



**Attestation to Obtain Certification as an International Certified Gambling Counselor (ICGC-1) or International Co-Occurring Gambling Specialist Certificate (ICOGS)**

I, \_\_\_\_\_, attest that I will meet all the requirements to obtain and will obtain certification as an International Certified Gambling Counselor (ICGC) or International Co-Occurring Gambling Specialist (ICOGS) 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. Should I not obtain the certification prior to appropriate deadline date, I will work with CCGNJ to transfer all my Gambling Disorder Grant clients to an eligible provider.
2. 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 deadline date, I will work with CCGNJ to have all my Gambling Disorder Grant clients transferred to an eligible provider.
3. 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 prior to my 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: \_\_\_\_\_

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

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

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

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