

## **Application Packet**

### **Gambling Specialty Designation for:**

- Credentialed Alcoholism and Substance Abuse Counselor (CASAC)
- Credentialed Prevention Provider (CPP)
- Credentialed Prevention Specialist (CPS)



**Office of Addiction  
Services and Supports**

GAMBLING SPECIALTY DESIGNATION APPLICATION

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Only return **the forms in bold** with your application documentation. Application instructions may be retained for your reference throughout the application process.

# GAMBLING SPECIALTY DESIGNATION APPLICATION

## PURPOSE OF THE GAMBLING SPECIALTY DESIGNATION

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The New York State Office of Alcoholism and Substance Abuse Services (OASAS) is committed to enhancing the quality of services in New York State through the professional development of the addictions services workforce, including both Substance Use Disorders (SUD) and Problem Gambling. To ensure that staff in problem gambling treatment and prevention programs are competent and ethical in their work and skilled in meeting the needs of today's society, OASAS issues the Gambling Specialty Designation (GSD) to individuals who are already credentialed as a Credentialed Alcoholism and Substance Abuse Counselor (CASAC), Credentialed Prevention Professional (CPP), or Credentialed Prevention Specialist (CPS) and who meet specific eligibility requirements. **No person shall use the OASAS Credential or Gambling Specialty Designation to engage in private practice unless otherwise authorized by law.**

## CREDENTIALING PROCESS

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### Application

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Upon receipt by the OASAS Credentialing Unit, your application will be reviewed to ensure that the minimum eligibility requirements have been satisfied. Based on the findings of this review, your application will be determined to be either incomplete or approved

### Incomplete Applications

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If your application is determined to be incomplete, you will be mailed an Application Review Summary identifying noted deficiencies. **If you are unable to address the identified deficiencies by the end of your current credentialed period, your application will not be approved, and you will not be issued the GSD.** To be considered for a GSD in the future, you will be required to submit a new application, associated documentation, and an additional \$25 Application Processing Fee.

### Minimum Qualifications

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To apply for a GSD, you must:

- Possess an OASAS issued CASAC, CPP, or CPS in good standing;
- Meet minimum education and training requirements; and
- Meet specific work experience requirements (CASAC-G only).
- Live or work in New York State at least 51 percent of the time during the application period.



Your GSD Application will remain active for the duration of your current credentialed period. If the requirements are not met prior to your credential expiration date, you may submit a new application for the GSD in the future.

## CASAC-G REQUIREMENTS

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- Part A Application Summary form
- Professional Code and Ethical Standards, and Misconduct attestation form
- \$25 Application Processing Fee (check or money order)
- Part B Training Record form
- Part C Work Experience form
- Copies of the certificate(s) of completion for the **60-hour** Problem Gambling Core Curriculum -- Treatment Track

# GAMBLING SPECIALTY DESIGNATION APPLICATION

## CPP/CPS-G REQUIREMENTS

- Part A Application Summary form
- Professional Code and Ethical Standards, and Misconduct attestation form
- \$25 Application Processing Fee (check or money order)
- Part B Training Record form
- Copies of the certificate(s) of completion for the **30-hour** Problem Gambling Core Curriculum -- Prevention Track

## FEE SCHEDULE

All fees are **non-refundable**. Fees **must** be in the form of a **check** or **money order** made payable to NYS OASAS. **Personal checks will be accepted, however, please be aware that submission of a certified check or money order will expedite the processing of your application.** Please do not send cash.

**\$25 Specialty Designation Fee**

**\$25 Failure to Update Contact Information Fine**

The Application, associated instructions, and fees are subject to change without notice.

## GENERAL APPLICATION INSTRUCTIONS

These instructions are intended to guide you in completing your application to receive the GSD. Please **read** the following information **before** preparing your application.

