800-GAMBLER®

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:

Leonard Brazer, Treatment Coordinator/NJ GEARS Monitor
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 ☐
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 ☐

Revised December 30, 2025