



## Checklist of Required Provider Documents for the Treatment Services for Gambling Disorder Grant Program

Dear Treatment Services Provider Applicant:

Please submit all applicable documents below to CCGNJ to:

Michael Garcia, Treatment Coordinator  
Council on Compulsive Gambling of NJ, Inc.  
3635 Quakerbridge Road, Suite 7  
Hamilton, NJ 08619

1. Network Clinician Application Form
2. Copy of your Resume/CV
3. Copy of your highest degree or Diploma
4. A copy of your current Professional License(s) in New Jersey
5. A copy of your Certification (ICGC-I) to treat Problem or Disordered Gamblers

**OR**

If clinician **does not have a certificate**, a completed and signed copy of the Attestation to Obtain Certificate as an ICGC-1.

Clinician must have completed the virtual 30-hour training and provide certificate.

6. Copy of your certificate of malpractice insurance

**OR**

Certificate of malpractice insurance face sheet showing coverage for each employed/subcontracted clinician (\$1,000,000/\$3,000,000) eligible to provide services under this Agreement.

7. Copy of your certificate of Commercial General Liability Insurance.

8. Copy of your certificate of Worker's Compensation and Employer's Liability Insurance, if applicable

9. W-9 Form (included herein) (record **EITHER** your name and SS# **OR** your business name and EIN **but NOT both on this form.**)

10. Evidence of training in Cultural Competence and Suicide Risk Assessment