- Make a copy of the Application Packet to use as a working draft **before** preparing your application. After completing the working draft, enter the final information onto the original application.
- **Please print clearly.** The application is also available on-line at <https://oasas.ny.gov/credentialing/specialty-gambling-designation-application-pds-37> and may be completed on your computer.
- **Make a copy of the completed application, including all the documentation and attachments, for your records. The application and all accompanying documents will become the property of OASAS and will not be returned.** This will be very important should your current credentialed period expire before you fulfill all the requirements, as you would then be required to submit a new application, \$25 application fee, and all associated documentation.
- Submit the completed original application and required documentation. Attach the Application Processing Fee to the completed Part A of this application. The Application Processing Fee must be payable to "NYS OASAS" and in the form of a **check** or **money order**.

**Please mail your application to:**

NYS OASAS

Attn: Credentialing Unit

1450 Western Avenue

Albany, New York 12203-3526

To maintain the accuracy of the Credentialing database, **please report** all changes in your postal address, e-mail address, telephone number, and/or your name, in writing and **within ten business** days, by e-mail to [credentialing@oasas.ny.gov](mailto:credentialing@oasas.ny.gov) or by postal service:

NYS OASAS

ATTN: Credentialing Unit

1450 Western Avenue

Albany NY 12203

You may also update your information using the Addictions Professionals Information Change Form located on the OASAS website at: <https://webapps.oasas.ny.gov/credentialingverification/verification/changeContact.cfm>.

**Failure to comply with this requirement may result in the expiration of the application, or imposition of penalties or other remedial actions, and a \$25 Failure to Update Contact Information Fine, as provided in Part 853.**

**PART A – APPLICATION SUMMARY CHECKLIST**

**Please remember to:**

- Complete Part A - Application Summary Form.
- Enter your **full, 9-digit** Social Security Number on Part A.
- Sign and date on the reverse side of the Part A form (must be within the previous one year).
- Carefully review, initial, sign and date the Professional Code and Ethical Standards, and Misconduct Attestation on pages 7-8 of this application.
- Attach the \$25 Application Processing Fee in the form of a **check** or **money order**, payable to NYS OASAS, to Part A.

**Failure to return any of the above documentation will delay processing of your application.**

GAMBLING SPECIALTY DESIGNATION APPLICATION

PART A – APPLICATION SUMMARY FORM

Important Note: Documentation submitted without a fully completed Part A will not be processed, will be returned, and will delay the review of your application.

PERSONAL INFORMATION -- PLEASE PRINT CLEARLY

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
Full 9-digit Number is Required Month Day Year

\*MAILING ADDRESS: \_\_\_\_\_ Street Address Apt. #

\_\_\_\_\_ City/Town/Village State Zip Code County of Residence

HOME TELEPHONE NUMBER: ( ) CELL PHONE NUMBER: ( )

E-MAIL ADDRESS: \_\_\_\_\_ (PLEASE USE NON-WORK EMAIL ADDRESS)

Please note that you may be contacted via this e-mail regarding your application.

\*FAILURE TO NOTIFY OASAS OF ANY CONTACT INFORMATION CHANGE MAY RESULT IN EXPIRATION OF CREDENTIAL AND/OR IMPOSITION OF A FINE

CURRENT CREDENTIAL INFORMATION – CHECK THE APPLICABLE BOX FOR THE CREDENTIAL(S) YOU WISH TO ADD THE GSD TO

☐ CASAC Credential Number: ☐ CPP Credential Number: ☐ CPS Credential Number:

EMPLOYMENT INFORMATION – PLEASE PRINT CLEARLY

ARE YOU CURRENTLY EMPLOYED? ☐ Yes -- Please complete the following section. ☐ No -- Go to the "Affirmations" section.

CURRENT JOB TITLE: \_\_\_\_\_ WORK TELEPHONE NO.: ( ) - Ext. \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ DATE STARTED: \_\_\_\_\_

OASAS CERTIFICATE NUMBER: \_\_\_\_\_ WORK UNIT/FACILITY NAME: \_\_\_\_\_
(if applicable)

WORK ADDRESS: \_\_\_\_\_ Street City/Town/Village State Zip Code

Personal information provided to OASAS is protected under the New York State Public Officer's Law, Personal Privacy Protection Law, Article 6A, and may only be disclosed with written consent, a court-ordered subpoena or subject to other provisions of such law.

