



# California Problem Gambling Treatment Services Program Provider/Supervisor Enrollment Application



To be eligible to receive reimbursement on a fee-for-service basis, the potential service provider must complete the information requested below and agree to all terms.

## **SECTION A INDIVIDUAL:**

NAME: \_\_\_\_\_  
first middle last

ADDRESS: \_\_\_\_\_  
city state zip

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

## **SECTION B AGENCY or GROUP PRACTICE:**

AGENCY/PRACTICE NAME \_\_\_\_\_

FEDERAL TAX ID \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
city state zip

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

COUNTY IN WHICH YOUR PRACTICE IS LOCATED \_\_\_\_\_

## **SECTION C MINIMUM ELIGIBILITY REQUIREMENTS:**

### **PROFESSIONAL LICENSES (Submit copies of all licenses):**

LICENSE	LICENSE NUMBER	ISSUING BODY	DATE VALID THROUGH

Have you ever voluntarily surrendered a license or certificate? YES  NO  If yes, please explain \_\_\_\_\_

Have any of your license(s) or certificate(s) ever been revoked? YES  NO  If yes, please explain \_\_\_\_\_

Have any of your license(s) or certificate(s) ever been suspended? YES  NO  If yes, please explain \_\_\_\_\_

**To be admitted into problem gambling provider training you must meet the following requirements (If applicable please check):**

I have professional liability insurance (malpractice). Copy attached.

I am licensed in California to engage in the practice of mental health.

I own a personal computer with access to the Internet.

**SECTION D**  
**SUPERVISOR/ACCELERATED:**

I am applying as a Supervisor  and/or Accelerated Provider  (please check)  
Persons applying as a Supervisor or Accelerated Provider must meet the following requirements (If applicable please check):

- I do not have violations or pending actions on my license as a result of a formal complaint.
- I possess a current NCPG or CCPG counselor certification. Copy attached.
- I have a minimum of 5 years documented clinical experience in treatment of problem and pathological gamblers.
- I am not NCPG or CCPG certified, but have attached a peer letter of reference attesting to level of skill/experience in treating problem and pathological gamblers. Copy attached.

**SECTION E**  
**PROGRAM INFORMATION:**

To be eligible, each provider's program must be equipped to assist in developing outreach to serve multicultural and geographically diverse populations. Respond to the following items in writing and attach to application. Responses shall include any information about experience and/or expertise that demonstrates ability to provide the services requested.

- A. Describe the design of services at your agency/practice. Include information about where services will be delivered and any special or unique services that you or your agency will offer.
- B. Describe the target population of your proposed service. Include any special populations for which your agency/practice has expertise such as specific age groups, gender, geographic locations, foreign languages, ethnic groups, and presenting problems such as substance abuse, legal issues, etc.
- C. Describe how your agency/practice will increase the participation of affected persons in the treatment process for problem gamblers.
- D. Describe how your agency/practice has historically received referrals for problem gambling services and any plans the agency has for maintaining, changing or improving the process in the calendar year.

**SECTION F**  
**APPLICANT CERTIFICATION:**

I certify that the information provided on this form is true and correct. I will notify the Office of Problem Gambling Deputy Director of any additions/changes to the information.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail the application and all required documentation to:  
Semel Institute for Neuroscience and Human Behavior at UCLA  
760 Westwood Ave Room C8-887  
Los Angeles, CA 90024  
Attention Adrienne Marco**

**Fax the completed application and supporting documentation to:  
UCLA Gambling Studies Program 310-825-0301**