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## **SECTION D SUPERVISOR**

**Persons applying as a Supervisor 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.

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## **SECTION E PROGRAM INFORMATION: (ALL applicants must complete)**

**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 private practice/agency. 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 private practice/agency 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 private practice/agency will increase the participation of affected persons in the treatment process for problem gamblers.

**D.** Describe how your private practice/agency 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.

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## **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 Chief of any additions/changes to the information.**

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## **SECTION G DISABILITY:**

"If you need a disability-related reasonable accommodation/alternative format for this training, please contact (UCLA) at the number listed below two weeks prior to the event."

**Fax the completed application and all required supporting documentation to:**

**Attention: Brittani Bridges 310-825-0301**

**or email to: [UGSP@mednet.ucla.edu](mailto:UGSP@mednet.ucla.edu)**

**If there was a problem with this fax please call [\(310\) 825-4845](tel:3108254845)**

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