THE REVERSE SIDE MUST BE COMPLETED IN ITS ENTIRETY

**AFFIRMATIONS AND CERTIFICATIONS (Please Print Clearly)**

I attest that the information contained in this GSD Application, including any attachments, is true and correct to the best of my knowledge.

I understand that if the information submitted contains a false statement, my application may be denied. If the application is approved and later determined to contain materials that were false or misleading, OASAS has the authority to duly annul, suspend, limit, or revoke the credential and/or specialty designation issued.\*

I further understand that my name and city/state of residence, as well as my credential/GSD number and its date of expiration, may be made available to the public as part of OASAS' Registry of Credentialed Counselors and Prevention Practitioners.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE \*\*

Any CASAC, CPP or CPS or applicant for those credentials or Gambling Specialty Designation who engages in any misconduct as identified by the Part 853 Regulations governing the Credentialing of Addictions Professionals shall be subject to one or more of the following penalties or as otherwise authorized by law: Administrative Reprimand, Suspension, Denial of Renewal/Reactivation, Revocation, Fines, and Annulment.

\* **OFFERING A FALSE INSTRUMENT FOR FILING IN THE FIRST DEGREE IS A CLASS E FELONY.** A person is guilty of offering a false instrument for filing in the first degree when, knowing that a written instrument contains a false statement or false information and, with intent to defraud the State or any political subdivision thereof, he/she offers or presents it to a public office or public servant with the knowledge or belief that it will be filed with, registered or recorded in or otherwise become part of the records of such public office of public servant.

\*\* Part A must be dated within one year prior to submission. **Applications which are not signed and dated will be returned and will delay processing of your Application.**

**Remember to include the Application Processing Fee of \$25 in the form of a check or money order.**

**Did you know that all CASACs, CASAC Trainees, Prevention Practitioners, and Applicants are Mandated Reporters?**

It is a Mandated Reporter's legal duty under the New York State Protection of People with Special Needs Act (the Act) to report Abuse, Neglect and Significant Incidents involving vulnerable persons to the Vulnerable Persons' Central Register (VPCR).

The Justice Center operates a centralized, statewide toll-free hotline and incident reporting system, known as the Vulnerable Persons Central Register (VPCR), which receives and tracks allegations of abuse and neglect 24 hours a day, 7-days a week.

The Justice Center Hotline number is 1-855-373-2122.

TTY 1-855-373-2123

# GAMBLING SPECIALTY DESIGNATION APPLICATION

## Professional Code and Ethical Standards

(Page 1 of 2)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

Please initial each number of the Professional Code and Ethical Standards to attest that you have carefully read, understand, and agree to abide by Section 853.19 of the Part 853 Regulations governing the Credentialing of Addictions Professionals. The attestation on the bottom of the next page must also be signed and dated. **Failure to return these pages will delay the processing of your application.**

A CPGC and gambling designee must:

