

Applicant Registration

Name: Last First M.I.

Date of Application

Home Address: Street Number

City State Zip

Work Address: Agency Name

Street Address

City State Zip

Home Phone

Work Phone

Message Phone

Email

Social Security Number

Title of Current Certification/License & Expiration Date

Certification/License Number

Name of Certification/Licensing Board

Level of Education

(AA/AS, BA/BS, MA/MS,..) **and Major.**

Statement of Recovery

Only for those who are recovering from problem/compulsive gambling behavior.

I hereby attest that I have been in recovery for the _____ years immediately preceding this application.

Applicant Signature:

Date: _____

Candidate Statement

I hereby apply for certification in Oregon as a Gambling Addictions Counselor. I understand that the application and examination fee is non-refundable & non-transferable from one examination date to another.

Furthermore, I attest that the information I have given in this application and all supporting documentation is correct and true. I give MHACBO permission to verify any statements given in any part of this application.

Applicant Signature:

Date: _____

What Level of Gambling Certification are you applying for? Check one of the following.

_____ CGAC I

_____ CGAC II

Questions: email zzjohnson@msn.com