# THE COUNCIL ON COMPULSIVE GAMBLING OF NEW JERSEY, INC. HAS PARTNERED WITH SERENITY AT SUMMIT IN FLORHAM PARK, 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, January 10, 2020 Gambling Basics I Basics I is a prerequisite for attending the remaining classes.

Friday, January 17, 2020 Gambling Basics II

Case Management and Treatment Planning

Gambling and the Law

Friday, January 24, 2020 Individual Counseling

Friday, January 31, 2020 Gambling and the Family

Friday, February 7, 2020 Group Counseling and Gambling

#### The training will be held at:

SERENITY AT SUMMIT FLORHAM PARK 83 Hanover Road, Suite160 Florham Park, NJ 07932

*Please call* (609) 510-5822 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.

#### Light Breakfast Will Be Provided

IF YOU WOULD LIKE TO ATTEND THIS COURSE, PLEASE FILL OUT THE REGISTRATION FORM AND RETURN VIA E-MAIL TO GEORGE MLADENETZ AT george.mladenetz@800gambler.org OR FAX TO (609) 588-5665. ANY QUESTIONS PLEASE CONTACT GEORGE MLADENETZ AT (609) 588-5515 Ext. 20

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

## 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, December 31<sup>st</sup> and will be processed on a first-come, first-served basis. Don't delay!!

### **REGISTRATION FORM**

## 800-GAMBLER

NAME	
CREDENTIALS	
COMPANY NAME	
ADDRESS	
CITY	
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	