- \_\_\_\_\_ (1) Recognize that the profession is founded on national standards of competence which promote the best interest of society, of the service recipient, of the counselor and of the profession as a whole.
- \_\_\_\_\_ (2) Espouse objectivity and integrity; maintain the highest standards in the services offered; respect the values, attitudes and opinions of others; and provide services only in an appropriate professional relationship.
- \_\_\_\_\_ (3) Not discriminate in work-related activities based on race, religion, age, gender, disabilities, ethnicity, national origins, sexual orientation, economic condition or any other basis proscribed by law.
- \_\_\_\_\_ (4) Recognize the need for ongoing education to maintain current competence and to improve expertise and skills.
- \_\_\_\_\_ (5) Uphold the legal and accepted moral codes pertaining to professional conduct.
- \_\_\_\_\_ (6) Respect the integrity and protect the welfare of the person or group with whom the counselor is working.
- \_\_\_\_\_ (7) Embrace, as a primary obligation, the duty of protecting the privacy of service recipients and must not disclose confidential information acquired in teaching, practice, research or investigation and maintain the confidentiality of records under their control.
- \_\_\_\_\_ (8) Inform the prospective service recipient of the important aspects of the nature of services to be provided and the service recipient/counselor relationship.
- \_\_\_\_\_ (9) Not engage in dual relationships as defined in this Part. If a credentialed professional engages in conduct contrary to this prohibition or claims that an exception to this prohibition is warranted because of extraordinary circumstances, it is the credentialed professional who assumes the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.
- \_\_\_\_\_ (10) Not engage in sexual activities or sexual contact with current or former clients (lack of consent is presumed).
- \_\_\_\_\_ (11) Treat colleagues and other professionals with respect, courtesy and fairness and cooperate in order to serve the best interests of their service recipients.
- \_\_\_\_\_ (12) Not knowingly engage in behavior that is harassing or demeaning, including, but not limited to, sexual harassment.
- \_\_\_\_\_ (13) Not exploit service recipients or others over whom they have a position of authority.
- \_\_\_\_\_ (14) Acknowledge the limits of present knowledge in public statements concerning compulsive gambling, as well as report fairly and accurately the appropriate information and acknowledge and document materials and techniques used.
- \_\_\_\_\_ (15) Not participate in the filing of frivolous ethics complaints or which have a purpose other than to protect the public.
- \_\_\_\_\_ (16) Recognize the effects of their own impairment on professional performance and must not provide services which create conflict of interest or impair work performance and clinical judgment.
- \_\_\_\_\_ (17) Assure that financial practices are in accord with professional standards which safeguard the best interests of the service recipient, the counselor and the profession.
- \_\_\_\_\_ (18) Strive to inform the public, through civic and professional participation in community affairs, of the effects of problem gambling and adopt a personal and professional stance which promotes the well-being of all human beings.
- \_\_\_\_\_ (19) Assign credit to all who have contributed to published material and for the work upon which publication is based.
- \_\_\_\_\_ (20) Support all efforts toward a primary goal of recovery for service recipients and families.
- \_\_\_\_\_ (21) Notify appropriate authorities, including employers and OASAS, when they have direct knowledge of a colleague's impairment or misconduct which may interfere with treatment effectiveness and place service recipients and others at risk.

**CONTINUED ON FOLLOWING PAGE**



GAMBLING SPECIALTY DESIGNATION APPLICATION

MISCONDUCT

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

Please initial each number of the Professional Code and Ethical Standards and Misconduct to attest that you have carefully read, understand, and agree to abide by Sections 853.19 of the Part 853 Regulations governing the Credentialing of Addictions Professionals. The attestation on the bottom of this page must also be signed and dated. Failure to return these pages will delay the processing of your application.

The following shall constitute misconduct by a CPGC or specialty designation:

