grant program and I am unable to assure CCGNJ in writing, when requested, that I will obtain my certification within sixty (60) days prior to my annual deadline date, I may be terminated from the Network on the day after the date of the annual deadline date.

Clinician Name and Credentials: \_\_\_\_\_, \_\_\_\_\_

please print

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For CCGNJ Use Only ↓**

Date of approval into CCGNJ Gambling Provider Network: \_\_\_\_\_

*Annual Deadline Date Certification is required- on or before:* \_\_\_\_\_

CCGNJ Staff Name: \_\_\_\_\_

CCGNJ Staff Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_