- (1) Obtaining the credential or designation fraudulently.
(2) Practicing or providing services fraudulently, with gross incompetence, with gross negligence on a particular occasion or negligence or incompetence on more than one occasion, or otherwise acting contrary to the interests of a service recipient.
(3) Practicing or providing services while under the influence of alcohol and/or other substances.
(4) Violating any term or condition or limitation imposed by the Office on the credentialed professional.
(5) Refusing to provide services to a person, individual, organization or community because of race, creed, color, gender, age, disability, national origin, sexual orientation, or socioeconomic status.
(6) Being convicted of or committing an act constituting a crime under New York state law, federal law, or the law of another jurisdiction which, if committed within New York, would constitute a crime in this state.
(7) Promoting the inappropriate sale of services, goods, property or drugs in such manner as to exploit a service recipient for the financial gain of the certified/credentialed professional or of a third party.
(8) Directly or indirectly offering, giving, soliciting or receiving, or agreeing to receive, any fee, or other consideration to or from a third party for the referral of a service recipient in connection with the performance of addiction services.
(9) Entering into a dual relationship with a service recipient or former service recipient that is outside the boundaries of professional conduct.
(10) Engaging in any conduct which would constitute a "reportable incident" as such terms are defined in Part 836 of this Title.
(11) Failure by the applicant or credentialed professional to notify the Office of any disciplinary action taken against him or her as the holder of any other license or certification issued by New York state or any other federal or state authority.
(12) Professional misconduct as the holder of another license or credential.
(13) Unlawful use of the title Credentialed Alcoholism and Substance Abuse Counselor, Credentialed Alcoholism and Substance Abuse Counselor Trainee, Credentialed Prevention Professional, Credentialed Prevention Specialist or Credentialed Problem Gambling Counselor, including use of such title if a credential is inactive, suspended, expired or revoked, or is pending approval of reciprocity.
(14) No person shall use any of the following titles to engage in private practice unless otherwise authorized by law: Credentialed Alcoholism and Substance Abuse Counselor (CASAC), Credentialed Alcoholism and Substance Abuse Counselor Trainee (CASAC trainee), Credentialed Prevention Professional (CPP), Credentialed Prevention Specialist (CPS), or Credentialed Problem Gambling Counselor (CPGC).
(15) Knowingly working outside of the scope of practice of the credential as applicable in the work setting.

I, the undersigned applicant, have received as part of this Application, and have read, understand, and agree to abide by the Part 853 Regulations governing the Credentialing of Addictions Professionals, which includes the Professional Code and Ethical Standards and Misconduct.

I also understand that any questions regarding the interpretation of the Part 853 Regulations (Credentialing of Addiction Professionals), especially as it relates to ethical and professional standards, may be directed to the Credentialing Unit at credentialing@oasas.ny.gov or 1-800-482-9564 (option 5).

Any CPGC or Specialty Designation who engages in any acts considered misconduct by the Part 853 Regulations governing the Credentialing of Addictions Professionals shall be subject to one or more of the following penalties or as otherwise authorized by law: Administrative Reprimand, Suspension, Denial of Renewal/Reinstatement, Revocation, Fines, and Annulment.

APPLICANT SIGNATURE DATE

# GAMBLING SPECIALTY DESIGNATION APPLICATION

## PART B – TRAINING RECORD

### Requirements

Applicants should complete the top portion of the Part B Training Record form and check the box for the type of curriculum they completed. Applicants should enter the date the curriculum was completed. This date will be listed on either the full curriculum certificate, or the certificate from the last course taken to satisfy the core curriculum requirements. Applicants should enter the name of the OASAS Approved Education and Training Provider (ETP) from whom they completed the curriculum and the ETP's OASAS issued ETP #. These should both be on the certificate(s) issued. Applicants must sign and date at the bottom of the Part B form. Please attach a copy of the training certificate(s).

**NOTE:** You must submit documentation to support all education and training being claimed in the form of an academic transcript or OASAS standardized certificate of completion. All documents must include your name; the name of the educational institution or training provider; title of the course or training; date of completion; and number of clock hours associated with completion of the course or training.

### Core Curriculum

Together with certified ETP's, OASAS has developed two core curriculums to serve as the basis for a standardized education for problem gambling treatment or prevention. The programs were developed to assure that all GSD applicants have adequate exposure to the full range of problem gambling competencies. If you are applying for the CASAC-G, you may obtain training in the 60-hour problem gambling standardized treatment curriculum at <https://webapps.oasas.ny.gov/training/providers.cfm?providerType=CASAC-G-60>. To obtain the CPP-G and CPS-G, training in the 30-hour problem gambling standardized prevention curriculum may be found at <https://webapps.oasas.ny.gov/training/providers.cfm?providerType=CPP-G-30>.

### 60-Hour Problem Gambling Core Curriculum—Treatment Track (CASAC-G)

The 60-hour Problem Gambling Core Curriculum -- Treatment Track includes course work that provides knowledge specific to the assessment and treatment of problem gambling; a broad overview of the problem gambling field, including treatment approaches and modalities; theoretical models applied to understanding problem gambling; trends in gambling and specific treatment for problem gambling (e.g., physical, psychological, social, cognitive/mental, pharmacological, etc.); and the mutual aid aspects of gambling and problem gambling, addiction and treatment. Examples include:

- A. **Problem Gambling Knowledge and Education (15 hours):** Course work that provides knowledge of gambling and problem gambling; problem gambling prevalence rates statewide and nationally; five types of gamblers; profiles of problem gamblers: men vs. women; escape vs. skill-based gambler distinctions; progression for problem gamblers and spouses; phases of problem gambling; warning signs of problem gambling; review of problem gambling diagnosis from DSM-5; basic review of available services throughout New York State including treatment, prevention and self-help; basic knowledge of gambling venues; and special populations and their gambling practices.
- B. **Skills for Screening, Assessment and Diagnosis (15 hours) --** Course work that provides knowledge of comprehensive assessment and diagnosis of problem gambling; review and scoring of most widely used screening tools including:
  - a. South Oaks Gambling Screen (SOGS)
  - b. South Oaks Gambling Screen for Adolescents (SOGS-R)
  - c. DSM- Pathological Diagnosis
  - d. Lie-Bet
  - e. Gambler's Anonymous and GAM-ANON 20 question tool
- C. **Specialized Clinical Treatment, Treatment Planning and Case Management (20 hours):** Course work that provides knowledge of legal issues related to gambling; financial issues: budgeting, restitution; crisis intervention specific to gamblers (including suicidal assessments and referrals); theoretical models of problem gambling treatment, including evidence based-practices and examples of interventions; addressing co-occurring disorders that are identified along with problem gambling; and ethical considerations in the clinical treatment of problem gamblers.
- D. **Relapse Prevention and Discharge Planning (10 hours):** Course work that provides knowledge of relapse triggers and relapse cycle for problem gamblers; incorporating spirituality into gambling-specific treatment; and orientation to Gambler's Anonymous and other support services.

# GAMBLING SPECIALTY DESIGNATION APPLICATION

## PART B TRAINING RECORD (cont.)

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### 30-Hour Problem Gambling Core Curriculum—Prevention Track (CPP-G or CPS-G)

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The 30-hour Problem Gambling Core Curriculum -- Prevention Track includes course work that provides a broad overview of the problem gambling field and that provides knowledge to enhance skills and abilities to perform as a problem gambling prevention practitioner. Examples include:

- A. **Problem Gambling Knowledge and Education (10 hours):** Course work that provides the history of gambling and problem gambling; definitions of gambling and problem gambling; problem gambling prevalence rates in statewide and nationally; five types of gamblers; profiles of problem gamblers: men vs. women; escape vs. skill based gambler distinctions; progression for problem gamblers and spouses; phases of problem gambling; warning signs of problem gambling; review of problem gambling diagnosis from DSM; basic review of available services throughout NYS including treatment, prevention and self- help; basic Knowledge of Gambling Venues; and special populations and their gambling practices.
- B. **Public Policy and Social Impact of Problem Gambling (10 hours):** Course work that provides knowledge of the public perception of gambling; spectrum of gambling behaviors, public health risks (youth through aging populations; prevention risk and protective factors for gambling; and special populations (women, men, adolescents, seniors, minorities).
- C. **Gambling Specific Prevention Strategies (10 hours):** Course work that provides knowledge focused specifically on problem gambling prevention (e.g., factors which affect gambling-related behavior; evidence-based prevention; evidence-based prevention approaches; and promising gambling prevention programs) and on community gambling assessment tools.

**PART B –TRAINING RECORD CHECKLIST**

**Please remember to:**

- Complete the Applicant Information section of Part B (Training Record Form).
- Check the appropriate box for the type of curriculum you completed.
- Enter the date you completed the core curriculum training.
- Enter the Education and Training Provider (ETP) name and ETP issued ETP# for the provider of the training you completed.
- Attach a copy of the curriculum training certificate(s) and/or academic transcript.

**Reminder:** Make a copy of your completed application, including all documentation and attachments, for your records. If your application expires before fulfilling all the requirements, you will be required to submit a new application and all associated documentation.



# GAMBLING SPECIALTY DESIGNATION APPLICATION

## PART C WORK EXPERIENCE VERIFICATION

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### Requirements

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**Work experience is only required for CASAC-G applicants.** Applicants must document a minimum of 100 hours of supervised experience as a provider of treatment for problem gamblers and their families.

### Approved Work Experience

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Work experience claimed must:

- include the provision of direct services to service recipients or provision of documented supervision of direct services to service recipients;
- include practice specific to problem gamblers and their families, which includes gambling assessment and diagnosis; incorporating specific gambling goals into treatment plans; financial education and planning; and relapse prevention and discharge planning which addresses gambling issues.
- Of the 100 hours, a minimum of 30 hours must have been devoted to practice in each of the following three areas:
  - individual, family and group counseling;
  - crisis intervention; and
  - financial assessments.

Work experience may **not** include any experience gained as part of, or required under, participation as a service recipient in a formal problem gambling program or a formal SUD treatment/aftercare program and/or plan.

### Supervision Requirements

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Work experience must have been supervised by an individual who is a Qualified Problem Gambling Professional (QPGP) as defined in the Part 800 OASAS Treatment Services General Provisions as meaning:

- Any of the following professionals who can document either a minimum of one year of experience in the treatment and/or clinical research of problem gambling, or have completed a formal training program in the treatment of problem gambling as required by the Office:
  - Qualified Health Professional (QHP) as listed in Part 800 Chemical Dependence Regulations;
  - Credentialed Alcoholism and Substance Abuse Counselor with a Gambling Specialty Designation (CASAC-G);
  - Credentialed Problem Gambling Counselor (CPGC) who has a current valid credential issued by the Office;
  - National Certified Gambling Counselor (Level I and II);
  - Board Approved Clinical Consultant who is currently registered as such by the National Council on Problem Gambling;
  - Pastoral Counselor certified by the American Association of Pastoral Counselors or is a Fellow of the American Association of Pastoral Counselors;
- And attests to having at least one year of clinical supervisory experience.

**OR**

**(QPGP Requirements continued on the next page)**

# GAMBLING SPECIALTY DESIGNATION APPLICATION

## PART C WORK EXPERIENCE VERIFICATION

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### Supervision Requirements (continued)

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- Is a Qualified Health Professional (as defined in the Part 800 Chemical Dependence Regulations); and attests to having:
  - Worked a minimum of three years as a provider of alcoholism and substance abuse treatment or mental health services. **This work experience must include/have included: gambling assessment and diagnosis; incorporating specific gambling goals into treatment plans; financial education and planning and relapse prevention; and discharge planning which addresses gambling issues;**
  - At least one year of clinical supervisory experience; and
  - Completed 15 clock hours of gambling training which addressed the following areas:
    - screening, assessment, diagnosis and diagnostic tools (e.g., South Oaks Gambling Screen; DSM-5 Pathological Diagnosis; Lie-Bet; Gambler's Anonymous and GAM-ANON 20 questions tool; or other appropriate screening instrument as defined by OASAS); and
    - specialized treatment indicators for gambling (i.e., financial, legal, self-help, crisis)

**\*\*Please note that CASAC's in an OASAS Certified setting must receive clinical supervision that meets the standards established in the SUD Counselor Scope of Practice <https://www.oasas.ny.gov/credentialing/scopes-practice>.\*\***

A copy of your supervisor's license and/or credentials should be included with the Part C form. If they are not already a CASAC Advanced or Master level and the work setting is an OASAS certified program, they must also include a copy of their 30-hour Clinical Supervision Foundations I and II training certificate(s).

**PART C – WORK EXPERIENCE VERIFICATION CHECKLIST**

**Please remember to:**

- Complete the Applicant Consent to Release Information section of Part C (Work Experience Verification Record Form) and provide the form to your supervisor for each provider/employer from which work experience and/or Supervised Training hours are being claimed.
- Include a copy of at least one current credential or license claimed by your supervisor and a copy of their Clinical Supervision Foundations training certificates or other documents to verify they are a qualified supervisor for the work setting.
- Include a copy of the employer's operating certificate/license if applicable.
- The certification at the bottom of page 17 must include the signature of the clinical supervisor or QPGP as appropriate and must be dated within the last year prior to application.
- Include total number of hours worked in clock hours. **Days/weeks worked will not be accepted.**
- The supervisor must check the box for which QPGP definition they meet. If it is definition 1, they must also check at least one box for the type of license or certification held.





GAMBLING SPECIALTY DESIGNATION APPLICATION

PART C – WORK EXPERIENCE VERIFICATION RECORD FORM (Cont.)

APPLICANT NAME: \_\_\_\_\_ SSN #: XXX-XX-\_\_\_\_\_

QUALIFIED PROBLEM GAMBLING PROFESSIONAL (QPGP): Check all current credentials or licenses that verify your status as a QPGP.

Attach a copy of certificates or licenses verifying the below qualifications.

I attest that I have the below indicated qualifying certification(s) and/or license(s), that I can document either I have a minimum of one year of experience in the treatment and/or clinical research of problem gambling, or I have completed a formal training program in the treatment of problem gambling as required by the Office and that I have at least one year of clinical supervisory experience.

Check all that apply:

- Qualified Health Professional (QHP) as listed in Part 800 Chemical Dependence Regulations
Credentialed Alcoholism and Substance Abuse Counselor with a Gambling Specialty Designation (CASAC-G)
Credentialed Problem Gambling Counselor (CPGC) who has a current valid credential issued by the Office
National Certified Gambling Counselor (Level I and II)
Board Approved Clinical Consultant who is currently registered as such by the National Council on Problem Gambling
Pastoral Counselor certified by the American Association of Pastoral Counselors or is a Fellow of the American Association of Pastoral Counselor

OR

I attest that:

- I am a Qualified Health Professional (as defined in the Part 800 Chemical Dependence Regulations);
I have worked for a minimum of three years as a provider of alcoholism and substance abuse treatment or mental health services. This work experience must include/have included: gambling assessment and diagnosis; incorporating specific gambling goals into treatment plans; financial education and planning and relapse prevention; and discharge planning which addresses gambling issues;
I have at least one year of clinical supervisory experience; and
I have completed 15 clock hours of gambling training which addressed the following areas: screening, assessment, diagnosis and diagnostic tools (e.g., South Oaks Gambling Screen; DSM-IV Pathological Diagnosis; Lie-Bet; Gambler's Anonymous and GAM-ANON 20 questions tool; or other appropriate screening instrument as defined by OASAS); and specialized treatment indicators for gambling (i.e., financial, legal, self-help, crisis).

I have reviewed our records and certify that the information provided on the work experience of the above-named applicant is true to the best of my knowledge and belief. By my signature on this form I attest that I meet the OASAS defined requirements for a Qualified Problem Gambling Professional (QPGP) as indicated above and the standards established in the SUD Counselor Scope of Practice if practicing in an OASAS certified setting.

Name of Applicant's Supervisor (Please Print)

Job Title

Signature of Applicant's Supervisor

Date

Work Site Telephone Number

Work experience may not include any experience gained as part of, or required under, participation as a service recipient in a formal problem gambling program or a formal SUD treatment/aftercare program and/or plan.